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CCURE: Campus & Community United for Recovery Efforts

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CCURE: Campus & Community United for Recovery Efforts

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CCURE: Campus & Community United for Recovery Efforts

A Thesis

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By

Alexandra Danielle Schmied

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Dedication

To my family. I can never repay you for the love, sacrifices, time, effort, and support you have shown me. My goals became your goals and I am so lucky to have you all in my corner.

To my mother, for showing me the importance of education, for allowing me to take risks, and supporting me every step of the way. Gracias por todo.

To my father, for being my first coach, for teaching me how to spell E-A-G-L-E-S before spelling my own name, and reminding me to believe in myself. You are simply the best.

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I love you.

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Abstract

The CCURE pilot program combats historical stigma and the current lack of support for students in recovery from Substance Use Disorder during their collegiate careers. Using the ideas of Paulo Freire and Michael Oakeshott, the author's philosophy states education should be continual, communal, and accessible. The CCURE program intervention outlines a Living Learning Community in a six-bed recovery house on campus in conjunction with a seminar course taught by campus partners. Student development theories such as Schlossberg's Mattering and Marginality & Transition Theories; best practices found in public health, and at Rutgers University, Augsburg University, and the University of Delaware help outline the course curriculum. Leadership styles from Astin & Astin's Social Change Model, Goleman's Six Styles, and Drew Dudley's Everyday Leadership also influence the intervention. The CCURE program will provide a safe and healthy place to support students' holistic development.

Keywords: Collegiate Recovery, Students in Recovery, Living Learning Community

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Chapter 1

Positionality

Life is all about turns. I grew up in my grandparent's house; three turns away from the campus where I begin to write this thesis. I then moved with my parents in their townhome, a different three turns away from here too. I finally moved out of that suburban townhome and into a city apartment; another three turns away. Growing up, I had a lot of turns. As the first child in the family (daughter, cousin, grandchild, you name it), you get to take your chances on a lot of things. I was the first to go to college, the first to graduate, and now, the first to go on to graduate school. It was always my turn to try something first, and I always won.

My competitiveness followed me throughout my days, supported and sometimes egged on by my equally competitive father. I went to the same high school he did and passed his Pennsylvania State Championship Trophy every day on my way to practice, I sat in the same place during our class photos, and we played the same position in our respective sports. While I wanted to follow in his footsteps, I also recognized that my hero was flawed. My father had a past struggle with substance abuse that forced him to end his athletic and collegiate careers too soon. I determined from an early age that his battle was not going to be mine as well.

I was privileged to have the quintessential childhood. My dad was my best friend, motivator, and coach. My weekends started with my dad picking me up early from school to go to tournaments and ended by coming back home with new hardware for my shelf. But among the soccer patches, game day softballs and M.V.P. trophies was one medal right in the middle. Unlike its surroundings, this medal was for academics, an essay contest I won in the fifth grade. Much like any other suburban, public-school student, I took part in the Drug and Alcohol Resistance Education (D.A.R.E.) program. At age eleven, ineffective fear tactics were spewed towards me by a local police officer, and I fell for it. One day a week for a whole year, I was

forced to watch videos of gang violence, look at before and after photographs of faces of drug users, and touch a pig's lung pumped with chemicals to simulate a smoker's lung. The messages conveyed to me made me believe addiction was a choice, and people who chose that path were burdens to society. I vowed never to let a substance touch my body, and I continued to grow up as, and be lauded for, a good kid who could do no wrong.

The perfectionism front, unfortunately, packed itself in my suitcase to college. I proudly signed up for a "wellness" living-learning community for my first year. This program marketed itself as a safe place that would allow me to live on a floor with other kids who chose not to drink. While some of us stayed true to the program's intention, some students had signed up for the suite-style housing, and some students were actually in recovery from substance use disorder. What a mix that was. Our living-learning community partnered with our campus's wellness office. That office, then a small space in the basement of an older building on campus, ended up being my second home, and I soon spent all my time there. I became a certified peer educator and switched my Pre-Medicine major to Public Health. As I continued to have eye-opening experiences in college, I slowly began to change the way I thought about addiction, substances, and the way I navigated through the world. Through school, I met my current partner, who has since disclosed a very similar path to my father's. The more I thought about their stories, the more I realized the lack of support both of them had during their collegiate careers while being in recovery from alcohol and drug abuse.

From my childhood experiences with my dad, my degree in Public Health, and late-night talks with my partner, I decided to research the current support systems for students in recovery from Substance Use Disorder. While rehabilitation centers and halfway houses exist, colleges and universities have only recently begun to worry about this population. Imagine what my

father could have accomplished had his high school or college offered support rather than punishment. Perhaps he would have his bachelor's degree. Imagine the stigma my partner has faced, including lost friendships, punitive measures, and three institution transfers all to get his degree. Perhaps his college career could have been more meaningful. Imagine the thousands of college students struggling with their recovery in an environment unfit for their health. They need and deserve as much support for their holistic success as much as any other student.

Throughout my time in higher education, I have noticed the double standard that revolves around drug and alcohol use. On the one hand, college normalizes substance use, often falsely portrayed as the time for experimentation and heavy drinking. Students also use stimulants on weeknights to pass their class and depressants on the weekends to forget their stressors. According to Palmer et al. (2012), survey results from a group of self-identifying drug-using students indicate 33% were preoccupied with their drug use, and 25% had used at work or school. On the other hand, many institutions turn a blind eye to student use and create punitive consequences and promote healthy coping mechanisms. At the same time, the neighborhoods that surround the academic buildings often include bars and happy hours disguised as networking. For the student in recovery, these confusing messages send a double narrative before they even step foot on campus.

Much like the lessons D.A.R.E. scarred into my brain, I too used to hold a high stigma against individuals who use drugs. I learned to believe they were failures, their battle with drugs was their fault, and that these folks were terrible people. I quickly cut people out of my life at the first sign of trouble and held myself to a high standard that had nothing to do with drugs and alcohol. Upon meeting students in recovery my first year, I realized they were just like me, but for some reason or another, their disease got the best of them. My undergraduate classes taught

me to understand, act with empathy, and support those in recovery to the best of my ability. My time as a peer educator taught me the power of peer support, holistic wellness, and helping people through times of change. My dad and partner have taught me, and are examples of everyone deserving a second chance. When I look at my past thoughts, I cringe at how judgmental, close-minded, and hurtful I was to those around me. It is my greatest hope to take this thesis to not only advocate for students in recovery but also to teach the greater campus community to understand what these students go through.

Introduction to my Concern

My concern addresses the lack of support systems for students recovering from Substance Use Disorder. College students are often surrounded by experimental drug use, normalized drinking, and struggle with inadequate coping mechanisms. More than that, students in recovery are trying to navigate an unhealthy environment not fit for them. Unless their campus has established support, many of these students are left to navigate their journey on their own. Additionally, most campus drug and alcohol education is preventative or abstinence-based. These targeted programs help students who do not drink, or who are starting to drink and often provide an alternative to going out to the bars or healthy strategies to use if they do choose to engage. Unfortunately, preventative programs come too late for students in recovery, as they already struggled and are trying to grow from their past.

Looking more broadly beyond the student, advocating for support will help the institution and society become more inclusive. As stated, the institution typically focuses on preventative measures that ostracize students in recovery off the bat. These programs do not work for them, as they require something much more specialized. If the institution does house these supports, the school sends a message that they care about these marginalized students. On the other hand, if

the institution does not have these supports, they may unintentionally send the message that drug and alcohol abuse or recovery is something that does not happen or matter on their campus.

Similarly, societal stigma must go. Often, individuals struggling with addiction go through a looping effect. Society labels them as unreliable or untrustworthy. These messages are internalized, causing individuals to feel shame, and force themselves into social isolation. To forget this pain, many individuals will turn back to drugs and hesitate to find help (Matthews et al., 2017, p. 278). If this stigma were not to exist, many individuals would not be afraid to reach out for help and begin to better their lives. However, there is sadly still a strong stigma against this population, creating a barrier that inhibits their upward mobility in their health, careers, and personal lives.

As Michael Oakeshott (2004), explained in discussing his purpose for the university, I firmly believe that college is the time for students to immerse themselves in being a scholar. Extending from his views, I believe our roles as student affairs professionals are to ensure adequate support exists for students so that they may solely focus on being a student. If campuses continue to ignore the needs of students in recovery, they may not be strong recovery allies. Along with the dedicated time to be immersed at the University, I also believe that everyone has the right to access quality education. However, if the lack of support continues, students will begin to choose schools based on where support is, instead of choosing from a pool of dream institutions like any other student would. If this issue remains silent, I argue professionals, whether staff, faculty, or administrators, may continue to turn a blind eye, or solely focus on the research instead of the young adult in front of them. I also hope that researching and advocating for students in recovery to have support and space on campus will begin to chip away at any stigma students face daily.

The following thesis will develop a two-part intervention: "CCURE: Campus & Community United for Recovery Efforts" designed to give students in recovery a safe and healthy environment during their college careers. Using the lessons learned from the history of addiction in the United States, and best practices in the higher education and public health fields, this intervention outlines a living-learning community. Along with the residential component, a seminar course will utilize the educational philosophies and theories of Michael Oakeshott, Paulo Freire, and Nancy Schlossberg. Following the socio-ecological model (Centers for Disease Control and Prevention [CDC], 2020), it is my goal to create a system that protects the individual, fosters community, teaches the campus, and shapes policy change so that all schools will have a home for students in recovery.

Chapter 2

Thematic Concern Statement

My concern addresses the lack of resources for students in recovery from Substance Use Disorder. These students seek opportunities for both personal and professional growth at the risk of entering an environment inundated with social pressures and high rates of drug and alcohol use. Take, for instance, one student's story:

> As a young university student, I was intimidated to reveal I was in recovery...I attempted to start fresh and make new friends; however, after some individuals learned that I was in recovery, I was quickly ostracized. I struggled to fit in everywhere I went, and I found myself drinking copious amounts of alcohol again. I relapsed and, shortly after, joined a fraternity where open substance use was accepted, normalized, and promoted. Notwithstanding this newly joined brotherhood, I found myself utterly alone in a new place lacking strong and positive support. I quickly found myself using opioids again due to the combination of isolation and low self-esteem (K, J., 2019).

This story is just one of the many that made me realize the need for support systems so these students can have just as auspicious a time in college as any other student.

Conceptual Frameworks

Educational Philosophies

My thematic concern is derived from the idea that every student has a right to access quality education. Currently, students in recovery must choose their health or their education. Instead of having the countless options to higher education as another student, these students have restricted options among the select campuses that do already have support systems in place. My concern strongly pulls from Michael Oakeshott's text, *The Idea of the University*, where he

argues that the community is what the university should be. University is the only time where scholars can take a break from the rest of their obligations and immerse themselves in society among other scholars. Oakeshott (2004), calls this "a corporate body of scholars, each devoted a particular branch of learning...a cooperative enterprise" (p. 24). They dedicate themselves to learning and then teaching one another. I will explore these ideas in Chapter 3 as they relate to my thematic concern.

Additionally, peer education will be a strong aspect of the CCURE program I will propose in Chapter 4, which is influenced by Paulo Freire's concept of continual learning. Learning should not end; it should be a constant process. Freire (1968), described this type of education as:

> revolutionary futurity...it affirms women and men as beings who transcend themselves, who move forward and look ahead...for whom looking at the past must only be a means of understanding more clearly what and who they are so that they can more wisely build the future (p. 84).

In the proposed program, students and staff will work together to develop the seminar course and other program experiences to ensure CCURE meets their needs through recovery.

Historical Influences

In the late 1980s, Rutgers University became the first university to have a Collegiate Recovery Program (CRP) with its Recovery House (Rutgers University, n.d.). At the same time, The New Right era began in the United States under President Ronald Reagan. Reagan's War on Drugs and First Lady Nancy Reagan's partnering Just Say No campaign, influenced 64% of Americans to see drug use as the country's number one problem (National Research Council Committee on Substance Abuse Prevention Research [NRC], 1993). In this thesis, I will explore

the rise of Reagan's New Right as the political trend that led to programs like DARE and policies, which shaped the American view of addiction, substance use, and recovery. I will explore these influences in Chapter 3 of the thesis.

Current Research

On any given college campus, 4% of students will be in recovery (Harris et al., 2014). While a small percentage, 4% of the student body population can easily translate to thousands of students in need of a CRP. College campuses are environments surrounded by illicit drug use as college-aged adults have the highest rate of use than any other age group. CRPs offer a haven away from pressures where students can continue their studies without a break. These participants also have a higher GPA and lower relapse rates than the general student body (Laudet et al., 2014). Additionally, student risk for meeting the criteria for Substance Use Disorder increases by 12% from a student's first year to their third year. However, even with the increase, most students do not recognize a need to change unless social support encourages them to find help, showing the need for peer support as well. (Caldiera et al., 2009). Many campuses have taken this information to create programs already, such as Rutgers University's Rutgers Recovery Housing (Rutgers University, n.d.), Augsburg University's StepUP (Augsburg University, 2019), and the University of Delaware's Collegiate Recovery Community (University of Delaware, 2020). I plan to use this current research to help structure and promote the proposed program outlined in Chapters 4 and 5.

Student Development and Social Identity Theories

Three main theories drive the intervention of this thesis: Schlossberg's Mattering and Marginality (Patton et al., 2016), Schlossberg's Transition Theory (Patton et al., 2016), and the Social Change Leadership Model (H. Astin & A. Astin, 1996). Overall, this program intervention

gives ostracized students (Marginality) the chance to have a safe and welcoming community with other students just like them (Mattering). Within the living-learning community itself, the Four S's: Situation, Self, Support, and Strategies provides context for the curriculum. The community houses students in the same situation of balancing recovery and school; they will learn about themselves and offer support and find resources and strategies for a healthy recovery (Patton, 2016). Similarly, the Social Change Leadership Model and Socio-Ecological Model of Change (CDC, 2020) will be used to develop a peer education component. Here, the individual, group, and societal values will interact with a common goal. Students in the program will be able to articulate their personal goals, then, as a house, be able to set ground rules and then, with peer mentors, be prepared to advocate for societal changes to give those in recovery a voice.

Policy & Economic Factors

Additionally, current policies will also influence the program. As stated above, most schools focus on preventative measures and harm reduction education when tackling drug and alcohol use on their campus. Students in recovery are beyond a preventative stage and need more specific support to help them in their continuum of care. The Drug-Free Schools and Communities Act Amendments of 1989 only discuss these preventative measures and harm reduction education strategies as healthy coping mechanisms. These measures are still necessary for the campus as a whole. However, they also leave out a whole demographic of students in recovery who are beyond the prevention point (Hawkins, 1989).

The Drug-Free Schools and Communities Act also sheds light on economic issues. These amendments could act as a barrier for funding, as most schools focus on prevention and not treatment. Furthermore, many of these students may face economic obstacles of their own. Either from criminal and legal activity when obtaining their substances or with student debt from

incomplete degrees and student loans. The program will advocate for the needs of these students and ensure that a support system other than prevention exists.

Definition of Terms

Along with the frameworks mentioned above, my thesis will utilize the following terms and definitions:

- **Abstinence:** voluntarily refraining from alcohol or drug use, either by principle or other reasons (World Health Organization [WHO], n. d.).
- **Addiction:** a disease characterized by the repeated use of substances where the affected individual is continually intoxicated, shows compulsion to take the substance, has difficulty stopping or modifying use, exhibits need to obtain the substance under any means, and excludes oneself from all other activities and responsibilities (WHO, n.d.).
- **Collegiate Recovery Community:** safe, supportive, physical environments located on college campuses for students in recovery (Association for Recovery in Higher Education [ARHE], 2020).
- **Collegiate Recovery Program:** a college or University-provided, supportive environment within the campus culture that reinforces the decision to engage in a lifestyle of recovery (ARHE, 2020).
- **Drug:** any substance taken for psychoactive effects. "Alcohol and other drugs" seeks to make the point that caffeine, tobacco, alcohol, and other substances in common non-medical use are also drugs in the sense of being taken at least in part for their psychoactive effects. (WHO, n.d.).

- **Halfway House:** a place of residence that acts as an intermediate stage between an inpatient program and fully independent living in the community for alcohol or drug-dependent individuals (WHO, n.d.).

- **Living-Learning Community:** an environment where students with similar interests live together and participate in programs that cater to their academic, social, and personal needs (University of California, Los Angeles, n.d.).

- **Naloxone:** treatment prescribed to reverse opioid overdose (WHO, n.d.).

- **Peer Education:** using the definition for peer-based recovery support services - "the process of giving and receiving nonprofessional, nonclinical assistance to achieve long-term recovery from substance use disorders (Bassuk et al., 2016).

- **Prevention:** intervening before health effects occur, through measures such as altering risky behaviors and banning substances (CDC, n.d.).

- **Recovery:** a self-directed process of change through which individuals improve their health and wellbeing and strive to achieve their full potential (Bassuk et al., 2016).

- **Sober:** continued abstinence from alcohol and drug use (WHO, n.d.).

- **Substance Use Disorder:** a group of conditions related to alcohol or other drug use. The disease affects a person's brain and behavior and leads to an inability to control the use of a psychoactive substance. Effects include intoxication, dependence, and withdrawal (WHO, n.d.).

- **Treatment:** managing disease post-diagnosis to slow or stop disease progression through measures rehabilitation (CDC, n.d.).

ACPA/NASPA Professional Competencies

Two of higher education and student affairs' national entities combined forces to create ten competencies for professionals to focus their development. Two highlighted competencies to guide this proposed program are Personal and Ethical Foundations and Law, Policy, and Governance. Personal and Ethical Foundations "involves thoughtful development, critique, and adherence to a holistic and comprehensive standard of ethics and commitment to one's own wellness and growth" (American College Personnel Association [ACPA] & National Association for Student Personnel Administrators [NASPA], 2009). This idea will inform my thesis as program staff and participants will work together during students' recovery journeys to be a voice on campus. Law, Policy, and Governance deal with "the application of legal constructs, compliance/policy issues, and the understanding of governance structures and their impact on one's professional practice" (ACPA & NASPA, 2009). These skills will inform my thesis by acknowledging the legal and conduct issues students in recovery may face, as well as implementing changes on campus to make punitive measures more holistic and restorative.

Chapter 3

Before starting my graduate education, I rarely felt the need to think critically about my schooling. Attending a Blue Ribbon high school, I figured something must have been done right. So instead, I followed the formula - taking my next steps without actively thinking of my choices. While I always liked school, there was never time to *enjoy* school; I was too busy preparing for my next steps. Remember, I was competitive - I merely played the game, and I always won. However, upon learning more history of the Student Affairs field, I realized there were barriers to access, and therefore, success in higher education. The flaws of schooling and the University continually marginalize students and expect them to have the same outcomes as everyone else. How can students succeed in a place not meant for them? Using the works of Paulo Freire, Michael Oakeshott, and my own experiences, I have gathered theories to create my philosophy of education.

Philosophical Positionality

Education should be equitable, continual, communal, and accessible. Using the ideas of Freire, Oakeshott, and my personal experiences, I have come to realize that school is often a step to the next level, instead of granting the experience its own time. This model of schooling and education will continually oppress marginalized students while supporting those with more privilege. Therefore, to create a better and more just society, education needs to welcome and encourage all students equitably to make their time in college more meaningful.

Freire's Problem-Posing Education System

Schooling should be equitable and continual. When education is not equitable, it mirrors Freire's (1968) banking model. This model places teachers and school administrators as experts and students as individuals that will be blind to the issues in their schools and societies. Those

who have learned through this system will stay in this system, unknowing of other ways of living. Instead, education should be a more accessible and thought-provoking way of learning. It should be a reciprocal process, the problem-posing education system (Freire, 1968), where teachers learn from students as much as students learn from teachers. As Freire (1968) described, there are stark differences between the banking model and the problem-posing model. The banking system stops creative and critical thought. In contrast, problem-posing education continually unveils deeper issues in society (p. 81).

Freire suggests that education should encourage students to assess and critique the world around them carefully. Here, students realize the process they have been stuck in and regain control of their education. As Freire et al. (1968) state:

> if people, as historical beings necessarily engaged with other people in a movement of inquiry, did not control that movement, it would be (and is) a violation of their humanity. Any situation in which some individuals prevent others from engaging in the process of inquiry is one of violence. The means used are not important, to alienate human beings from their own decision-making is to change them into objects. (p. 85)

The banking system shuts down the humanizing process by taking educational control away from those who are being "educated." Instead, education should be a fully human, entirely revolutionary experience for students, by students. The problem-posing system allows a student's education to belong to them. Using Freire's ideas in CCURE is imperative, as students in recovery will work alongside staff to create their own experiences. Students often get caught in the looping effect of stigma and need to reclaim their education as their own to feel empowered by those around them.

Oakeshott's University as a Community

Similar to the interactions found in Freire's model, the University should be a time and place for the community. Michael Oakeshott (2004), in his article, *The Idea of a University*, argues that the "university is not a machine for achieving a particular purpose or producing a particular result; it is a manner of human activity" (p. 24). Instead, the University is a time and place to create a community where scholars can fully immerse themselves in their work and studies. Here, the University is not the marketplace factory for individuals or workers; it is a time and place to create a community.

Unlike the principle of thought that uses the University as an individual good, the University is a common good. Here at the University is the only time where scholars can take a break from the rest of their obligations and immerse themselves in society among other scholars. Oakeshott (2004), calls this "a corporate body of scholars, each devoted to a particular branch of learning...a cooperative enterprise" (p. 24). They dedicate themselves to learning and then teaching one another. After their full scholarship and teaching, they then go on to a better society. It is not a function or a mission of the University; it is what the University cultivates.

Along with this sense of community and time together is also the abolishment of competition. The University does not and should not drive competition amongst individuals. Quite the contrary, the community that is the University and "the pursuit of learning is not a race in which the competitors jockey for the best place, it is not even an argument or a symposium; it is a conversation" (Oakeshott, 2004, p. 25). Even within the conversation, there is no one more powerful than the other, each voice has the same value, which echoes the benefits seen in the problem-posing education style. There is no elite, dominant force at this University. Instead, it is a collective group where individuals can learn from one another. As someone who was

continually looking for the next competition to win, I never enjoyed my schooling as I was too focused on achievements. Students in recovery have already lost the social capital game and need a time and place that is just for them and their development.

Lastly, university education is not a way to get to a profession. Its intention is not the "social purpose" of training students for their jobs. Oakeshott (2004), says that the University:

is the gift on an interval...a break in the tyrannical course of irreparable events; a period in which to look round upon the world and upon oneself without the sense of an enemy at one's back or the insistent pressure to make up one's mind; a moment in which to taste the mystery without the necessity of at once seeking a solution. (p. 28)

It is a break from the constant planning for the next step; it is the only interval of time where a student can indeed be a student.

Student Access & Success

Additionally, every student deserves the right to access quality higher education. No matter their circumstance, socioeconomic status, and other life factors, each student needs the opportunity to be a scholar. As Oakeshott (2004) stated, the University is a common good. The more individuals who can access the University will, in turn, create a society that is better and more just for all. At the University, Student Affairs is the support system while navigating a micro-society controlled by those at the top. As a first-generation student, I had the first-hand experience with the unsaid rules and social class structures that took the campus by force. Without Student Affairs professionals, I would not have had the opportunity to make my mark as a leader on a campus of 40,000 students. Similarly, at any university, with the help of Student Affairs, students could learn and teach, have a break from life, and learn from experiences to better society.

Participatory Action Research

This program will also utilize Participatory Action Research. According to MacDonald (2012), Participatory Action Research:

Embodies the concept that people have a right to determine their own development and recognizes the need for local people to participate meaningfully in the process of analyzing their own solutions, over which they have (or share, as some would argue) power and control, in order to lead to sustainable development. By using PAR there may be the formation of public spaces whereby participants and researchers can reshape their knowledge of how political, social, economic, and familial contexts in communities may impact daily life (p. 36).

Similar to Freire's theory, this research approach allows the research subject, in this case students in recovery, to become a part of the research team, in this case the program manager and staff. Becoming a part of the team allows for these marginalized students to have a say in, and have their voices be heard on the work that is being done for them. Participatory Action Research frames my program design as I am not an individual in recovery (nor will the program manager necessarily be). Thus, the program will need to rely heavily on peer education, which will allow each cohort of students to pick which topics will be discussed throughout that year's program and to structure their experience as well.

Conclusion

Combining ideas from Freire, Oakeshott, Participatory Action Research and my own experiences, I believe higher education should be a continual learning cycle propelled by a community of differing ideas. Student Affairs offers support for difficult moments and strategies for navigating a campus made of unspoken societal rules. Taking this philosophy into action with

my intervention, I would hope for a Campus Recovery Community to be a haven for students trying to succeed in a new and tricky environment not made for them. These students have internalized shame based upon societal labels and deserve support systems as they reintegrate into a better society.

Historical Context

While alcohol and drug addiction have a longstanding history in the United States, recovery efforts are more recent, dating back only 50 years. Recovery housing in society began to appear around the 1970s. However, collegiate recovery housing emerged 18 years later, when the first on-campus recovery residence hall in the country, Rutgers Recovery House, opened in 1988 (Rutgers University, n.d.). Since then, both American college campuses and society as a whole have made progress towards fighting the addiction epidemic that continues to plague the county. The following section will trace the evolution of collegiate recovery housing by tracing the parallel development of American society and will analyze the power structures students in recovery still face as a marginalized population.

The New Right

The New Right was a Republican era in the United States under President Ronald Reagan. Created as a counterculture to the radical 1960s and 1970s, The New Right held conservative ideals to save society's ethics and morals. The 60s and 70s saw high rates of drug use, open displays of sexuality, riots and high crime rates, and war protests. The New Right was determined to get society under control (Cunningham, 2020).

While these liberation movements thrived, the 1980s saw the rise of "The New Right," particularly under President Ronald Reagan. For alcohol and drug use specifically, "The War on Drugs," coupled with First Lady Nancy Reagan's "Just Say No" campaign, heightened the

stigma around use and influenced the public's perception of addiction. Nancy Reagan used the "Just Say No" to drugs campaign as a way to prevent school-aged children from starting to use alcohol and drugs. She was also known to visit drug rehabilitation centers through her campaign as well. The campaign strongly influenced the public concern - as seen by the increase in "the proportion of Americans who saw drug abuse as the nation's number one problem"; in 1985, 2% and in 1989, 64% - a 62% increase in just four years (NRC, 1993). This era also saw the creation of the Drug Abuse Resistance Education (DARE) program, which relied heavily on ineffective scare tactics and not enough on preventative measures or recovery efforts.

The War on Drugs also led to a surge in incarceration rates for nonviolent crimes and heavily targeted minority communities. The Anti-Drug Abuse Act held a sentencing rate at "100 to 1" where 100 parts of cocaine (used primarily by white populations) stayed the same minimum penalty for 1-part crack cocaine (used primarily by Black populations). It wasn't until 2010 when the ratio was lowered to 18 to 1 under the Fair Sentencing Act. This Act substantially changed the composition of drug cases. "In 2010, crack cocaine was the most commonly-sentenced drug in 40% of all federal judicial districts; in 2014, it was the most commonly-sentenced drug in less than 10% of all districts" (United States Sentencing Commission, 2015). The Fair Sentencing Act was a highly politicized and targeted way to oppress certain demographics and instill fear in the American public.

Collegiate Recovery

According to the Hazelden Betty Ford Foundation (n.d), the history of student recovery dates back to the 1970s, when most students were left to fend for themselves and their recovery. Similarly, to controlling student protests, higher education professionals stayed away from drug and alcohol use due to stigma. However, at Brown University, Dr. Bruce Donovan had recently

begun his recovery and sobriety. He passionately then helped students find off-campus support, such as counseling and Twelve-Step meetings. Brown even made Dr. Donovan, "The Dean of Chemical Dependency," showing their support for his work. Around the same time, the Center for Alcohol Studies moved from Yale to Rutgers. As the research grew, then-President Edward J. Bloustein created one of the first Alcohol Policy Committees, which eventually led to the hiring of the first Alcohol and Drug Counselor.

Rutgers then began to house on-campus Twelve-Step meetings and after many years of push back, finally opened the first on-campus collegiate recovery housing in 1988, at the height of the War on Drugs and when society thought drug abuse was the number one problem. In general, "in the mid-1980s, a handful of universities started recognizing the need to provide support to college students in recovery from drug and alcohol use disorders as part of their broader effort to address substance use on college campuses" (Laudet, et al., 2014). These early programs offered recovery housing, support meetings, and counseling - Similar to Rutgers. Throughout the years, many institutions have looked to Rutgers' model - typically some sort of campus recovery program followed by on-campus recovery housing.

Current Research

Need for CRPs

The growth of collegiate recovery efforts led to the establishment of the Association of Recovery in Higher Education, allowing public support for students in recovery (Hazelden Betty Ford Foundation [HBFF.], n.d.). The need for a CRP on campus is evident from current data. For instance, on any given college campus, 4% of students will be in recovery, translating to thousands of students across the United States. (Harris et al., 2014). These students are entering environments surrounded by illicit drug use as college-aged adults have the highest rate of use

than any other age group. However, CRP participants hold a higher GPA and lower relapse rates than the general student body (Laudet et al., 2014), showing the safety and support they receive from their programs. Additionally, student risk for meeting the criteria for Substance Use Disorder increases by 12% from a student's first year to their third year. Still, most students do not recognize a need to change unless someone encourages them to find help, showing the need for peer support as well (Caldiera et al., 2009).

An on-campus student in recovery without support has a 20% chance of staying sober. With support and recovery housing, their chance goes up to 80%. (HBFF., n.d.). College campuses should be implementing collegiate recovery housing with the input of their students in recovery.

Opioid Epidemic

In American society, drug and alcohol abuse and addiction have always carried a mental health stigma, and in the 1970s and 1980s, slowly began the epidemic society sees today. Recovery efforts have struggled to gain rapport due to the never-ending battle against drug addiction. For instance, looking at society as a whole, attention was brought to drug and alcohol abuse when President and First Lady Reagan created the War on Drugs and Just Say No Campaign to the foreground of the United States. These perceptions only worsened in the 1990s when an increased rate of prescriptions for opioid pain killer medications led to high levels of drug misuse. Today, more than 10.3 million people have misused opioids, and over 130 people die every day from drug-related overdoses. The current epidemic, though avoidable, has instilled fear in the American public and creates a barrier to gaining support (United States Department of Health and Human Services, 2019).

Not in my Backyard

Given the current state of the opioid epidemic, recovery housing is a hot topic, but individuals still face stigma. For instance, outside of the campus community, push-back from society on having addiction resources in certain areas creates a "not in my backyard" stance from well-to-do neighbors. Take, for example, a local rehabilitation non-profit, which recently sought after an empty unit to create a residential center for recovery pregnant women and mothers and children. Many community members showed up to voice their concerns. "We all want to help people with addiction issues before, during, and after. I'm sure you have a great program, but my one concern is, why this location?" (Mansfield, 2019). Similarly, while students yearn for a "normal" college experience (including on-campus housing), many will voice concerns about their housing compared to the rest of campus - "will other students know I am in the Recovery House?", which forces many programs not to market their resources or their residential buildings (Rutgers University, n.d.). There is power in societal norms that are unfortunately shaped by those who have the most power.

Along with the external issues for sustaining the program, there are also internal barriers. For instance, back in November, the University of Southern California faced five student overdoses in a matter of months. These events then raised concerns at USC to reactively implement a drug prevention program similar to the one found at the University of Texas at Austin. UT Austin hosts Operation Naloxone to distribute the overdose-reversal drug on campus. The program trains student workers, leaders, and anyone interested. The school's pharmacy also has a standing order to provide the drug. However, these programs are hard to implement as "campus administrators are saying, 'we don't really have that problem here. That hasn't happened to us.'" (Anderson, 2019).

Policy Factors

Another factor impacting students in recovery is the laws and policies surrounding drugs and alcohol on campus. Across the nation, higher education institutions have focused on preventative measures to give students information on healthy alcohol use and harm reduction strategies for other substances. These interventions are needed, as about 20% of college students meet the criteria for alcohol use disorder (National Institute for Alcohol Abuse and Alcoholism [NIAAA], 2019), and 23% of students surveyed report using an illicit drug in the past 30 days (Addiction Center, 2019). These statistics show about one in five students need support in the form of substance use education.

Much of this was sparked by amendments to the Drug-Free Schools and Communities Act, which revised key components and funding guidelines for educational programs. As cited by Hawkins (1989), the Act was "to provide for the development of skills and techniques for administering drug prevention and education programs" and barred "an institution of higher education from receiving funds…unless it certifies to the Secretary [of Education] that is has adopted and implemented a program to prevent the use of illicit drugs and abuse of alcohol by students and employees."

While these were great additions to a school's toolbox, the amendments show that the focus was on development to implement the program and to prevent students and employees from abusing, which misses a whole demographic of students who are in recovery. This lack of a mandate for recovery programs could create a barrier to funding. Without a law behind it, some may be hesitant to support the program.

Other Factors

It's also important to understand the unique characteristics of the student in recovery population. For instance, the mean age for students in recovery is older than the traditional college-age, coming in at 26 years old (Laudet, 2016). With that in mind, most of these students would probably not feel they belong in a traditional residence hall for both age and social reasons. Along with the importance of their sense of belonging, are the reasons why students in recovery chose to look for Collegiate Recovery Programs (CRP). According to Laudet et al. (2016), these students are looking for a peer support network, a safe place to recover, opportunities to help others, and connections to resources and benefits on campus. When we look at this issue through student development theory, Schlossberg's Mattering and Marginality easily fits the solution. These students have already spent a great deal of their time shunned by society, let alone their campus. A CRP is a space for them to learn, grow, and "matter" in their support group and beyond. The last issue is again, the societal stigma. Many programs face recruitment or marketing problems as some students in recovery do not want others to know they are in recovery or "be the face" of recovery on campus, such as tabling events or speaking in classrooms (University of Delaware, 2020).

Conclusion

While students in recovery are finally getting their recognition, it is time to look beyond the label of being in recovery and add intersectionality. An intersectional lens means looking at the multiple identities students hold in addition to being in recovery. Most students in recovery tend to be white males (Laudet et al., 2014). Still, it is time to think about the student-parent in recovery, the pregnant student in recovery, the student who grew up with alcohol and drug abuse in the home, and the student in recovery surrounded by a normalized culture of binge drinking. Additionally, going beyond the recovery housing and looking into the collegiate recovery

community as a whole, could provide more opportunities for student development and leadership within this marginalized group. A student in recovery deserves the same collegiate experience as any other student.

Internships

Similarly, to the reluctance found at University of Texas, I experienced the resistance to starting a collegiate recovery group. I was lucky to complete my internship at a small private suburban school. The party culture on campus ran rampant, as students were able to drink on campus (including parties), as long as they notified campus officials of the party and had two sober students "event directors" present. The first semester I was there, incident after incident rolled in. I, as an academic coach, faced multiple students struggling to stay on track. At that point, all I knew of was a dismantled student group in terms of recovery support. This campus did not even have a sober housing option.

Over the summer, this campus created an office and hired a director for Prevention and Advocacy. Upon their start, this individual looked at the Orientation Data and found a high percentage of incoming students were either in recovery and looking for support or wanted to know more about recovery. From this finding, they sent out informational flyers for students to come together if they were interested in finding a recovery group. Their first meeting, 20 students showed, and now they consistently meet on campus. With a new building opening up soon, the group plans to make a space in the building a designated spot for sober students to hang out. The power of the students' voices and the advocating power from professionals makes me hopeful that campuses will be more willing to implement recovery supports in the future.

Reflecting on my past views and my internship experiences, I again had the revelation that students in recovery are just like me, like any other student. The only difference is these

students battle with a disease that has impacted their way of living forever. These experiences

also reminded me of how real the program is. Addiction is a disease that could affect anyone,

and it is a passion of mine to help these individuals advocate for themselves and their needs.

Similarly, I will approach the program with empathy, care, and activism.

Chapter 4

In summarizing the unique factors that surround collegiate recovery, many issues come to the surface. For instance, the history of collegiate recovery paralleled highly political movements around substance use, and therefore was characterized by a great deal of stigma in the United States. While college recovery programs were established, The New Right, Just Say No, D.A.R.E., and the War on Drugs took the forefront of American Society, creating fear and prejudice against individuals who use substance and who struggle with substance addiction. To further this issue, societal biases influenced law and policies such as the Drug-Free Schools and Communities Act of 1989. This amendment of the Higher Education Act gave funding to any institution as long as drug and alcohol prevention programs were implemented. While needed, these prevention programs come too late for those students searching for recovery efforts (Hawkins, 1989). These factors then trickled onto college campuses. Taking a more modern example, campuses today are hesitant to train students to administer Naloxone, the antidote to opioid overdoses, even though society is currently tackling the Opioid Epidemic.

Given these factors, there is a high level of concern with the lack of support systems on college campuses for students recovering from substance use disorder. The following program proposal addresses these factors and incorporates both student development theories and best practices from college recovery programs that already exist. The purpose of this program is to create a Living Learning Community and Seminar for students in recovery from substance use disorder. This program outlines what should exist on all campuses; a place for recovery to occur on campus that centers support and provides safety through a Living Learning Community.

Both Living Learning Communities and Collegiate Recovery Programs hold a meaningful spot in my heart. As a first-generation college student, my participation in an LLC

gave me the friendship, support, and network I did not know I needed in order to succeed. Additionally, as I have grown, I have learned that my hero, my father, had struggled with his recovery, was forced to drop out of his institution and never completed his degree. My partner, also struggling with his recovery, transferred to three different institutions all to find the right fit for him. I have seen first-hand what addiction can do to someone, and while I am passionate on this topic, I also recognize that I am not a person in recovery. I am merely a helping hand to advocate for these students in need.

<div align="center">**Best Practices**</div>

Higher Education

According to the Association of Recovery in Higher Education (2020), there are 138 Collegiate Recovery Programs in the United States (Association of Recovery in Higher Education). This program has taken inspiration from three standout programs, Rutgers University's Rutgers Recovery Housing, Augsburg University's StepUP Program, and the University of Delaware's Collegiate Recovery Community. As stated previously, The Rutgers Recovery House is on campus, suite-style, with two RA's that have resided at least a year in the Recovery House as well (Rutgers University, n.d.). Augsburg University's StepUP program is also residential, and focuses on the intersection of recovery and mental health (Augsburg University, 2019). University of Delaware's Collegiate Recovery Community promotes a community, hosts events, and trains students, faculty and staff to become Recovery Allies to support students committing to a sober and wellness-based lifestyle (University of Delaware, 2020).

Public Health

In creating this program, the attempt is to include best public health practices as well. This effort means the Recovery House would mirror Halfway Houses that exist for individuals in recovery trying to reintegrate into society. The American Society of Addiction Medicine has set standards for a continuum of care. One step in this continuum is Residential Services. Within Residential Services and Treatment are Halfway Houses. The criteria for these areas include a 24-hour structure, trained personnel, and at least five clinical hours a week (ASAM). These standards would translate to an on-campus house with 24-hour access, trained staff and RA's, and five program hours for students in recovery (Olsen, 2020). Transitioning into a college environment is complicated enough, and for a student in recovery, quite overwhelming as many typical college experiences revolve around substances. This program offers a holistic program grounded in best practice and educational theories. to ensure we meet students' needs.

<div align="center">Theoretical Frameworks</div>

Philosophies

In addition to the current best practices, this program is also built on educational philosophies, student development theories, and educational practices. Personally, I believe every student has the right to access a quality education. Students in recovery are limited in their choices of higher education, however, this program could be implemented at a variety of institutions and open access for these students. Michael Oakeshott's ideas claim that the University is not a time for economic advancement, as society paints it, but rather a time for community where scholars can come together and throw themselves fully into their collegiate experience (Oakeshott, 2004). This program centers the community as both a support and a need for these students to feel safe on campus. Lastly, Freire's ideas on continual learning come to

light within the Participatory Action Research as students are as much of the teacher as the

teacher is the student (Freire et al., 1968). Having the learning topics and experience structured

by the students will allow them to advocate for themselves and their needs.

Student Development

My program also follows student development theories. For instance, Nancy

Schlossberg's two theories, Mattering and Marginality and Transition Theory both play out in

the proposal. These students need to feel like they belong on their own campus, and program

staff should utilize Transition Theory to see what support and strategies the student can use to

navigate their recovery during their collegiate careers (Patton, 2016).This will happen by

connecting students to different campus resources that they may need or want to speak with.

Campus partners will facilitate every other seminar class as an introduction. Lastly, the Social

Change Model of Leadership will be implemented within the program. The individual student

values will work with the recovery community's values to influence the campus values as a

whole (Astin, n.d.).

Educational Practices

Building on both Freire's ideas of individual change leading to societal change and

horizontal learning, and Oakeshott's ideas of the community, several educational practices are

also evident in this program. First, most similarly to the Social Change Model of Leadership is

the Socio-Ecological Model of Change. Here, the idea is that change within the individual will

lead to interpersonal, organizational, community, and policy changes. Transferring those values

to the collegiate recovery community, the student will interact with their recovery community, to

their campus, to their local area, and hopefully, be advocates for societal change. In using the

Socio-Ecological Model of Change, the program will utilize Peer Mentors and Recovery Allies

to promote wellbeing. Most of the seminars in the program will be facilitated by Peer Mentors, ending in a training to have LLC participants become Peer Mentors themselves, if interested. The program will also rely on Recovery Allies, students not in recovery but passionate about the cause to help support the program's mission. There will also be pieces of Andragogy/Adult Learning to involve the participants in their own learning, such as implementing Group Guidelines and offering different styles of learning.

Purpose, Goals, and Objectives

The purpose of this program is to create a Living Learning Community and Seminar for students in recovery from substance use disorder.

This program has three goals (objectives underneath each respective goal):

1. To help students reacclimate to a campus environment while holding a recovery identity.

    a. This program will help students define their recovery identity by organizing seminars for reflection.

    b. This program will identify staff and faculty allies through campus-wide outreach and partnerships.

    c. This program will set group expectations by facilitating a discussion with all six participants.

    d. This program will create alternative options/events for students without substances by hosting events in the Recovery House.

    e. This program will create a wellness seminar curriculum by outlining sessions to ensure student needs are met.

2. To empower students to be Ambassadors for recovery throughout campus.

a. This program will identify students to be Recovery Allies by hosting interest meetings on campus.

b. This program will set peer mentor expectations by developing contracts with students.

c. This program will create a training curriculum for peer mentors by looking at students' needs.

d. This program will create student campaigns by giving students autonomy to facilitate events.

3. To create a safe living environment for students in recovery to thrive.

a. This program will identify resources on and off campus by outreach campaign.

b. This program will identify a space on campus to hold the Living Learning Community by partnering with Residential Life and Housing Services.

c. This program will create a program support group by training individuals to be Recovery Allies.

d. This program will facilitate support meetings by holding nightly meetings in the Recovery House.

This program has two learning outcomes:

1. As a result of participating in the recovery LLC, students will be able to locate at least two resources on campus to support them through their journey.

2. As a result of participating in the recovery LLC, students will be able to articulate what recovery means to them, to their peers, and to the greater college campus.

Program Proposal

The following program has been divided into three main parts - structural, programming, and staffing. As stated, the program centers community and safety for students in recovery. Using best practices, educational philosophies, and student development theories, the following section plans out the expectations for the LLC, the seminar, and the peer education component. Overall, the LLC will try to model current halfway house standards to collegiate recovery houses. The best way to implement this is through an LLC as these programs typically connect students to resources on campus and give them a network from the first day. Additionally, housing the LLC in an on-campus house and not a resident hall would allow students to be autonomous, but come back to a safe living environment free of substances, held accountable by each other.

Part 1: Structural

First, before becoming a part of the program, prospective and interested participants must submit an application to the program manager (see application in Appendix A). The applicant should express their commitment to their personal recovery and to the group. Next, on campus, the Recovery LLC should be hosted in a house. Students in recovery are typically older than the traditional age student. For the benefit of both the 'typical' student and the student in recovery, hosting the LLC in a place that is not a residence hall would allow each group to be with peers who are their own age. Additionally, this allows the students in recovery to live someplace without the pressures or worries of being around substances. The house would also provide recovery participants to enjoy their own space on campus, holding both their living area and their common area for community events. Following the ASAM guidelines, the house provides 24 hours supervision under RA's. Much like Rutgers's program, these RA's are also students in

recovery who have had at least one successful year as a resident in the house. The RA's are trained through a Peer Education program, Mental Health First Aid, and know how to administer Naloxone. ASAM also calls for participants to have at least 5 hours a week of clinical service. This would take place in the form of house meetings once a day during the week, with other voluntary events such as community service, therapy, or another school organization/club event for students to go to. Ideally, the house would be connected and affiliated with the campus's wellness center, as seen in the University of Delaware's Collegiate Recovery Community. Here, students would be able to take their seminar class - a long semester course meeting one day a week for an hour and a half during their first semester in the program. If the student wishes to become a Peer Educator for the program, the next semester seminar will be offered to focus on training. Recovery Allies will also take place in part of this additional seminar.

Part 2: Programming

In the house, the program will offer a one-hour long house meeting every day of the work week. Students are not required to attend all five, but will attend at least one a week towards their five "clinical" hours. Students will be able to electronically submit their five hours using their campus's online learning portal.

The LLC Seminar will run the length of the semester. Influenced by Augsburg's StepUP program, the course will alternate between navigating recovery in college and finding resources and allies on campus (see sample session outlines in Appendix B). In light of current events, these program sessions will also be developed and ready for online only experiences. A course outline is below in Table 1.

Table 1

Recovery Seminar Course Outline

Week	Topic	Facilitator
1	Welcome & Guidelines	Program Staff
2	Group Cohesion	Peer Mentors
3	Academic Tips	Academic Advisor/Success Coaches
4	Navigating Peer Pressure	Peer Mentors
5	Physical Wellbeing	Campus Recreation
6	Finding a Mentor	Peer Mentors
7	Mental Wellbeing	Counseling Center
8	Navigating Stigma	Peer Mentors
9	Career Prep	Career Services
10	To Disclose or Not? Telling Your Story	Peer Mentors & Recovery Allies
11	Getting Involved	Student Leadership
12	Seminar Wrap Up	Program Staff

Part 3: Staffing

While the Recovery Seminar will be connected to the campus's wellness center, the program will have its own dedicated staff. This includes a full time Program Director, an Alcohol and Drug Recovery Coordinator, and a Graduate Assistant, and student Peer Mentors and Recovery Allies (see job descriptions in Appendix C). The Program Director will oversee the program, its implementation, and handle the administrative duties such as the budget, funding, and applications. The Alcohol and Drug Recovery Coordinator will oversee the Peer

Mentors and Recovery Allies and focus on their training and on campus work. They will also serve as the liaison both on and off campus partners. The Graduate Assistant will also oversee Peer Mentors and Recovery Allies by working with them to develop lesson plans and find alternative events for the group to experience together.

Implementation

There are many barriers and issues faced with implementing this program. To highlight a few problems and solutions:

1. If the student relapses they will be called in for a one-on-one meeting with their healthcare provider and the Program Director. Scenarios will be evaluated case by case - the student may still live in the house upon creating a plan, or the student may be referred back to treatment.

2. The House will not be marked in any form notifying the school that this is the recovery house. This is to ensure our students are in a safe spot - both to keep confidential information safe, and to make sure students are not facing unnecessary stigma or discrimination.

3. The program will be marketing through residential life and housing services when students first select their housing. Marketing efforts will also go through Wellness and on outside sources to ensure students in recovery find this program before even stepping foot on campus. Recovery Allies will also be used for marketing efforts. These students are not individuals in recovery, and may be willing to be the "face" of the program when those in recovery are not.

4. Town/Gown relationships will be extremely important. The Recovery Coordinator will primarily be the point of contact for relationships between the local community and the campus.

5. Funding will primarily come in the form of grants and campus partnerships. This responsibility falls primarily on the Program Director.

6. State of Emergency Plans. Given the recent events of COVID-19, the CCURE program is prepared to advocate for students to stay on campus if necessary. Some of these students may not have a safe or healthy environment to go to in the event of a campus shut down and will be allowed to stay in the Recovery House. Additionally, all programming will abide by the national recommendations and guidelines, such as virtual meetings.

Chapter 5

Leadership in Higher Education and Student Affairs

Building on the ideas that schooling should be continual, inspirational, and communal, leadership in higher education also has a place to be constant, motivational, and advocating. It is imperative that these institutions, with missions of creating safe environments, providing transformational opportunities, and guiding their students' holistic development, lead both effectively and empathetically. For this to be achieved, the following Leadership Philosophy takes specific characteristics from Astin's Social Change Model, Goleman's Six Styles, and Drew Dudley's Everyday Leadership. From Astin's Model, the ideas of individual, group, and community values (Astin, n.d.); from Goldman's Styles, the Authoritative "come with me" style and the Coaching style, focusing on personal development (Goleman, 2000); and lastly, from Dudley, celebrating small victories and remembering the little moments (Dudley, 2010), to create an informed but inspiring style of Leadership.

This vision of both effective and empathetic leadership is crucial for the success of the CCURE program. Students in recovery need a leader who is invested in the individuals' growth, the group's cohesion and the community's values. As CCURE is a pilot program, the leader needs to take an Authoritative role of leadership - continual learning from the students in the community to listen to feedback for improvement and to hear the students' needs. And lastly, a leader who will take the small moments as grand celebrations to motivate students through their recovery journey. These leaders need to act with logic to run the program and day to day implementation. They need to act with kindness to build rapport with their students and understand the potential relapses. And they also need to act as advocates to support these students trying to reintegrate into a campus community that may not understand them.

Leadership and CCURE

Leadership in the CCURE program comes from all those involved. As my leadership philosophy focuses on the importance of developing community, every member of this group needs to be a leader in their role. Internally, CCURE students and staff need to work together as a team. Students need to be a leader for themselves and for their peers. Here, they will need to have the intrinsic motivation to challenge themselves during their recovery and may need to rely on each other as well. Next, when peer mentors come to the program, these students will also need leadership skills to build connections to their mentees and lead by example. As staff have entered a continual learning cycle where they learn from the students as much as the students learn from them, it is imperative that they take on the Authoritative style of leadership (Goleman, 2000). This style allows leaders to grow and learn step by step with their group, especially during the program's pilot era.

Externally, the team also needs to be leaders on campus. Students - whether participants, mentors, or allies will need to advocate and be representatives of the program (if comfortable). The student voice is powerful and the group will need to be examples to show why this program is both needed and successful. Staff will also need to advocate for the program and its students to campus partners, stakeholders, funders, and potential participants to ensure the program's longevity and sustainability. As this is a population of students that are misunderstood and misrepresented, the program needs to both educate campus on these issues while also showing the need for more support.

If this program were to take off, I see myself as the program director to oversee its implementation. As such, there are different styles of leadership that work in different scenarios depending on my audience. To bring this idea to stakeholders and decision makers, my

leadership needs to be more structured and perhaps hierarchical to describe the program's logistics in a clear way. The same goes for potential issues, leadership should be more decisive in order to get the program running. For these scenarios, I would use Goldman's Pacesetting style of leadership where I would set the standards for the program and lay out its vision. To recruit to families, students, and potential treatment partners, I would use the Affiliative style of leadership (Goleman, 2000). This is where people come first, and I need to highlight the empathetic pieces of the program to ensure these students, families, and centers feel comfortable and at home working with us. Lastly, when it comes to starting the program, there needs to be a good balance of the Authoritative "come with me" style, the Affiliative "people" style, the Democratic decision making style and the Coaching style to ensure that the program begins as smoothly as possible while also allowing participants to have a say in where the program goes throughout the year (Goleman, 2000).

Assessment, Evaluation, and CCURE

The Role of Assessment and Evaluation

Assessment and Evaluation are crucial to creating and improving any program in Higher Education and Student Affairs. Assessment allows professionals to survey their campus and students to find out what is already offered, what, if any gaps are on campus and what needs to be offered to cover said gaps. Once the program is created and implemented, evaluation helps professionals identify what went well, what needs improvement, and what resonated with the students. This data provides helpful and useful feedback to make the program the best it can be.

Participatory Action Research strongly relies on constant feedback as well. The goal of Participatory Action Research is to give individuals a voice and see their feelings, values, and views without force (MacDonald, 2012). In CCURE, the work is done *with* the students as well.

As their views and perspectives are needed every step of the way, assessment and evaluation are easy and necessarily to implement. Because of this, Action Research shines in the best practices in Higher Education and Student Affairs. Much like giving a voice to participants, student affairs gives a voice to the student. In both practices, programs are made for and with the individuals and are constantly assessing needs, creating interventions, and evaluating for further action.

Measuring Impact and Success

As CCURE focuses on the aspect of community and professional development, my vision of assessment and evaluation relies on both qualitative and quantitative measures. To me, what matters is my students' success in terms of both social and academic feats. Socially, I strive for CCURE students to have a strong sense of belonging in their LLC and their campus as a whole. I also want them to establish strong interpersonal and teamwork skills as they navigate their living space together. I also want these students to be comfortable with themselves and their own growth and thus need to rely on their intrapersonal and reflection skills as well. For staff and the program as a whole, more quantitative and academic successes will be the focus. Here, I want to focus on student's GPAs and retention numbers as an indicator of their best fit to the program and university as they make progress towards their degrees.

I picture assessment and evaluation in three stages; before the program begins, during the program, and after the program ends. This will allow me to identify if program goals and objectives were met and where the program can improve. Following the ideas of Participatory Action Research, students will also have a role in the assessment. Before the program begins, students will be able to set goals as a group to define what success means to them. During their program, they will be in constant communication for feedback with the program staff. Lastly, after their time in the program they will be able to construct interview questions and conduct

interviews for the next incoming cohort of the CCURE program. An assessment and evaluation
timeline is presented below in Table 2 (See sample focus questions and evaluations in Appendix
D).

Table 2

CCURE Assessment and Evaluation Timeline

When	What	Who
Pre-Program	Individual Interviews and Goal Setting	Students
	Focus Group	All students
	Individual Pre-Evaluations	Staff
During Program	Journal Submissions	All Students
	Focus Groups (House Meetings)	All students and Staff
	Individual Mid-Evaluations	Staff
Post-Program	Individual Interviews	Students
	Focus Groups	All students
	Final Evaluations	Staff

During the Pre-Program Assessment times, I would need to sit down with students to
develop their individual goals and to see what they would like to gain as a part of being in this
program. I would then like to meet with them as a program group to begin to establish what
values are amongst the group and to find out what they would like to do in the program all
together. If possible, I would also like to sit down and work with their families and support

systems to see if there was any way the program could be beneficial to these parties as well and what they are looking for their students to learn. On the staff side, I also need to develop their professional and personal goals and would like to do this at the start of the program as well.

During the program, I would ask participants to fill out either a post-seminar survey after their class sessions together or a journal submission as a way to see what they gained from that day's lesson, speaker, or activity. I would also schedule at least one individual check ins during the semester to ensure they are on track to meet their academic and personal goals. I would make the last bit of house meetings together to hold mini-focus groups that way the program has a voice as a whole. Similarly, on the staff end, I would also like to schedule individual midterm evaluations to check in on professional and personal development.

Lastly, after the program, I'd like to host one last individual meeting with each student to see if their goals were met and to create next steps. I would also like one last focus group to brainstorm where the program could go in the following year. I then need to finalize my evaluations with my staff and would end the year with one last individual meeting.

<center>**Limitations & Looking Ahead**</center>

Limitations

While CCURE was brainstormed and created with an intersectional lens, there still are populations that have not been recognized, represented, or researched. That being said, I created the program with six beds for non-traditional aged students in a household on a traditional campus to start. However, I would love to expand the program to a whole residence hall where students could self identify and live on certain floors. For instance, the college athlete, women, students of color, survivors of interpersonal violence, Queer students, student-parents or expecting students, military veterans, or those with co-occurring illnesses and recoveries.

I would also like a day where a recovery Living Learning Community was not just limited to those with Substance Use Disorder. I would like to open it up to students struggling with alcohol and drug use in general, with those with a mental illness, or to those in recovery from other life-altering situations, such as an eating disorder or over-exercising. To address both of these issues of diversity and inclusion, I would create even more partnerships both on and off campus for students. This would allow different functional areas of higher education to connect with the Recovery LLC, which in turn, would give the program more visibility, thus changing the campus culture. Similarly, if I were not to be the program director, or a campus already has a recovery community, I would still love to be involved. Recovery and health are a passion of mine, and I would like to find a way for my functional area to work with the group as much and as best as they can.

Looking Ahead

A few goals of mine for this thesis and intervention are to first, present at a conference. The Association for Recovery in Higher Education always posts up and coming news, opportunities, and virtual chats to connect campuses across the country. They have their own conference, which would be a dream to present at, but something regional where multiple local advocates rally together would be great. Upon presenting, I would love to either collaborate with a campus that already has a recovery community, or go and create one at a campus that needs one. These students need support, and I am ready to be there for them, every step of the way.

Final Thoughts

It is so hard and bittersweet that I write about the importance of community during the COVID-19 epidemic. Now, more than ever, people equally rely on and cannot be with their support systems. I think often about students and other individuals without access to resources

that will fulfill basic needs, let alone access to technology that is needed to stay in communication with others during these times. I think about those forced to live in unhealthy situations as we are told to follow a "Stay at Home Order". While I have goals for this thesis - a conference presentation and actual implementation - it's hard to picture them happening. Our new normal consists of face masks, gloves, and staying six feet away from one another.

In the beginning, I wrote this to you on a college campus three turns away from the house I grew up in. But now, I write this to you in that city apartment a different three turns away. There are travel restrictions and strict social distancing enforcements set in place that limit me from seeing family, friends, and classmates. I yearn for the classroom full of my cohort, for a campus full for students, and for people to come together again. During nationwide panics, natural disasters, and campus emergencies Higher Education has always implemented timely reactions and procedures. During the COVID-19 epidemic, my campus was one of the first to act upon closures, and I looked to our leadership for safety and hope. Like I said in the start, life is all about turns, and no one would expect what we are living through right now. However, I am excited to start my turn in a field full of inspiration, leadership, and Good Company.

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Appendices

Appendix A: CCURE Application

CCURE Application

Thank you for your interest in the CCURE Recovery Living Learning Community. All answers

will be kept confidential and will only be used to assess the application. Please contact

recovery@yourcampus.edu for more information.

Q1 Name

_____

Q2 Campus ID Number

_____

Q3 Do you identify as a person in recovery?

Yes (1)

No (2)

Q5 How long have you been in recovery?

_____

Q9 Do you have access to the following (check all that apply)...

Social support (1)

Medical/Professional Treatment (inpatient, outpatient) etc. (2)

Housing (3)

Food (4)

Q4 What do you wish to gain from being a part of the CCURE program?

Peer Support (1)

Sober Living Environment (2)

Volunteer/Service Opportunities (3)

Connections to Campus Resources (4)

Sense of Belonging (5)

Involvement Opportunities (6)

Other (7)

Q6 ESSAY 1: How would the CCURE program help you succeed during your undergraduate journey and towards your professional goals?

_____

_____

_____

_____

_____

Q7 ESSAY 2: How would the CCURE program help you during your Recovery journey and towards your personal goals?

_____

_____

_____

_____

_____

Thank you for taking the time to fill out your application. We will be in touch by (date).

Appendix B

Sample Seminar Lesson Plans

CCURE Seminar - Welcome & Guidelines

Date: Week 1

Location: Campus Wellness Office

Facilitators: Program Staff

Topics: Welcome and Group Guidelines

Materials Needed: Whiteboard, whiteboard markers, erasers, cardstock paper, markers

Time Needed: 50 minutes

Session Goal: to introduce participants to one another, to create guidelines

Learning Outcome: After the session, students will be able to articulate their group guidelines.

Session Outline

- Introduction (10 minutes)
    - As participants come in, have each student create a nametag with pronouns and three symbols that represent themselves
    - As students finish up nametag, have program staff introduce themselves and hand out program policies and contracts
    - Gather signed contracts before introductions
    - Go around the room and have each individual introduce themselves and their symbol
- Creating Group Guidelines (25 minutes)
    - After introductions, have each participant think of three guidelines they would like the group to have.
    - Once students are done, pair the six participants into three groups. Have these pairs narrow down their guidelines into a top four.
    - Once the pairs are done, come back together as a whole group to narrow down group guidelines to a top ten.
    - Have each person in the room write at least one of the guidelines on the board
    - Have the Graduate Assistant type up the guidelines to send out after the session
    - Reflection Questions:
        - What did we create?
        - Why did we do this?
        - Give one example of how you will implement a group guideline.
- Pre-Program Focus Questions (10 minutes)

- ○ What do you wish to get out of the program?
- ○ What topics do you want us to cover together?
- ○ Which campus partners would you like to meet/hear from?
- ○ What do you need from us to be successful?
- ○ What questions do you have for us?
- Journaling (5 minutes)
  - ○ Allow each student to reflect upon what they've learned today

CCURE Seminar - Navigating Peer Pressure

Date: Week 4

Location: Campus Wellness Office

Facilitators: Program Staff

Topics: Navigating Peer Pressure

Materials Needed: Paper and pens

Time Needed: 50 minutes

Session Goal: to introduce participants to one another, to create guidelines

Learning Outcome: After the session, students will be able to state one strategy to navigate peer pressure in tricky situations.

Session Outline

- Introduction (10 minutes)
  - "Link": have one person volunteer to come up to the front of the room. This person will state their name and one thing they want to share to the group.
  - If someone in the group has this thing in common, they yell "LINK!" and come and stand next to the person.
  - This person will follow by stating their name and sharing their one thing
  - The game goes on until everyone has shared and is standing in the Link line.
- Navigating Peer Pressure (30 minutes)
  - Start this session having each student write down a situation they are nervous about, have encountered before, or something that may be a stressor.
  - Once they write, have them crumble up their papers and toss to the middle of the floor
  - Have each student pick up a paper that is not theirs.
  - Each student will bring back their new scenario and brainstorm ideas to combat the situation
  - Going around the room, each student will read their problem and solution
  - Two other students will then act out the situation and the solution
  - Reflection Questions:
    - What did these scenarios have in common?
    - Why are we talking about these issues?
    - How will you take your strategy to the "real world"?
- Journaling (10 minutes)
  - Allow each student to reflect upon their learning today.

CCURE Seminar - To Disclose or Not? Telling Your Story

Date: Week 10

Location: Campus Wellness Office

Facilitators: Program Staff

Topics: Disclosing Your Recovery Status

Materials Needed: Paper and pens

Time Needed: 50 minutes

Session Goal: to unpack issues surrounding student disclosure, to empower students to share

Learning Outcome: After the session, students will create a narrative of their story.

Session Outline

- Introduction (10 minutes)
  - "Rose, Bud, Thorn": Go around the room, and have each student share a high and low, using a rose analogy. Roses are good things, buds are things to look forward to, and thorns were challenges.
- Discussion (15 minutes)
  - Have program staff recap the stigma lesson. Recall that folks in recovery are marginalized in society, labeled, and often internalize messages.
  - Brainstorm situations where disclosure may or may not happen, and the barrier.
    - To friends - won't understand
    - To family - will reprimand
    - To professors - will look at me differently
    - To potential jobs - will take me out of the candidate pool
  - Negate the barrier
    - To friends - will try to understand and offer me support
    - To family - will ask and offer support
    - To professors - will connect me to more resources
    - To potential jobs - will allow me to navigate while working
  - Reflection Questions:
    - What is a big factor in disclosing your recovery status?
    - Why is disclosure scary?
    - How can you disclose (when you are ready)?
- Journaling (15 minutes)
  - Allow students time to write their story, write their worries and hopes.
- Sharing (10 minutes)
  - Allow students time to share out their story if comfortable.

Appendix C

Staff Position Descriptions

CCURE Program Director

Location: CCURE Program

Category: Student Affairs; Wellness

Type: Full-time

Summary: The CCURE Program Director serves as a point person for the Collegiate Recovery Program. This position will spend time on finding funding through campus partners, grant writing, and administrative management of the program. This individual should be highly skilled in interventions, data collection, and knowledgeable of current trends. Knowledge in Brief Motivational Interviewing, Crisis De-escalation is preferred. Additionally, this person serves as a liaison and an advocate for students needing help from an off-campus service.

Responsibilities:

1. Oversee the recovery program, including student applications and marking progress
2. Finance the program including budgeting, finding grants, and managing books
3. Supervise Alcohol and Drug Recovery Coordinator and Graduate Assistant
4. Engage with on and off campus resources to build a community of support
5. Collaborate with campus partners for partnership programs to provide Recovery Students tailored experiences

Qualifications:

1. Knowledgeable in current Recovery curriculum
2. Knowledgeable in grant writing
3. Knowledgeable on compliance and reporting software

4. Ability to create and facilitate seminar-style workshops for students in recovery

5. Master's degree required in education or social sciences with at least four (6) years' experience

6. Sobriety: If recovering, at least two (2) years sobriety

The CCURE Program is an Equal Opportunity employer, and does not discriminate on the basis of race, color, national origin, ancestry, religion, gender, sexual orientation, age, physical disability, mental disability, marital status, veteran status, genetic information, or any other characteristic which may be specified by law or college policy.

Alcohol and Drug Recovery Coordinator

Location: CCURE Program

Category: Student Affairs; Wellness

Type: Full-time

Summary: The Alcohol and Drug Education Coordinator serves as a point person for outreach on campus, as well as running the Collegiate Recovery Program. This position will spend time by identifying allies and key stakeholders for the program's success. This individual should be highly skilled in interventions including running group meetings and engaging students. Knowledge in Brief Motivational Interviewing, Crisis De-escalation is preferred. Additionally, this person serves as a liaison and an advocate for students.

Responsibilities:
1. Oversee the recovery program, including student applications and marking progress
2. Facilitate recovery seminars and supervise recovery support group on campus
3. Supervise Recovery Peer Mentors
4. Meet with Recovery Students at the start, mid-point, and end of each semester
5. Engage with on and off campus resources to build a community of support
6. Collaborate with campus partners for partnership programs to provide Recovery Students tailored experiences

Qualifications:
1. Knowledgeable in current Recovery curriculum
2. Ability to create and facilitate seminar-style workshops for students in recovery
3. Bachelor's degree (Masters preferred) in education or social sciences with at least four (4) years' experience
4. Master's degree in education or social sciences with at least two (2) years' experience
5. Sobriety: If recovering, at least two (2) years sobriety

CCURE Graduate Assistant

Location: CCURE Program

Category: Graduate Assistantship

Type: Part-time

Summary: The CCURE Graduate Assistant serves as a point person Recovery Peer Mentors. This position will spend time on recovery support for students in the program by training, supervising, and working with the Peer Mentors. This individual should be highly skilled in interventions including running group meetings and engaging students. Knowledge in Brief Motivational Interviewing, Crisis De-escalation is preferred. Additionally, this person serves as a liaison and an advocate for students needing help from an off-campus service.

Responsibilities:

1. Facilitate recovery seminars and supervise recovery support group on campus
2. Interview potential Recovery Peer Mentors
3. Supervise Recovery Peer Mentors
4. Meet with Recovery Peer Mentors at the start, mid-point, and end of each semester
5. Engage with on and off campus resources to build a community of support
6. Collaborate with campus partners for partnership programs to provide Recovery Students tailored experiences

Qualifications:

1. Ability to create and facilitate seminar-style workshops for students in recovery
7. Bachelor's degree
8. Passion for recovery community
9. Sobriety: If recovering, at least two (2) years sobriety

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Recovery Peer Mentor

Location: CCURE Program

Category: Campus Work Study

Type: Student Worker Part Time

Summary: Recovery Peer Mentors play a vital role in the space, specifically in community building and mentorship. The Peer Mentor will be matched with a student(s) in the program and offer them peer-to-peer education and support throughout their time on campus. Recovery Peer Mentors will also have the opportunity to facilitate programs to a campus-wide audience and the program itself. Recovery Peer Mentors should be caring, dedicated, and connected to campus.

Responsibilities:
1. Meet with Mentee(s) at least once a week both on and off campus
2. Develop community events for the Recovery Program to host
3. Facilitate educational programs on campus and to the Program seminars
4. Serve as a resource to students on campus and in the program
5. Provide support to students and staff around the office

Qualifications:
1. Must be a current student at the University
2. Must have successfully completed at least one (1) year of the Recovery Program
3. Pursuing a degree in education, psychology, or other social sciences and health related fields is a plus.
4. Demonstrate the ability to work in a team
5. Demonstrate the ability to remain calm in crisis and link students to best supports
6. If recovering, at least one (1) years sobriety

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Recovery Ally

Location: CCURE Program

Category: Campus Work Study

Type: Student Worker Part Time

Summary: Recovery Allies are individuals who are not necessarily in recovery but have a passion for our cause. Allies will have the opportunity to facilitate programs to a campus-wide audience and the program itself. Recovery Allies should be caring, dedicated, and connected to campus.

Responsibilities:

1. Develop community events for the Recovery Program to host
2. Facilitate educational programs on campus and to the Program seminars
3. Serve as a resource to students on campus and in the program
4. Provide support to students and staff around the office

Qualifications:

1. Must be a current student at the University
2. Pursuing a degree in education, psychology, or other social sciences and health related fields is a plus.
3. Demonstrate the ability to work in a team
4. Demonstrate the ability to remain calm in crisis and link students to best supports
5. If recovering, at least two (2) years sobriety

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Appendix D

Participant Focus Questions

Pre-Program Questions

1. What do you wish to get out of the program?
2. What topics do you want us to cover together?
3. Which campus partners would you like to meet/hear from?
4. What do you need from us to be successful?
5. What questions do you have for us?

Mid-Program Questions

1. How is the program thus far?
2. Which topics have you enjoyed the most?
3. Which presenters have you enjoyed the most?
4. What do you need (added, changed, dropped) to be successful for the rest of the program?
5. What questions do you have for me?

Post-Program Questions

1. How was the program overall?
2. Did we cover your topic of interest? What topics do you think we could add/drop?
3. Did we connect you to your campus partner? Who do you want to/not want to hear from?
4. What went well that should be kept for the future cohort?
5. What did not go well that should be omitted for the future cohort?
6. What questions do you have for me?