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The Recovery School Movement: Its History and Future

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For almost three centuries people recovering from severe alcohol and other drug problems have created sanctuaries for sharing experience, strength and hope. History suggests that when the vacuum of need reaches critical mass, recovering people, their families and visionary professionals coalesce into movements that birth new structures of recovery support. It is that exact process that birthed the recovery school movement in the United States. This article reviews the birth and evolution of recovery schools in the United States and suggests that the growing network of recovery schools is an important new resource for the individuals and families served by addiction professionals.

Birth of a Movement

The collegiate recovery school movement began with the development of school-based recovery support services at Brown University (1977) and Rutgers University (1983) and evolved into more fully developed recovery communities at Texas Tech University (Center for the Study of Addictions)(1986) and Augsburg College (StepUP Program)(1997). In the past five years, additional collegiate recovery programs have been organized at Dana College (2001), Grand Valley State University (2002), Case Western Reserve University (2004), University of Texas at Austin (2004), and Loyola College in Maryland (2004). Early pioneers in the collegiate recovery school movement included Bruce Donovan (Brown), Lisa Laitman (Rutgers), Carl Anderson (Texas Tech) and Don Warren (Augsburg College).

A second thread in the rise of recovery schools was the development of recovery support services for high school students and then the development of high schools exclusively for students in recovery. The first wave of recovery high schools opened between 1987 and 1998. These schools were truly experimental in nature, with the goal of “sober schooling” but no existing blueprints to guide them. Ecole Nouvelle (now Sobriety High) in Minnesota was established in 1986 and opened in a community center with four students and one teacher in 1987. Other early recovery high schools included several Minnesota schools: PEASE (Peers Enjoying a Sober Education) Academy (1989), the Gateway Program (1992), the Arona Campus (now Arona Academy) (1995), YES (Youth Education Sobriety) (1997, now closed), ExCEL Sober School (1998, now closed), and the Aateshing

Program (1998). Early programs outside Minnesota included Unity High School in Phoenix, AZ (1992, now closed), Recovery High School in Albuquerque, NM (1992, now closed), Phoenix Academy in San Mateo, CA (1992), Thoreau High School in Woodland Hills, CA (1996), Oasis Academy (now Community High School) in Nashville, TN (1997), Santa Rosa (CA) Clean & Sober High School (1998), and the Summit School in Spokane, WA (1998, now closed).

School founders included recovering persons who understood the need for school-based continuing care services, treatment professionals who had the training and foresight to create innovative schools; parents of recovering students who desired options for their children; and philanthropists and volunteers who were called to this new arena of community service. Some of early recovery high school pioneers included Ralph Neiditch, Carol Robson, and Konrad Friedemann (Ecole Nouvelle/Sobriety High), Barb Schmidt (PEASE Academy), Paul Grehl (Gateway), Rob van Kampen (YES), Mark Kuleta (Aateshing), Nichole Baum (ExCEL), LuAnn Woeltge (Arona), Judy Ide (Nashville Oasis Academy/Community High School), Nancy Tumosa (Phoenix Unity), Lou Sadler and Jan Hayes (Albuquerque Recovery High School). Lyle Taipale, with Sobriety High since 2003, helped establish two schools (Gateway and Arona) as a supervisor of alternative education in the St. Paul and Moundsview, MN, school districts.

In some cases, these pioneers helped conceive the idea and open the doors, and other leaders stepped in to keep the schools running and forge paths for other schools. Judi Hanson, Denise Martineau, and Jim Czarniecki helped Sobriety High expand to three campuses, and their assistance helped establish numerous recovery schools around the country. Similarly, Brad Kraushaar (Arona), Kellie Winter and Steve Massey (PEASE), Deb Seveland (ExCEL), and Ann Tash (Thoreau High School) helped their schools take root and set the stage for a rapid expansion of schools over the last few years. To date, the longest serving faculty member of any recovery school is Sobriety High's lead teacher, Larry Schmidt (1993-present). Schmidt, an English teacher, has developed curriculum designed specifically with the recovering teen in mind that he has shared with other schools and the professional treatment community.

The growth of recovery schools has been dramatic, with 25 recovery high schools and six collegiate recovery communities opening across the United States from 1999 to 2005. The recovery school movement was influenced by several important contexts: school choice policies, growth in alternative schools, the therapeutic community movement (of which recovery schools became an extension), the growth in adolescent chemical dependency programs (the first opening in Minnesota in the 1970s), and the growing recognition of the vulnerability for relapse for young people re-entering school following treatment.

The inception of recovery high schools, also known as “sober schools”, “dry highs”, and “sobriety high schools”, coincided with the adoption of school choice reform models in education policy. The idea that providing families with options within and outside the public sector would strengthen school accountability gave rise to legislation promoting alternative and charter schools, vouchers, and for-profit education companies. Minnesota and California were two of the first states to embrace school alternatives like charter schools and open enrollment policies, and notably, these were the first two states to open recovery high schools. This rapid recovery school growth spawned the Association of Recovery Schools, founded in 2002.

What is a Recovery School?

In the first decade, recovery high schools tinkered with policies and populations, addressing substance problems from initial intervention through the recovery maintenance phase. Most opened with a handful of students and only one or two teachers. The first college program at Brown offered confidential services to faculty and students, but was not a fully developed recovery community. As recovery high schools and collegiate recovery programs have evolved, they have focused more specifically on forming communities for recovering students. Unlike the high schools, college programs are not school-wide, and their structures can vary widely depending upon the institution on which the program is located, the program umbrella under which the recovery community operates, the private or public funding of the school, and the size of the college or university. For this reason, most college programs are vastly different from each other. Some offer housing services, while others do not. Some offer specialized coursework, while others focus exclusively on therapeutic and general academic support. The high school programs, though offering differences themselves, are all-encompassing programs, and more commonalities exist across the 50 State education laws than are found in the thousands of college and university program umbrellas within which collegiate recovery communities are nested (Finch, 2005).

Recovery high schools enroll an average of 30-40 students. Each school requires students (a) to abstain from substance use and (b) to work a program of recovery from chemical dependency. Most, though not all, schools are based in the Twelve Step or Minnesota model of recovery. More than 95 percent of the students entering recovery high schools have received some form of treatment (residential and/or outpatient services), making recovery schools an important source of continuing care support following primary treatment. While some schools serve as transitional programs, all offer state-certified diplomas either directly or through their school districts. Unlike treatment facilities, education is a major focus, if not the main component, of recovery schools. They are essentially

hybrids, serving both continuing care and academic goals (Finch, 2004). Virtually all of the schools operate as “day schools”, though many have close relationships with extended care residential treatment programs and halfway houses.

While recovery high schools have existed since the 1980s, enrollment policies are continuing to develop. The Association of Recovery Schools requires member high schools to enroll primarily recovering students, but some schools, such as the Phoenix schools in Montgomery County, MD, Phoenix Academy in San Mateo, CA, Thoreau High School in Woodland Hills, CA, and Dohn Community High School in Cincinnati, have a more diverse census and provide services for a broader base of “at-risk” students, including any student affected by substance abuse. Most recently, recovery schools have started to incorporate more programming to address co-occurring mental health disorders.

One reason for such a spectrum of programming is the lack of foundational research and established best practices for recovery schools. Quantitative data on a national level is sparse, though many schools collect site-level data. For example, Community High School reports that at any point in time, 70-80% of its current students have not relapsed since enrolling. Though the schools enroll students who have often had truancy problems, recovery schools report attendance rates of 90-95% or better. Sobriety High tracks post-secondary matriculation of its graduates. The school reports that, since 1991, more than 65% of its graduates, most of whom were at-risk of dropping out while using drugs, have attended college. At the college level, an early evaluation of the collegiate recovery community at Texas Tech University found that its recovering students had a grade point average of 3.37 compared to an average of 2.68 for all undergraduates at the University, while maintaining a relapse rate of below five percent (White, 2001).

Press coverage of recovery schools has steadily grown in recent years. One of the earliest national stories to give exposure to the recovery school concept was a piece spotlighting Sobriety High by Jane Pauley for her news program, *48 Hours*, in 1995. At least one school outside Minnesota (Community High School in Nashville) credits that program for giving its founders the idea to open a school.

Future of the Recovery School Movement

As with any policy innovation, funding, advocacy, and evaluation are needed for recovery high schools to continue expanding. While most receive some public support, almost all must supplement that income through private donations and grants. The other side of the growth has been school closures. At least one or two recovery high schools close each year, and of the 14 schools mentioned as foundational programs in this article, five are no longer recovery schools.

Schools require funding not only to support school operations, but also to create awareness about and legitimize these schools. In 2005, NIDA provided

funding to the University of Wisconsin to conduct the first national descriptive study of recovery high schools. The researchers are planning a longitudinal evaluative study to follow. In coming years, ongoing research and evaluation is needed to describe existing models, establish best practices, and provide evidence for new and continued funding.

Before the creation of the Association of Recovery Schools (ARS) in 2002, most recovery high schools, especially those outside Minnesota, developed in isolation. Thus, much remains to be learned about the structure and effectiveness of these programs. ARS has fostered communication and advocacy efforts, and its envisions:

- All secondary and post-secondary students have access to a recovery high school or collegiate recovery community.
- Standards of academic and recovery best practices are identified and adopted as membership criteria.
- Recovery schools are seen as valued, necessary and adequately funded parts of both the education and treatment system.

The expansion of recovery schools has far outpaced isolated recovery school closures, and public awareness about the schools has also been growing. These points offer hope for achievement of the ARS vision. However, just 12 states currently have a recovery high school or collegiate recovery community, and only the first steps towards establishing best practices have been taken. Although this vision is still many years from reality, recovery schools constitute an important new referral resource for addiction professionals. To best utilize those resources, addiction professionals will need to remain informed about the recovery school movement and play a critical role in forging relationships between treatment institutions and the growing network of recovery schools.

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