Academic Disruption and Substance Use Disorders: University-Based Treatment Facilities

Lea Anne DeRigne, Andrew Burki, and Patricia Stoddard-Dare

Young people are often challenged to navigate the complex relationship that exists between educational attainment and substance misuse. Indeed, an interesting contradiction exists in the usefulness of college in mitigating substance use disorders. Although college attendance is an important predictor of future financial success and general well-being, the high prevalence of drug and alcohol use on college and university campuses makes college attendance a risk factor for developing substance use disorders (Hingson, Zha, & Weitzman, 2009). Accordingly, college campuses have been identified as “abstinence hostile environments” (Cleveland, Harris, & Wiebe, 2010). Indeed, the highest rates of illicit drug use and alcohol use disorders (including binge drinking and heavy alcohol use) occur in young adults ages 18 to 25 years, the life stage when college is most likely to occur (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). Correspondingly, in 2007, 21.1 percent of young adults (6.9 million people) needed treatment for alcohol- or drug-related problems (SAMHSA, 2008).

Historically, one notable way substance abuse disrupts lifelong well-being is through early termination of schooling, which can lead to lower socioeconomic status, diminished social well-being, and poor health (Cutler & Lleras-Muney, 2006). Studies report that more than 40 percent of student attrition cases involve substance abuse (Sullivan & Risler, 2002). More specifically, previous research has found that substance abuse is significantly associated with early termination of schooling at four different levels of education. Students with substance abuse disorders are 7.0 times more likely to terminate primary school, 2.7 times more likely to terminate secondary school, 1.4 times less likely to enter college, and 1.3 times more likely to terminate college than peers without substance use disorders (Breslau, Lane, Sampson, & Kessler, 2008).

Another complicating factor is research, which suggests that academic challenges can be a key relapse trigger (Gonzales, Anglin, Beattie, Ong, & Glik, 2012). This is important because relapse rates are high for young people ages 15 to 24 years, ranging from 60 percent to 79 percent in the first year (SAMHSA, 2011). Hence, the standard advice given to individuals in early recovery is to postpone educational entry or reentry until a year of sobriety is achieved. Further complicating the relationship between education and relapse, previous research has found that lower levels of educational attainment prior to entry into substance use disorder treatment predict a shorter duration until relapse in both women and men (Greenfield et al., 2003).

Taking all of this into consideration, creators of a new recovery model are defying conventional practice and have proposed that returning young people to college quickly, with necessary supports, will help to provide meaning and purpose to their newly claimed sobriety. This is in line with a broad spectrum of programs on college campuses, which have developed in the past few years to provide support to young adults in recovery. Known as collegiate recovery communities or recovery schools, these programs include an array of services such as sober housing, on-campus support groups, academic mentoring, and study groups for college students in recovery (Laudet, Harris, Kimball, Winters, & Moberg, 2014; Steiker, Grahovac, & White, 2014). This new clinical model proposes that pursuit of higher education is a key component of successful substance use disorder treatment among young adults.

MODEL OF A UNIVERSITY-BASED TREATMENT FACILITY

A new academically focused substance use disorder treatment center, Life of Purpose Treatment (LOP), opened on the campus of Florida Atlantic University

(FAU) in June 2013. LOP is a privately funded facility that leases space on the FAU campus but receives no university funding. LOP offers a Partial Hospitalization Program (PHP), an Intensive Outpatient Program (IOP), and transitional housing near campus for program alumni. LOP is the first residential treatment center to be housed on a college campus in the United States.

LOP clients are referred from other treatment facilities or by educational consultants, private practitioners, case managers, university counseling centers, and parents. To be referred, potential clients need to be identified as having both a substance use disorder (typically with co-occurring mental health concerns) and an academic disruption. Clients range in age from 17 to 30 years.

Whereas some clients may have been or currently are enrolled at FAU, not all clients attend FAU. Indeed, clients may attend FAU, local community colleges, other local universities, or out-of-state institutions of higher education. Some out-of-state students choose to enroll at their home institution and complete courses via an online format. LOP also accepts clients who have experienced an academic disruption in their secondary education. In those cases, LOP first works with the client to achieve a high school diploma, and then promotes college entry.

After referral to LOP, several key steps are followed. First, a prescreening interview is completed with prospective clients to ensure that they want to be reconnected with their education. After referral to LOP, a biopsychosocial assessment is completed with a strong emphasis on educational issues. For example, the assessment includes where and when academic disruption has occurred. Next, a needs assessment is completed and clients are assigned to an individual therapist and an academically focused case manager who work in tandem to provide clinical and academic services. Depending on the level of care needed, clients can be admitted to the PHP or the IOP.

Up to 27 clients are housed in the PHP client residence, which is staffed by behavioral technicians 24 hours a day. PHP lasts approximately 60 days. In addition to 24-hour staff supervision, PHP provides 25 to 35 hours of clinical recovery-focused activities each week including individual counseling sessions, group counseling sessions, psychiatry appointments, case management, yoga and exercise classes, psychodrama sessions, family therapy, process groups, and adventure groups. Clients may enroll in academic

classes while in the PHP, depending on what month they enter the program and how that aligns with an institution's academic calendar.

The IOP facility can accommodate 40 clients who live in a recovery residence for up to 60 days. IOP includes nine to 15 hours a week of individual therapy and case management with behavioral technicians present in the evenings. In addition, IOP clients typically enroll in one or two college classes their first semester and three classes during their second semester while also holding a part-time job if needed. Clients are encouraged to increase their course load as they progress beyond their second semester. The majority of clients sequence through both the 60-day PHP and the 60-day IOP program. After graduation from 60 days of IOP, clients can enter an additional three to six months of academically focused aftercare case management. In the fall of 2015, LOP opened a 55-bed transitional housing facility located one block from the FAU campus, where program alumni may choose to live.

SOCIAL WORK SERVICES

At LOP, social workers are employed as primary clinicians, case managers, behavioral technicians, and clinical outreach coordinators. Primary clinicians conduct individual, group, and family therapy sessions, lead team meetings, and track the progress of each client. Academically focused case managers engage in a variety of unique tasks, including assisting students to improve their existing transcripts through academic petitions and medical withdrawals in an effort to replace failing grades with withdraw notations. Academic case managers (who all have a BSW degree and are often in pursuit of an MSW degree) also help students apply for admission or readmission to colleges and universities. During their time with LOP, many clients transfer from community colleges to four-year universities, and case managers assist with transcript requests and transfer of credits. After enrollment in college is achieved, case managers facilitate accommodations for students with disabilities, assist with course scheduling and registration, schedule tutors and exams, facilitate test preparation, monitor assignments and grades, and promote retention and advancement toward a degree. Academic progress and performance are used as treatment outcome indicators in addition to the standard measurement of the number of days abstinent from substance use. Finally, for students who have successfully completed at least one semester of college, academically

focused case managers help clients apply for financial aid and scholarships.

LOP also employs many behavioral technicians who are current BSW and MSW students. Behavioral technicians provide support to clients by taking them to 12-step meetings, medical appointments, and drug testing appointments. They are the primary support staff at the recovery residences.

All LOP employees have to be college graduates or currently enrolled in college courses. Other professionals engaged with LOP through contract work are licensed mental health therapists, psychiatrists, psychiatric nurses, and psychologists. All professionals work together in a team treatment model.

Clinical outreach coordinators employed by LOP communicate with referents and perform advocacy work with collegiate recovery communities at local and national universities to establish viable admission options for clients. LOP is also engaged in macro-level social policy advocacy. At the local level, the organization has involved itself in campus recovery efforts such as advocating for recovery dorms at FAU. LOP contributes 10 percent of profits to fund substance abuse research and helped to establish the Office of Substance Use Disorder, Mental Health, and Recovery Research in the FAU School of Social Work.

In an effort to reduce stigma and address community concerns around substance use disorders and treatment, LOP employees sit on local drug abuse task forces and the chamber of commerce. They also collaborate with local government entities and campus and local police departments. At the state level, LOP was supportive in the passage of sober housing regulations, which ensure higher standards of care in halfway houses.

PRELIMINARY RESULTS

Agency records reveal that in the two years LOP has been open, approximately 170 young people have matriculated through the program. Among those clients, 112 have enrolled in college, 13 have completed GEDs, three have graduated from college, and two have graduated from high school. Attrition from the program is low at 10 percent, with most attriters being transferred to facilities offering a higher level of care to address complex needs such as eating disorders or profound psychiatric disability.

FUTURE DIRECTIONS

The focus on substance abuse treatment and recovery on college campuses is a growing trend with the

creation of sober dormitories, collegiate recovery communities, and student life activities focused on sober living emerging in many localities across the United States. Given its success, LOP is set to launch a second facility at the University of North Texas–Denton this year and has plans for several additional locations.

Quickly returning young people to institutions of higher education is a bold change in practice that the profession of social work should follow closely. Given the centrality of educational attainment as a predictor of lifelong well-being, experimental interventions that substantively alter the way individuals with substance use disorders are advised to act during their first year of sobriety could be impactful. Although it is too early to determine long-term outcomes, preliminarily, this program appears to hold some promise, particularly in terms of program completion and academic reintegration.

While participants are in treatment, data should be collected to assess their educational progress and maintenance of sobriety. Particular attention should be paid to the rates of lapse and relapse to assess whether the supports LOP provides affect clients' ability to achieve and maintain sobriety despite early academic reintegration. Posttreatment data should also be collected at regular intervals to determine the short- and long-term impact of this intervention approach. Short-term measures should include standard measures of abstinence and continued pursuit of recovery, as well as short-term educational achievements such as length of time until graduation and rate of degree completion. Longer-range outcomes of interest may include continued abstinence, gainful employment, and other measures of socioeconomic well-being. **HSW**

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