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COLLEGIATE RECOVERY STUDENTS AND PROGRAMS: LITERATURE REVIEW FROM 1988-2017

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ABSTRACT

Objectives: To present a review of the existing research on college students living in recovery, including the research on students in recovery participating in collegiate recovery programs.

Methods: Studies were included if they: a) were peer-reviewed or archived dissertations, b) were published between 1988 and 2017, c) directly involved students in recovery on campus, either with or without involvement in a collegiate recovery program.

Results: From 1988 to 2017, 25 studies met the inclusion criteria. These included 7 studies on students living in recovery within the general framework of higher education and 18 studies involving students in collegiate recovery programs. Qualitative reports and quantitative descriptive studies were both included.

Conclusions: Findings identify the gaps in currently available research, and support rationale for increasing longitudinal and quantitative studies of collegiate recovery programs and the students they serve.

KEYWORDS

collegiate recovery; substance use disorders; behavioral health; students; student affairs

Introduction

There has been dramatic growth in the development of collegiate recovery programs and communities (CRPs) over the last five years (Laudet, Harris, Kimball, Winter, & Moberg, 2014). The rapid growth in CRP development has made it difficult to identify consistent guidelines for what constitutes an established CRP, as opposed to an emerging collegiate recovery program effort. Collegiate recovery programs tend to be grassroots efforts, arising from the work of champions and stakeholders within individual university communities. The growth of the CRP field has resulted in differing reports of how many CRPs currently operate in the United States. Estimations derived from the website of the Association for Recovery in Higher Education and Transforming Youth Recovery website place the total CRP count between 150 and 160 established CRPs, and CRP efforts in various stages of development (Transforming Youth Recovery, 2016; Association of Recovery in Higher Education, 2016; Laudet, et. al., 2014). Much of the research on CRPs has focused on analyzing the recovering student population

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and, more recently, research has emerged describing the structures and functions of a range of recovery-protective mechanisms, often termed “recovery supports.”

Studies on students in recovery have fallen into two categories: The first studies students living in recovery without participating in a CRP, and the second studies students living in recovery with the support of a CRP. Chronologically, research on students living in recovery without CRP support was the first to emerge in the 1990’s (Bratter, Parker, & Bright, 1994; Bratter, Parker, & Pierson, 1995), whereas research focused on students within CRPs began to emerge in the mid-2000s (Harris, Baker, Kimball, & Shumway, 2007; Cleveland, Harris, Baker, Herbert, & Dean, 2007). Additionally, a CRP replication curriculum was developed at Texas Tech, in 2005, to provide an overview of how a CRP might be implemented at other universities and colleges (Harris, Baker, & Thompson, 2005).

This review aims to examine what knowledge has been produced about the student pursuing recovery within the context of institutions of higher education, to summarize the features and affordances of collegiate recovery programs, to identify major findings that might constitute a rationale for these programs, to identify limitations in the available research, and to suggest future directions for research.

Purpose and Scope

Many individuals entering treatment for a substance use disorder and many in need of recovery support services are of a traditional college age between the ages of 18-25 (Brown et al., 2008). In a national survey, SAMSHA (2016) reported that 1 in 6 young adults between the ages of 18-24 met criteria for a substance use disorder and were considered to be in need of treatment. Of those, only 7.2% received specialized care, and 92.8% received no formal treatment (Park-Lee, Lipari, Hedden, Kroutil, & Porter, 2017). A number of studies have examined the unique challenges posed by high-risk collegiate environments and the essential role that peer-to-peer networks and social supports play in supporting the needs of students in recovery (Botzet, Winters, Fahnhorst, 2008; Cleveland, Harris, & Wiebe, 2010). Collegiate Recovery Programs, or campus-based recovery supports provided by various higher education institutions, have generated a range of studies. The current literature review explores and organizes previously conducted research on students in recovery within the context of higher education both with and without direct recovery support.

Methods

We elected to include both qualitative and quantitative studies, as well as archived/published dissertations for the current review. Studies incorporated into the review met the following criteria: a) included students in substance use disorder recovery participating in a collegiate recovery program (CRP); b) included students in recovery from substance use disorders but who were not supported by, or participating in, a CRP; and c) studies of university programs/efforts designed to provide substance use disorder recovery support for students. In order to provide a comprehensive and thorough review for future researchers and CRP program managers, any type of study design was considered suitable for inclusion. Dates of publication or archival were limited to January 1, 1988 through January 31, 2017. Additionally, the publication must have been originally published in English.

Search Strategy

The search strategy made use of peer-reviewed literature and archived doctoral dissertations. Literature was located using electronic databases, such as EBSCO and PsycInfo. The search structure consisted of the following: 1) terms related to college and university students; 2) AND alcohol and other drugs; 3) AND recovery; 4) OR substance abuse; 5) OR addiction; 6) OR collegiate recovery programs; 7) OR university support services; 7) OR behavioral health; 8) OR counseling and psychological services. Searches were supplemented by reviewing the reference lists of selected literature to find any other relevant sources not located by search terms.

Results

A total of 25 articles, including dissertations, were reviewed. Articles were sorted into two different categories. The first category was of students in recovery who were not participating in CRPs (N=7 articles). The second category was of students living in recovery who were participating in CRPs (N= 18 articles). A full description of the included articles and characteristics of the studies are available in Table 1.

Table 1 – Characteristics of works included in the literature review

| Article | Sample size | Design | Number of institutions | CRP participation | Key findings |
|---|-------------|---------------------------------|------------------------|-------------------|---|
| Bratter, & Parker (1994) | N/A | Article | N/A | No | -Students in recovery are passionate about proving themselves -Students in recovery have a more developed sense of self than high achieving rule followers -Students in recovery are motivated by past failures, and can function as effective on-campus leaders. |
| Bratter, Parker, & Pierson (1995) | | Article | N/A | No | -Students in recovery deserve special considerations by college admissions -Students in recovery can be evaluated by assessing post-hoc growth of former self-destructive experiences -Students in recovery should demonstrate insight and growth -Students in recovery should demonstrate stabilizing and restraining influence on others -Students in recovery are more altruistic and a sense of responsibility for self and other |
| Doyle (1999) | 312 | Survey | 312 | No | -Reviewed the variety of recovery supports on college campuses -Only 30.1% of institutions offered space for 12-step meetings while 47.4% felt that they should -52.2% of respondents believed that universities should offer recovery groups, but only 20.2% actually offered such services -Peer counseling was also seen as a need (38.1%) but was only offered at 18.9% of surveyed institutions |
| Woodford (2001) | 3 | Voluntary qualitative interview | 1 | No | -Analyzes student experiences of transitioning to college and developing social support |
| Harris, Baker, & Thompson (2005) | N/A | Manual | 1 | Yes | -Instructions on how to establish a CRP |
| Bratter, Coiner, Magee, Liebman, & Alter (2006) | N/A | Literature review | N/A | No | -Justification for universities to admit recovering students and the positive implications higher education has for such students, as well as the positive outcomes these students bring to universities |
| Herbert (2006) | 44 | Targeted survey of CRP members | 1 | Yes | -No significant difference between male and female participants on measures of relapse risk and social support -Length of recovery was not significantly correlated with relapse risk or support measures -There are no significant differences in risk of relapse based on primary drug of choice |

Research on Students in Recovery

Research examining students in recovery attending college, but not necessarily involved in collegiate recovery programs, has generated a handful of publications. Research from the mid-90's by Bratter, Parker, & Bright (1994), Bratter, Parker, & Pierson, (1995), which were later summarized by Bratter, Coiner, Magee, Liebman, & Alter (2006); were first to identify the leadership potential of students in recovery and the positive influence of such students in collegiate environs such as campus housing. These studies also identified the specific challenges faced by such students regarding recommendation letters, spotty academic histories, and the ways admission committees could better evaluate the potential of such students. These early articles were the first to really provide guidance to college admissions professionals on how to evaluate the potential of "gifted, underachieving, students in recovery" (Bratter, et. al 1994; Bratter et. al. 1995) and the contributions that could be harnessed by admitting such students and supporting them institutionally.

Table 1 – Characteristics of works included in the literature review

| | | | | | |
|--|-----|--|-----|-----|---|
| White & Finch (2006) | N/A | Descriptive review | 9 | Yes | -Recovery in educational settings is on a growth trajectory |
| Cleveland, Harris, Baker, Herbert, & Dean (2007) | 82 | Anonymous questionnaire voluntarily distributed to a single targeted community | 1 | Yes | -Most members had considerable life problems as a result of their substance use -Most had received formal therapy, with 2/3 having received inpatient treatment -Most students lived off campus -78% attended off-campus 12-step meetings -52.5% GPA 3.25 or higher |
| Harris, Baker, Kimball, & Shumway (2007) | NA | Longitudinal tracking data of members within a single targeted community | 1 | Yes | - Students had an 8% relapse rate - Students had a 70% graduation rate - Students had an average GPA of 3.18 |
| Botzet, Winters, & Fahnhorst (2008) | 83 | Anonymous targeted sample survey within a single community, with 6 month follow-up | 1 | Yes | -Current students had more mental health symptoms than alumni -High levels of reported social support and assets -Current students attended more self-help meetings than alumni |
| Bell, Kanitkar, & Kerksiek et al. (2009) | 15 | Multiple semi-structured interviews beginning at program entry | 1 | Yes | -Students struggled with managing recovery and academics -Students felt limited in their social engagements outside of the CRP -Students reported difficulties living on-campus -Students appreciated the CRP for: the community, staff support, on-campus meetings, academic support, and physical space to spend time -Students reported that without the CRP: they would have less friends, would struggle more with adjusting to college, may not have stayed abstinent, or may have been unsuccessful in college |
| Bell, Kerksiek, & Kanitkar et al. (2009) | 15 | Qualitative analysis of semi-structured interviews beginning at program entry | 1 | Yes | -Identity and confronting challenges in college |
| Misch (2009) | N/A | Article | N/A | No | -Argument for recovery support on college campuses |
| Cleveland, Harris, & Wiebe (2010) | N/A | Book | N/A | Yes | -Summation of what collegiate recovery communities are and their importance in university settings |

Doyle's (1996) findings examined the consistency of services for students who may be in recovery. Doyle's findings demonstrated the variable and inconsistent types of services accessed by students in recovery, which identified the need for a cohesive support structures for this population. Doyle's findings introduce the concept of accommodations for college students in recovery as a special population to be considered from a service delivery perspective. Woodford's (2001) dissertation, utilizing a phenomenological methodology, highlighted what he determined were the "hidden population" (p.11) of students living in recovery, thus further adding to Doyle's work that students in recovery actually exist, require support, and have no consistent services delivered to them across higher education. In addition to this, their "hidden" status renders them as an underserved, marginalized, and overlooked student community forced to locate and utilize various outside resources available in the region surrounding the university.

Terrion (2012), Misch (2009), and national reports, such as the one conducted by Dickard, Downs, & Cavanaugh (2011), largely focused on the experiences of students in recovery and the role of education in recovery. Terrion (2012) utilized semi-structured interviews to determine how recovery capital (White, & Cloud, 2008) and social capital (Granfield, & Cloud, 2001) were mobilized by students in recovery, and how challenges were overcome through natural support structures. Misch (2009) argued for on-campus services for students committed to recovery and found students in recovery served as role models for other students on campus. Finally, Dickard et al. (2001) reported that the role of recovery support in an educational setting helped to prevent both relapse and loss of educational achievement. Taken together, the studies dedicated to recovering students in higher education identify them as a specific subpopulation who are generally underserved, possessing special potentials and skills, and who face specific barriers and challenges. These studies clearly advocate for dedicated recovery-support services for this subpopulation of students.

Table 1 – Characteristics of works included in the literature review

| | | | | | |
|--|-----|---|-------------------------------|-----|--|
| Dickard, Downs, & Cavanaugh (2011) | NA | Federally funded research compilation | N/A | Yes | -Recommendations for recovery support services |
| Smock, Baker, Harris, & D'Sauza (2011) | N/A | Literature Review | N/A | Yes | -Reviewing information about the importance of social, academic, peer-to-peer, and 12-step recovery supports |
| Terrion (2012) | 14 | Qualitative analysis of semi-structured interviews based on snowball sampling | 3 | No | -Value of education in supporting recovery |
| Zheng, Weibe, Cleveland, Molenaar, & Harris (2013) | 30 | Brief quantitative tracking of members of a targeted community | 1 | Yes | -Negative affect is correlated with craving and tobacco use |
| Laudet, Harris, Kimball, Winters, & Moberg (2014) | N/A | Literature review | Different information from 33 | Yes | -There is need for recovery support services on university campuses, and that need is slowly being met |
| Laudet, Harris, Kimball, Winters, & Moberg (2014) | 486 | Blanket online qualitative survey | 29 | Yes | -Predominantly drug addiction (as opposed to primarily alcohol or behaviors) -Average lifetime addiction severity score of 11.4 (out of 14) -Average number of days since last use was reported at 952 days -CRP students are, on average, older than traditional college students -CRP students show higher rates of other mental health disorders co-occurring with SUD |
| Laudet, Harris, Kimball, Winters, & Moberg (2016) | 486 | Mixed-methods online survey | 29 | Yes | -34% of students reported they would not be in college without the CRP -30% of students reported that they were determined to go to college, so a CRP was not important -21% reported that they only enrolled at their institution because of the CRP -Most common reason for joining a CRP was for a supportive network of recovery peers -Second most common reason for joining a CRP involved wanting a safe space on campus to navigate the collegiate environment |

Students in Collegiate Recovery Programs

CRPs are a relatively young movement, and spent years prioritizing growth over scientific research. Although many programs kept in-house statistics, and some researchers wrote descriptive pieces, histories, theoretical arguments and a replication curriculum, few programs had the capacity to undertake a formal study of their programs and the students served by them. A single CRP, The Center for the Study of Addiction and Recovery at Texas Tech, is responsible for nearly all the scientific evidence that informed the field in the early period of formation. These studies from Texas Tech's CRP examined students' experiences and sought mainly to examine the mechanisms by which students remained resilient within high-risk collegiate environments (Harris, Baker, Kimball, & Shumway, 2007; Cleveland, Harris, Baker, Herbert, & Dean, 2007).

A group of studies that helped to define what is known about CRPs, *Characteristics of a Collegiate Recovery Community: Maintaining Recovery in an Abstinence-hostile Environment*, was compiled by Cleveland, Harris, Baker, Herbert, and Dean in 2007. The studies, conducted in 2004-2005, used a novel survey instrument to detail the characteristics of collegiate recovery community members at Texas Tech University, which was considered the largest CRP in the country at the time. The demographic data revealed the first picture of the makeup of a population of students in recovery at a CRP. That population ($n = 87$) was predominantly male and overwhelmingly Caucasian. Most reported significant consequences as a result of their drug use, with high rates of incarceration and homelessness. The students ranged in age (18-53) but tended to be slightly older (mean=23.2), than the average undergraduate student age in the United States (U.S. Department of Education, NCES, 2003-2004). Nearly all participated in 12-step based recovery programs, and the average length of continuous abstinence (57% with two or more years of abstinence) was considerable. Since many students initiated recovery while in high school, the authors outlined a rationale for communities to serve adolescents and young adults entering into college already in recovery, citing the "increase in adolescents nationwide entering into and completing treatment". This article highlights the perception by students in recovery that the campus ecology is largely hostile to an abstinence-based lifestyle.

Achieving Systems-Based Sustained Recovery: A comprehensive model for collegiate recovery communities by Harris, Baker, Kimball, and Shumway (2008), provided a descriptive account of CRP students, relevant demographic information, and unique needs of this population. Of note, this study identified the developmental, instrumental, and institutional challenges that students in recovery face, such as establishing social networks, accessing and cultivating peer-support, overcoming barriers to healthy peer relationships. The study provided the theoretical basis for systems-based modeling of CRP structures highlighting the needs of collegiate recovery students in terms of social, academic, and recovery support. This study also provided a first look at the quantitative outcomes of CRP students, citing an (8%) relapse rate, (70%) graduation rate, and an average GPA of 3.18. From the perspective of higher education, which emphasizes services designed to increase retention, progression, and graduation, Harris, et. al. (2008) provided promising evidence of desirable outcomes in both student personal recovery and academic success (i.e. graduating at rates higher than the university average).

Table 1 – Characteristics of works included in the literature review

| | | | | | |
|--|----|--|---|-----|--|
| Scott, Anderson, Harper, & Alfonso (2016) | 17 | In-depth qualitative interview of purposefully selected sample to | 1 | Yes | -5 key themes: returning to college after treatment, feelings of exclusion, disclosure, social support, and identity -CRP facilitated successful identity reconstruction as student in recovery in the recovery hostile environment of a university |
| Washburn (2016) | 21 | Qualitative phenomenological book via in-depth, semi-structured interviews of alumni | 2 | Yes | -Multiple support structures improved outcomes -Personal commitment and positive peer influence encouraged transformation |
| Kimball, Shumway, Austin-Robillard, & Harris-Wilkes (2017) | 8 | Qualitative phenomenological | 1 | Yes | -Coping skills of recovering students are rooted in social support and interaction |

In 2010, Cleveland, Harris, and Weibe reprised the 2004-2005 survey data and added in additional studies completed at Texas Tech, resulting in the only major book about collegiate recovery to date, *Substance Abuse Recovery in College: Community Supported Abstinence*. In Chapter 6, “Daily Loves of Young Adult Members of a Collegiate Recovery Community, Cleveland and Groenendyk tracked collected “daily diary” survey data from students at Texas Tech to analyze the interplay of factors and how they contributed to students’ emotional and psychological states as varied over time. Daily diary data provided insight into how students used 12-step recovery programs and the CRP to create a network of pro-abstinent individuals that offset the frequent pressures to return to active use of alcohol and other drugs. In Chapter 7, “How CRC Abstainers Maximize Socialize Support,” Cleveland used 2004 survey results to explore how CRP students stocked their social network with pro-abstinent individuals, having twice as many abstaining students in their social networks and twice the frequency of contact with students who abstained, as they had with students who drank. In Chapter 8, Casiraghi and Muslow’s mixed-methods study *Building support for Recovery into an Academic Curriculum*, employed a survey instrument in tandem with focus groups, consisting of students from Texas Tech’s CRP, to analyze what students valued about the Texas Tech CRP programming. They found that students found the most value in the seminar, from the emotional support and companionship they found through attending – more than the informational content.

Between 2010-2016, multiple studies examined relevant aspects of the lives and behaviors of students. In one such study, by Zheng, Wiebe, Cleveland, Molenaar, and Harris (2013), in an effort to ameliorate high rates of tobacco use in CRP members, researchers conducted an idiographic and nomothetic study to analyze the relationship between students’ daily cravings, negative affect, and tobacco use in order to identify areas in which an intervention could be applied. A literature review by Smock, Baker, Harris, and D’Sauza was published in 2011, which examined social support for student in CRPs and compiled CRP data in the United States.

A qualitative study by Bell, Kantikar, Kerkisiek, Watson, & Anindita, (2009) examined how students conceptualize their challenges on campus and how CRPs provide helpful support. From these studies, it became clear that targeted research focusing on the subjective experiences of students in recovery are essential to service design and delivery.

In the mid-2010’s, Laudet, et al. (2015) captured the first large-scale, nationwide demographic data of students participating in CRPs, thus further defining the collegiate recovery population. The survey reported demographics of a large sample of students (N=429, from 29 CRPs across the nation), included previous substance use treatment history, co-occurring disorder prevalence, present and historical living situations, and previous criminal justice involvement. Results found that student

participants had a mean age of 26 years, most were Caucasian, and over (50%) were male. A third of the student sample reported a previous period of homelessness, and over half had previously been arrested. Strikingly, while students reported overall positive physical health, over (70%) of students also reported a history of co-occurring mental health disorders and a small minority reported co-occurring disorders related to disordered eating or sex and love addiction.

Following the national demographics study, Laudet, Harris, Kimball, Winters, and Moberg (2016) analyzed students' reasons for participating in CRPs. This mixed-methods study found the average length of student participation in a CRP was seven academic semesters and revealed students' primary reason for enrolling in a CRP was the desire or need for a supportive peer network. The study reported over a third of the student's survey affirmed they would not be in college if it were not for CRPs, and (20%) affirmed they would not have attended their present university without the CRP. This study also highlighted that students in recovery feel that college life directly challenges their sobriety.

More recently, qualitative analysis has also been conducted to further examine the development of students who participate in CRPs. Washburn (2016) completed a doctoral dissertation of a phenomenological study of alumni between 1 and 5 years removed from their institutions who had participated in a CRP. Through interviews, Washburn found the students' recovery processes in college were "messy, dynamic and variable," (p. 294) and not unitary or consistent. Washburn also emphasized, "combinations and configurations of various components of support" and "individual factors" - the individual ways in which students balanced between autonomy and support within their peer support communities - were important factors in whether students transitioned successfully or unsuccessfully after graduation. Washburn further warned students should not get too lost in the insular "bubble" (p. 296) of their communities and advised that students would be wise to gradually increase their autonomy over time prior to graduation. Students interviewed referenced strong student leadership within their CRPs as being an important component of their success, and a common thread of participants was they derived their chief source of strength from relational aspects within the CRPs.

In a late-2016 study, Scott, Anderson, Harper, and Alfonso (2016) explored the concepts of recovery identity and stigma of CRP students at a rural southern college campus, through an iterative content analysis of interviews with students in the CRP. The researchers found students struggled with an internalized sense of identity once entering into recovery, however, the CRP helped mediate these feelings of stigma and shame internalized upon students' identity.

The most recent study completed by Kimball, Shumway, Austin-Robillard, and Harris-Wilkes (2017), explored CRP students' feelings of hope and coping related to their recovery. This phenomenological study found students experienced hope through the recovery of others, as well as through the connection to a "higher power". Additionally, students coping skill themes were centered around the difficulty of coping with problems while active in their addiction, and their main coping strategy in recovery involved reaching out to others for help.

Discussion

As noted, the study of students in recovery on college campuses is limited. Research shows students in recovery are likely to attend colleges and universities that have implemented a collegiate recovery program, creating a unique proposition for institutions to both better support its student population and recruit additional students. Students involved in collegiate recovery programs have been largely evaluated along demographic lines to date. Social theory and recovery support phenomena and the impact on students in recovery has not been well studied. However, given the explosive growth of collegiate recovery programs, and the ensuing nationwide push to establish CRPs and recovery supports on college campuses, it is likely the future will present many opportunities for recovery researchers. Additionally, the growth in recovery research in recent years indicates that CRP research is still in the infancy stage.

From current research it can be surmised the enmeshment of education and recovery offers promising results - both for students in recovery and universities. Increases in social and recovery capital seem to be at the epicenter of growth for individuals in recovery. When recovery is properly supported, individuals recover along stable and predictable trajectories. CRPs offer a rich context for establishing knowledge about recovery and offering recovery supports. Being housed within institutes of higher learning, CRPs provide an independent and objective place for the study of recovery, and a setting in which recovery-related research can be better informed by those personally involved. Furthermore, CRPs that have integrated research-related activities within their programs have helped foster the mentoring and training of emerging academia focused on the behavioral health of youth and emerging adults entering into the educational system. Additionally, many of the recently established recovery programs have been created and directed by previous students of the larger CRPs in the country

(e.g. Texas Tech, Rutgers, Augsburg, etc.).

The largest studies to date have provided valuable insight into the recovering student population, as well as the potential benefits these students receive via participation in a CRP. Recovery quality and length, and the potential for academic success, seem to be positively enhanced by active participation in a program. However, while the previous research suggests potential correlations between success and CRP participation, much remains to be studied in so far as it relates to student outcomes and causal factors.

Limitations

Limitations include the scope of inclusion into the final review. In an effort to separate out the basic theoretical underpinnings of literature supporting collegiate recovery justification and design, from studies specifically involving the study of students involved in CRPs and students in recovery, all theoretical articles were excluded from this review. Additionally, grey literature was not included in this review (e.g. editorials, popular media articles, etc.). These types of offerings often hold important insights into the recovering student population and the programs that serve them.

Directions for Future Research

Future directions for research should include direct analysis of outcomes through longitudinal studies. Primary and secondary outcome research will provide insight into the validity of the theoretical underpinnings of CRPs, and thus reflect the transposition of social support theory as it has been adapted to the programs. This can also further inform CRP programming and design.

Randomized control studies of comparison that examine outcomes should be contrasted against students in recovery who are not supported by a CRP, and age-similar non-students in recovery. These studies should also contain longitudinal elements, so outcomes can be examined in a temporal context. Additionally, comparative studies should examine areas for further transposition along the continuum of care, or laterally across the collegiate environment to examine support of traditionally marginalized populations, that may have substance use disorders or behavioral health concerns, such as veterans, LGBTQ+, and others. It is reasonable to assume that the broad durability of social support through institutions can and should be generalized to other populations, and that population-specific support can be tailored to maximize outcomes.

Large-scale studies of efficacy, post-graduation stability, as well as intrapersonal, interpersonal, social, and ecological studies are needed to better understand the ways and means by which CRPs assist students and help to protect recovery and enhance academic success.

At the institutional level, CRPs should enact retention, progression, and graduation tracking of students, as well as capturing demographic information, treatment, substance use, and academic histories. As demonstrated by past research, qualitative data derived from student recovery experiences and educational needs can help design programming and structures of CRPs to be more responsive to the needs of students in recovery.

Additional structural studies, sustainability studies, and studies involving the longitudinal study of how CRPs evolve could lead to an updated model for replication. Studies that use recovery-informed approaches, capturing common factors of treatment histories, can help to further define the transformative elements of recovery. These common factors could also be used to better inform the justification for a full continuum of care, including recovery-specific educational or vocational supports.

Conclusion

Review of current research reveals key areas for future directions, including, but not limited to, longitudinal and rigorous quantitative studies. Though the existing collection of research examining college students in recovery and students involved in collegiate recovery programs is small and limited in scope, this review shows the body of knowledge is expanding. Further research into these topics is essential in order to keep pace with the increasing number of students in recovery entering into higher education and the continued expansion of recovery support efforts through collegiate recovery programs. Additionally,

Additionally, research into the characteristics and outcomes of students in recovery, without access to collegiate recovery programs, should receive increased attention given less than 5% of colleges and universities currently have collegiate recovery programs available for students in recovery.

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References

- Association of Recovery in Higher Education (2016). Members. Retrieved from <http://collegiaterecovery.org/>
- Bell, N., Kanitkar, K., Kerksiek, K., Watson, W., Das, A., Kostina-Ritchey, E., & Harris, K. (2009). "It Has Made College Possible for Me": Feedback on the Impact of a University-Based Center for Students in Recovery. *Journal of American College Health*, 57(6), 650-658.
- Botzet, A., Winters, K., & Fahnhorst, T. (2008). An Exploratory Assessment of a College Substance Abuse Recovery Program: Augsburg College's StepUP Program. *Journal of Groups in Addiction & Recovery*, 2(2-4), 257-270.
- Bratter, T. E., & Parker, T. H. (1994). Bright, angry, recovering students: Their value to colleges. *The Journal of College Admission*, 142, 23-28.
- Bratter, T. E., Parker, T. H., & Pierson, R. (1995). Gifted, self-destructive recovering students. *The Journal of College Admission*, 146, 23-29.
- Bratter, T. E., Coiner, N., Magee, V. L., Liebman, J. A., & Alter, J. S. (2006). Candor, Confidentiality, and the College Admissions of Recovering Students. *International Journal Of Reality Therapy*, 26(1), 29-34.
- Brown, Sandra A., McGue, Matthew, Maggs, Jennifer, Schulenberg, John, Hingson, Ralph, Swartzwelder, Scott, . . . Murphy, Stacia. (2008). A developmental perspective on alcohol and youths 16 to 20 years of age. *Pediatrics*, 121(4), S290.
- Cleveland, H. H., Harris, K. S., & Wiebe, R. P. (Eds.). (2010). *Substance abuse recovery in college: Community supported abstinence*. Springer Science & Business Media.
- Cloud, W., & Granfield, R. (2008). Conceptualizing Recovery Capital: Expansion of a Theoretical Construct. *Substance Use & Misuse*, 43(12-13), 1971-1986.
- Dickard, N., Downs, T., & Cavanaugh, D. (2011). *Recovery/Relapse Prevention in Educational Settings For Youth With Substance Use & Co-occurring mental health disorders: 2010 Consultative Sessions Report*. US Department of Education, Office of Safe and Drug-Free Schools. Washington, D.C.
- Doyle, K. S. (1999). *The recovering college student: Factors influencing accommodation and service provision*. Dissertation Abstracts International Section A: Humanities & Social Sciences, 60(6-A).
- Granfield, R., & Cloud, W. (2001). Social context and "natural recovery": The role of social capital in the resolution of drug-associated problems. *Substance Use & Misuse*, 36(11), 1543-1570.
- Harrington-Cleveland, H., Harris, K. S., Baker, A. K., Herbert, R., Dean, L. R. (2007). Characteristics of a collegiate recovery community: Maintaining recovery in an abstinence-hostile environment. *Journal of Substance Abuse Treatment*, 33, 13-23. doi:10.1016/j.jsat.2006.11.005
- Harris, K. S., Baker, A. K., Kimball, T. G., & Shumway, S. T. (2007). Achieving system-based sustained recovery: A comprehensive model for collegiate recovery communities. *Journal of Groups in Addiction & Recovery*, 2(2-4), 220-237.
- Harris, K. S., Baker, A. K., & Thompson, A. A. (2005). *Making An Opportunity on Your Campus: A Comprehensive Curriculum for Designing Collegiate Recovery Communities*. (Funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment).
- Herbert, R. E. (2006). *Social networks and support for abstinence within a collegiate recovery community* (Doctoral dissertation).

- Kimball, T. G., Shumway, S. T., Austin-Robillard, H., Harris-Wilkes, K. S. (2016). Hoping and Coping in Recovery: A Phenomenology of Emerging Adults in a Collegiate Recovery Program. *Alcoholism Treatment Quarterly*, 35(1), 46-62.
- Laudet, A., Harris, K., Kimball, T., Winters, K., & Moberg, P. (2014). Collegiate Recovery Communities Programs: What Do We Know and What Do We Need to Know? *Journal of Social Work Practice in the Addictions*, 14(1), 84-100.
- Laudet, A., Harris, K., Kimball, T., Winters, K., & Moberg, P. (2015). Characteristics of Students Participating in Collegiate Recovery Programs: A National Survey. *Journal of Substance Abuse Treatment*, 51, 38-46.
- Laudet, A., Harris, K., Kimball, T., Winters, K.C., Moberg, D.P. (2016). In college and in recovery: Reasons for joining a Collegiate Recovery Program. *Journal of American College Health*. 64(3), 238-246. doi:10.1080/07448481.2015.1117464.
- Misch, D. A. (2009). On-Campus Programs to Support College Students in Recovery. *Journal of American College Health*, 58(3), 279-280.
- Park-Lee, E., Lipari, R. N., Hedden, S. L., Kroutil, L. A., & Porter, J. D. (2017). Receipt of services for substance use and mental health issues among adults: Results from the 2016 National Survey on Drug Use and Health. *NSDUH Data Review*. Retrieved from <https://www.samhsa.gov/data/>
- Scott, A., Anderson, A., Harper, K., & Alfonso, M. L. (2016). Experiences of Students in Recovery on a Rural College Campus: Social Identity and Stigma. *SAGE Open*, 1-8. DOI: 10.1177/2158244016674762
- Smock, S.A., Baker, A.K., Harris, K.S., D'Sauza, C. (2011), The Role of Social Support in Collegiate Recovery Communities: A Review of the Literature. *Alcoholism Treatment Quarterly*. 29(1), 35-44. doi:10.1080/07347324.2010.511073.
- Terrion, J. L. (2013). The experience of post-secondary education for students in recovery from addiction to drugs or alcohol: Relationships and recovery capital. *Journal of Social and Personal Relationships*, 30(1), 3-23. <https://doi.org/10.1177/0265407512448276>
- Transforming Youth Recovery (2015). Collegiate Recovery Asset Survey Retrieved from <http://collegiaterecovery.capacity.com/shareables/file/2015-asset-survey-results>
- U.S. Department of Education, National Center for Education Statistics. (2005). 2003-04 National Postsecondary Student Aid Study: (NPSAS:04). Washington, D.C.
- Washburn, S.C. (2016). Trajectories, Transformations, and Transitions: A Phenomenological Study of College Students in Recovery Finding Success. Archived Dissertation, http://ir.stthomas.edu/caps_ed_lead_docdiss/76/.
- Woodford, M. S. (2001). Recovering College Students' Perspectives: Investigating the Phenomena of Recovery from Substance Abuse among Undergraduate Students.
- White, W., & Cloud, W. (2008). Recovery capital: A primer for addictions professionals.
- White, W. & Finch, A. (2006). The recovery school movement: Its history and future. *Counselor*, 7(2), 54-58.
- Zheng, Y., Wiebe, R.P., Cleveland, H.H., Molenaar, P.C.M., Harris, K.S. (2013). An Idiographic Examination of Day-to-Day Patterns of Substance Use Craving, Negative Affect, and Tobacco Use Among Young Adults in Recovery. *Multivariate Behavioral Research*. 48(2), 241-266. doi:10.1080/00273171.2013.763012.