Innovations in Practice

Supporting Students in Recovery on College Campuses: Opportunities for Student Affairs Professionals

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Despite the significant attention that drugs and alcohol receive on college campuses, few resources and supports are available to students who are recovering from an addiction. Student affairs professionals are uniquely

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positioned to support these students with a variety of strategies. This article summarizes what is currently known about college students in recovery and ways that student affairs professionals can help build an infrastructure of formal and informal supports for this underserved and at-risk student population.

Alcohol and drug abuse is a widely recognized problem on college campuses (Dejong, Larimer, Wood, & Hartman, 2009). Several carefully conducted community initiatives aimed at alcohol problems among college-age persons are effective in reducing negative consequences related to drinking, including the incidence of underage drinking, alcohol-related assaults, emergency room visits, and alcohol-related crashes (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2007). Although many initiatives target active substance abuse problems on campus, particularly binge drinking, few services are available that specifically aid students in recovery from alcohol or drug addiction.

Recently, the Betty Ford Institute Consensus Panel (2007) developed a definition of recovery that represents the views of the research community, addiction treatment professionals, and persons in recovery. This panel defined recovery as "a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship" (Betty Ford Institute, 2007, p. 221). Although other definitions are available, this one encompasses the diversity of beliefs about recovery without advocating for any particular philosophical position. Based on this definition, students in recovery are different from students with active substance use problems (e.g., recurrent pattern of binge drinking). Students with active problems generally require some type of intervention to reduce consumption to safer levels and prevent current patterns of use from progressing to more serious levels of involvement. Students in recovery have a history of a problematic substance use and are working to *maintain* a life of sobriety.

The literature on college student mental health clearly states that college students experience various life transitions and stressors that increase their risk of mental disorders (e.g., depression, anxiety, eating disorders, substance use disorders, and suicidal behavior; Hunt, Eisenberg, & Kilbourne, 2010). Mental health problems create serious challenges for an individual recovering from a substance use disorder, as they interfere with the ability to effectively cope. Students in recovery are also challenged by a college environment that offers easy access to drugs and alcohol, and a college culture that promotes the misuse of substances (Laudet, 2008). For example, a student in recovery could be at serious risk of relapse by actively participating in the Greek system. Substance use disorders are also highly stigmatized, with many in the general public attributing these conditions to a moral deficiency or lack of willpower. This creates challenges for students who want to be open about their recovery efforts, a necessary condition to build a supportive network of peers and access support services.

The past decade has seen a rise in mental illness among college students (Blanco et al., 2008). Efforts have been made to address issues related to depression, anxiety, and eating disorders within the campus context including increasing awareness of symptoms, providing psychoeducation on when and how to get help, and increasing the visibility and number of resources for students. According to Hunt et al. (2010), mental illness may play a key role in explaining poor overall graduation rates, leading to a loss of human capital in broader society.

Given the high comorbidity between substance use disorders and these other mental illnesses, and the major consequences of substance use problems on college campuses (e.g., increased likelihood of injury and violence, interference with academics), substance use problems cannot be considered separate from mental health issues (Minkoff, 2001). Many campuses have developed and implemented supported-education programs for students with psychiatric disabilities. These programs demonstrate success in helping students get the support they need to remain in college and complete their education. They do so in a manner that does not compromise their mental health (Collins, Bybee, & Mowbray, 1998; Mowbray, Collins, & Bybee, 1999). These same efforts need to be applied to helping students in recovery.

In this article, we draw on the best available research from the fields of addictions, public health, and education, as well as our professional experience to summarize what is known about students in recovery. From this, we put forth recommendations on how to support this underserved and at-risk group. These include defining the population of students in recovery, describing the challenges that students in recovery face on college campuses, summarizing the ways in which colleges are supporting this population, and suggesting ways student affairs professionals can help build an infrastructure of supports. Student affairs professionals include university administrators and other university service providers (e.g., counselors, psychologists, and social workers) who work with students directly or indirectly through program and policy development.

Defining the Population of Students in Recovery

In order to establish a robust system of supports for students in recovery, it is important to define the characteristics and estimate the size of this student population. Achieving clarity is complicated by several issues. One issue is the measurement of recovery, which is fundamentally different than assessing patterns of substance use (e.g., how many drinks within a given time frame). It is also fundamentally different than assessing current or a lifetime history of diagnosable substance use disorders, although these data can be informative. For example, a student with a history of alcohol dependence may have received treatment for this condition. This student may consume alcohol at a level that is not resulting in immediate negative consequences. This student is *not* in recovery but is certainly at risk of transitioning to more serious levels of involvement with substances. Another example is a student who exhibits a recurrent pattern of binge drinking. This student is at risk of transitioning to more serious levels of involvement but is not in recovery.

A student in recovery has a history of substance misuse that resulted in significant consequences in at least one life domain. The student in recovery has made a voluntary commitment to a sober lifestyle and is actively engaging in activities that promote sobriety and overall wellness. Recovery begins with the individual's first voluntary day of sobriety and continues throughout a lifetime. A student may have made a commitment to recovery before entering college, or it may happen while he or she is enrolled. Regardless, anybody who is in recovery is *always* at some degree of risk of relapse in the recovery process. Although the risk of relapse decreases with each subsequent year of sobriety, the risk never goes away (Xie, McHugo, Fox, & Drake, 2005). As discussed in the following section, the college environment creates many challenges for the student in recovery, which increases the risk of relapse. Support for students in recovery ultimately minimizes the challenges these students face in the college environment to promote sobriety and wellness.

Although we rely on a single definition of recovery, it is important to recognize that no single definition of this concept is universally accepted. This is a major obstacle in defining how many people are in recovery in the U.S. population or the college student population. The lack of a universal definition has not prevented recovery-oriented programs such as Alcoholics Anonymous (AA) and its variants (e.g., Narcotics Anonymous, SMART Recovery) to become some of the most widely used and empirically supported programs in addiction treatment. Addictions are not limited to any particular group or socioeconomic class, so there is no prototypical student in recovery. The only common feature may be a general commitment to recovery itself.

Estimating the number of persons in recovery would be most effectively determined by nationally representative psychiatric epidemiologic surveys (e.g., the National Survey on Drug Use and Health, National Comorbidity Survey, and National Epidemiologic Survey on Alcohol and Related Conditions). Data from these surveys estimate the prevalence and consequences of mental health and substance use disorders in U.S. populations. Such surveys have long been criticized for their inability to accurately gauge the extent of mental health problems among college students (Patrick, Grace, & Lovato, 1992). To date none have included any items that specifically ask the respondents if they are in recovery. Other surveys, such as those by the Core Institute (www.core.siuc.edu) and the National College Health Assessment of the American College Health Association (www.acha-ncha.org), help us to understand patterns of substance use and the consequences for college students. However, these surveys do not include items to determine who is in recovery. Thus, we do not have precise estimates about the number of persons in recovery and have to rely on other indicators from data sources to understand the actual *need* of support services.

The prevalence of current problems associated with substance use is the first indicator to consider. Using data from the National Survey of Drug Use and Health, Slutske (2005) found that 18% of U.S. college students suffered from clinically significant alcohol-related problems in 2000. Current problems show a potential need for recovery-oriented services on college campuses. The second indicator is the prevalence of a lifetime history of substance use disorders. Cohen et al. (1993) estimated that 9% of adolescent girls and up to 20% of adolescent boys meet adult

diagnostic criteria for an alcohol use disorder. Although informative, these data do not identify the number of students in recovery, and they do not account for the fact that many of these adolescents are not college bound.

As a third indicator, actual use of support services can be considered. As described below, a network of recovery centers are being established on college campuses that provide a range of support services specifically targeting students in recovery. This effort provides concrete evidence that when a mechanism is present for students to disclose that they are in recovery, many do so and become actively engage in support services. Our professional experience in providing supportive services to students in recovery shows that many people who are not in recovery, though affected by a substance use disorder (e.g., family member or close friend), become active participants in recovery-oriented programs. And finally, although the research in this area is limited, students in recovery clearly report that support services were critical to their academic success (Bell, Kanitkar, et al., 2009).

Threats to Recovery

Students in recovery not only have to cope with problems associated with an addiction disorder (e.g., cravings to use substances, peer pressure) but also face the legal, social, family, and employment problems associated with substance misuse. Student affairs professionals can recognize that students in recovery are grappling with numerous problems while trying to gain a new identity and fulfilling their roles as students (Laudet, 2008). A major complication is that although students in recovery perceive higher education as a key part of the recovery process, the college environment is often hostile toward recovery efforts. In the worst-case scenario, students in recovery may find themselves forced to choose between academics and maintaining sobriety (Bell, Kanitkar, et al., 2009).

College campuses are regularly characterized by a pro-drug culture in which substance use is considered the norm and a harmless rite of passage (Bell, Kanitkar, et al., 2009; Bell, Kerksiek, et al., 2009). In a national survey of alcohol and drug use among college students, 84% of undergraduate students reported use of alcohol in the past year (2005), and over 50% of these students reported engaging in heavy drinking, defined by the Core Institute as drinking five or more drinks in one setting over the past 2 weeks (Core Institute, 2006). In fact, evidence suggests that the prevalence of problematic alcohol use is higher among college students than non–college students (O'Malley & Johnson, 2002). Results from the National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration, 2007) also showed that college graduates were more likely to have tried illicit drugs when compared with adults who had not completed high school (51.8% vs. 39.7%).

The social norm of substance use, peer deviancy, relative isolation from off-campus social support, and cheap, readily available access to alcohol and other substances puts college students in recovery at significant risk for relapse (Moberg & Finch, 2008). In addition to managing the

normal stressors of college student life (e.g., moving away from home for the first time, maintaining good academic standing, developing and managing interpersonal relationships, and holding part- or full-time employment) that can complicate the recovery process (Borsari & Carey, 2006), students dealing with addictive disorders have the added stress of maintaining sobriety in a context that encourages excess. Students in recovery are constantly being exposed to stimuli ("triggers") that could thwart their recovery, and as a result they may experience the college campus context as unsupportive.

Seeking and receiving support is one of the key factors in recovery from alcohol and drug addictions (Laudet, Magura, Vogel, & Knight, 2000). Students in recovery may receive support from family, friends, or programs such as AA, but these sources of support may not effectively identify with the stressors and experiences of being a student. If students also feel that there is a lack of support or understanding within the college campus context, they may develop the sense that they do not belong. Lacking a sense of belonging, especially during the college-age years when this can be a key factor in identity development (Evans, Forey, Guido, Patton, & Renn, 2010), may threaten the recovery process. Evidence suggests that students who lack connection in the college context often disengage (Astin, 1999; Tinto, 1987). This can lead to negative outcomes including dropping or failing out of school and experiencing increased stress and negative self-evaluations. Each of these can lead to an increased risk of relapse for students in recovery.

Feeling isolated and stigmatized due to a substance use disorder may also lead to the development of new symptoms of depression or anxiety, or the worsening of preexisting symptoms, further threatening recovery. Recent data from a national epidemiologic survey revealed that approximately 20% of persons with a lifetime history of a substance use disorder suffered from at least one mood disorder (e.g., depression, bipolar disorder), and approximately 18% suffered from at least one anxiety disorder (e.g., social anxiety, specific phobia; Grant et al., 2004). Co-occurring or simultaneous mental health disorders also serve as barriers to recovery. Evidence suggests that those with co-occurring substance abuse and mental health disorders, particularly those who are not appropriately treated, are at higher risk of relapse, experience poorer treatment outcomes, and often transition to higher levels of substance involvement (Swendsen et al., 2010).

Ways in Which Colleges Are Supporting Students in Recovery

At present, only a small proportion of colleges are providing organized formal supports targeting students in recovery. This can be quickly verified at college websites that describe existing support services, particularly those that offer services for mental health problems. Although some counseling centers may have professionals that address substance use disorders, many do not have training or hold certifications in addiction treatment.

At the time this article was written, 14 colleges were part of the Association of Recovery Schools (www.recoveryschools.org). Heterogeneity is expected across these college-based recovery centers, and they share a common mission of building a community and infrastructure supportive of the personal aspirations and educational goals of students in recovery. They accomplish this mission by offering activities and support services to meet the needs of these students. Such activities include

- promoting campus-based 12-step programs,
- offering substance-free housing,
- organizing sober events to facilitate the development of substance-free social networks,
- providing counseling services with clinicians who have training concerning substance use disorders, and
- educating the broader campus community to reduce stigma.

Harris, Baker, and Cleveland (2010) provide an excellent overview of some of the strategies observed within the network of Recovery Schools. For example, the Alcohol and Other Drug Assistance Program for Students at Rutgers, the oldest program of this type, offers designated housing for recovering students, educational and intervention services by certified substance abuse counselors, and 12-step meetings. The StepUP Program at Augsburg College provides recovery housing and community and 12-step meetings (Harris et al., 2010). Texas Tech University operates the Center for the Study of Addiction and Recovery, which is among the most comprehensive programs. According to Harris et al. (2010; see also Harris, Baker, & Thompson, 2005), this program provides

- a collegiate recovery community (e.g., 12-step and other types of meetings and supports, a community service seminar, a student association, and technical support to other universities interested in developing a recovery community);
- an educational curriculum including a major, minor, and certificate in addiction-related studies;
- a center for prevention that targets elementary and middle schools; and
- research and sponsored project development.

Formal recovery centers can be regarded as a top-down approach to supporting students, in which the college secures the necessary funds and space to build an infrastructure of services. Bottom-up initiatives can also be found; for example, Perron, Grahovac, and Parrish (2010) report on a student-driven initiative to support students in recovery. Small groups of students who were in recovery or interested in supporting issues and events related to recovery formed a campus-based group called Students for Recovery. This group secured institutional grants and donations to provide sober events available to all students. In addition to building a network of peer support, this group organized campus-based 12-step meetings and educational activities to promote awareness and reduce stigma associated with substance use disorders.

Opportunities for Student Affairs to Support Students in Recovery

Most campus-based counseling or health services centers are inadequately equipped to support students in recovery or help students with severe addictions. As a result, students are often referred to inpatient or intensive community-based outpatient programs (Bennett, McCrady, Keller, & Paulus, 1996). Students who receive services external to the college may not have sufficient opportunities to develop the kinds of supportive campus-based networks critical to successful recovery (Bennett et al., 1996). Student affairs professionals are in ideal positions to develop an infrastructure to support the needs of students with an active substance misuse problem and students in recovery. Strategies for doing this are divided into three general categories: professional support, peer support, and campus-community partnerships.

Professional Support Services

Student affairs professionals should be knowledgeable about the full spectrum of substance use disorders, including binge drinking, levels of substance involvement (e.g., substance abuse and dependence), and treatment and recovery. Such knowledge can sensitize professionals to the challenges that students in recovery face, better positioning them to provide recovery support. This recommendation extends to those involved in administrative positions, those who make policy, and clinical service providers in counseling and health centers. In the latest edition of the Council for the Advancement of Standards in Higher Education, Middlebrooks (2009) stated:

> The institution's chief administrative officer and all other campus leaders must support a comprehensive campus ATODP (alcohol, tobacco, and other drug program) for it to be effective. Those who voice support for these programs must view the problems created by alcohol and other drug abuse as solvable and believe that confronting the problems created by alcohol and other drug abuse is a major responsibility facing educational institutions. (p. 47)

Possession of this understanding will clarify the importance of and differences between clinical services and psychosocial support.

Clinical Services

Clinical support services are individual or group-based interventions addressing emerging and acute problems directly or indirectly related to substance use. Clinical service providers should have competencies with motivational techniques, cognitive behavioral therapy, and problem-solving training (Carey, Scott-Sheldon, Carey, & DeMartini, 2007). Motivational enhancement strategies are key intervention strategies that align with the best practices in addiction treatment. From a stage-based model of change, clinical service providers can focus on motivational issues that promote recovery. In this way, they promote a sober lifestyle that competes with the temptations of returning to substance use (Laudet, 2008). They should also have a clear understanding

of college student development so they can better meet the specific needs of the students within this particular context (Evans et al., 2010). Clinical service providers are among the most suitable student affairs professionals to provide recovery-based services. It is critically important that professionals are knowledgeable of 12-step and 12-step facilitation methods, as these programs are often considered among the most important long-term supports for anyone in recovery (Bennett et al., 1996).

By having a solid understanding of 12-step and related types of support services, student affairs professionals can make informed referrals. This is particularly true among those providing psychological services. At minimum, professionals should be able to provide a list of contact information for finding a sponsor (i.e., person who serves as a mentor to assist the recovering person in understanding and working through the 12-step program), meeting times and locations, and a list of people on campus supportive of recovery initiatives.

Issues of confidentiality and sensitivity complicate such referrals and the provision of clinical services. That is, because of the serious stigma associated with substance use disorders, students may not feel comfortable attending a peer support group as part of the treatment process. Thus, it is important that service providers are aware of issues of confidentiality and remain sensitive to the student's needs. The same processes of considering and working through issues of confidentiality and sensitivity for students with depression or eating disorders can be informative as it relates to substance use disorders. In some cases, a student may need formal treatment, suggesting the importance of having established referral processes to community-based programs. Ideally, the referral process will include transition plans to minimize problems associated with having course work interrupted and provide support to help students return to a regular or modified program of study.

Psychosocial Support

Students in recovery may not need clinical services, but they can benefit from support to manage the myriad of stressors involved in higher education that increases the risk of relapse. Broad-based support services reflect efforts to promote students seeking a lifestyle of sobriety who do not have but are at risk for emerging or acute problems. Such supports can be organized within a recovery center or be part of organized efforts that are overseen and promoted by professionals throughout the campus.

A growing number of colleges have formal recovery centers that serve as an infrastructure of support to students in recovery. Such centers should be well advertised, easily accessible, and visible throughout the university community. One way to increase awareness and visibility of these services is to communicate regularly with counseling centers, admissions, academic advising, and residence halls. Services provided by recovery centers include organizing sober social activities for students and structured multifaceted services including educational, counseling, and support sessions for individuals, students, groups, and families. According to Middlebrooks (2009),

recovery centers should provide access to community service opportunities, disability support services, and various self-help/support groups, 12-step groups, detoxification, and inpatient therapy.

Student affairs professionals can work with students in recovery to provide outreach within the campus community and to prospective and current students receiving treatment in local, community-based programs. Student affairs professionals should serve as liaisons between students in recovery and the campus as a whole, helping raise awareness among other university administrators. College health centers can include questions in their standardized assessment process to determine who is in recovery or could benefit from recovery-oriented supports. These along with other survey data frequently collected can further inform senior university administrators as they develop comprehensive strategies to support this population. As argued by Middlebrooks (2009), all entities of the campus community (i.e., governing boards, administrators, faculty and staff members, students, and community leaders) can develop a shared ownership of this issue.

Although many higher education institutions cannot fund a formal recovery center, other low-cost methods can be considered. Student affairs professionals can designate recovery-safe spaces on campus where all students are invited to socialize in settings free from messages associated with substances. These strategies can bring students together to reduce stigma and create opportunities for positive college experiences. Student affairs professionals can create committees to promote awareness and education about recovery. Involving faculty or staff who are leaders in the recovery community can be an inexpensive way of contributing to the overall infrastructure. Education about local recovery communities can help administrators and student affairs professionals locate potential mentors for students in recovery as well as build relations with donors to support sustainable campus recovery centers.

Peer Supports

A growing body of evidence suggests that sustained recovery requires a strong system of peers who are engaged, invested, and supportive of the recovery process (McKay et al., 2009). Supportive peer networks are critical in reducing the drinking behaviors of college students (Borsari & Carey, 2006). These groups help students develop a sense of belonging so critical to their identity development, school engagement, and overall mental health (Evans et al., 2010; Hurtado & Carter, 1997; Tinto, 1987). Efforts to build strong support networks among students can address substance-related problems among the entire campus community, not just those in recovery. Extended interventions that actively bring the therapeutic components of treatment to the recovering person are more effective than those requiring the student to return to a facility week after week to receive care (Bennett et al., 1996). Building upon collegiate support services for students in recovery can allow them to remain connected to an on-campus recovery community.

College administration support plays a key role in facilitating the growth of a college peer-support system. Offering support for 12-step meetings and other peer-led support services on campus sends a strong message from administrators that students in recovery are recognized and

valued within the campus community. Twelve-step meetings are a particularly good way to promote campus integration because they emphasize the role of community support in their models of recovery. Students with more involvement in productive college activities and volunteer services are less likely to abuse alcohol (Wechsler & Nelson, 2008). Recovery-specific community service is an integral part of the 12-step recovery model (Laudet & White, 2008).

Every college offers students the opportunity to organize groups that call attention to, and provide support for, a specific cause. Colleges with or without recovery programs can benefit from having students organize groups to promote recovery. These student-run groups build awareness of recovery-related issues, reduce stigma of recovery on campus, and encourage university administrators to increase support of this unique population (Perron et al., 2010). Participation in these groups motivates and prepares future professionals for working within a team (Anderson & Lennox, 2009). Student groups that are well organized and backed with university support can lead to more formal recovery-specific programming on campus. Student affairs professionals can support these student-run initiatives by serving as advisors, helping the group locate resources, and assisting in relationship building with other departments in the university.

Community–Campus Partnerships

Community-level interventions often focus on environmental management strategies designed to change the economic, social, and normative environment of campus communities (De-Jong & Langford, 2002; NIAAA, 2007). Support for students in recovery is lacking on most college campuses (Finch, 2004), but established recovery networks in the community can help fill this gap. Student affairs professionals can work with the recovery community through local Alano clubs (i.e., 12-step fellowship meeting halls) and other leaders of support programs. Together they can establish campus-based meetings and identify mentors and sponsors experienced with both recovery and higher education. Over time, such partnerships can develop into campus-based peer and professional support networks. Colleges can then identify persons to be guest speakers on recovery issues, trainers, and role models for students in recovery.

Additional ways community interventions make positive changes to the campus environment include involving local businesses, policymakers, and law enforcement to promote a recovery-friendly environment (Dejong & Langford, 2002; Toomey, Lenk, & Wagenaar, 2007). By limiting access to alcohol and other drugs, several college programs reduced college student alcohol consumption and negative drinking-related consequences (NIAAA, 2007). Although these efforts will not eliminate the problem of irresponsible use of substances on campuses, they create a safer environment for students in recovery.

Program Sustainability

A strong case can be made for the need to develop, implement, and fund programs and services that support students in recovery on college campuses, particularly as it relates to

enrollment, maintaining high rates of graduation, and reducing tuition loss through dropout. Establishing that there is a need for these types of services on college campuses may not lead to sustainable programs. Clinical services and psychosocial supports targeting students in recovery are not revenue generating. A sustainable program requires an infrastructure that cultivates both financial and human resources. Suggestions to increase sustainability are described below, specifically focusing on incorporating students in recovery issues in existing clinical services and psychosocial supports.

Sustainable Programming

Clinical services. The sustainability of clinical services can be achieved through hiring practices and ongoing continuing education. Clinical training programs are increasingly offering competencies in treating substance use disorders to reflect the integration of the mental health and substance abuse systems of care.

On college campuses, applicants for clinical positions with expertise in mental health and substance use disorders should receive high priority. Clinicians already employed in college counseling centers, but lacking competencies in substance use disorders, should be supported in their professional development to increase knowledge and practical skills related to addictive behaviors. An initial low-cost investment in training can have long-term payoffs for a clinical program. Clinicians who are expert in mental disorders and substance use disorders are an important asset in improving the overall quality of services within a counseling center, as the research consistently shows that co-occurring mental and substance use disorders are the rule rather than the exception (see Perron, Bunger, Bender, Vaughn, & Howard, 2010). With this strategy, supports can be built into the existing service model rather than creating and funding a new program.

Psychosocial supports. A system of psychosocial supports can be offered through a recovery center on campus or in part through various initiatives organized by an individual or unit on campus. In order for such supports to be sustainable, some aspect of the support initiatives needs a formal and established structure to receive funds and organize human resources around the larger objective of supporting students in recovery. One important aspect of the infrastructure is an institutional commitment, whereby the college provides funding and space on campus. Even limited institutional support can demonstrate the college's understanding and commitment to student needs, setting the stage for future growth.

Another often-neglected aspect of building an infrastructure of support is creating academic-service partnerships. For example, at the University of Michigan's School of Social Work, a number of students in that program and those supportive of recovery completed independent course work for credit. Their work included a speaker panel on campus, which informed students, faculty members, and administrative staff about the unique challenges faced on campus. Such activities increase awareness and reduce stigma and are critical to the development of sustainable programs.

Faculty members also play an important role in advising student groups. They provide technical support, promote awareness of services and opportunities in the classroom, and assist with transition plans for student leadership positions. The importance of such transitions cannot be overstated, as such groups continually see turnover in their memberships due simply to graduation. Faculty member involvement can be sustainable as colleges recognize that teaching and instruction often extend beyond the classroom. Faculty members should receive credit for this service.

Sustainable Funding

Building a robust system of supports will undoubtedly require funds from a number of different sources. Various models from the nonprofit sector can guide fund-raising efforts to support such a system. Numerous nonprofits demonstrate successful sustainability while providing free services to address a wide range of needs. One approach is the "grateful patient program," commonly used in health care settings. This program seeks financial contributions from patients served. The motivations behind such contributions reflect the appreciation for the services received.

Students in recovery who receive support in their educational pursuits do not merely graduate and become former participants. They become alumni and potential donors. This strategy is supported by grateful patient programs literature (Cooper, 2006; Elj, 2007; Twedell & Frusti, 2008) and qualitative research on students in recovery who described support services as being vital to their academic success (Bell, Kanitkar, et al., 2009). According to Timothy Seiler, director of Public Service and the Fund Raising School at Indiana University's Center on Philanthropy, "When the institution's vision for a better tomorrow matches a donor's desire to have a bigger impact, large gifts often result" (Kreimer, 2007, p. 26). Some recovery centers currently in operation have received large gifts from private donors, including program alumni or individuals who support this type of service due to personal experience with substance use disorders. With the ultimate goal of establishing a strong economic foundation (e.g., permanent endowment) for sustainable programs, maintaining connections with alumni and other external individuals and groups interested in providing financial support for such initiatives is an essential component.

Building partnerships between support providers and college development administrators facilitates opportunities for cultivating major gifts from foundation, corporate, and/or individual donors. Such partnerships can communicate the mission of the recovery center or related initiatives to potential donors as well as create opportunities for funding outside the scope of familiarity of recovery professionals. Campus development officers can also provide staff associated with recovery-oriented programming in assessing, cultivating, soliciting, and stewarding gifts (Thedford, 2010).

A university development office can play a key role in coordinating with other university colleges and units in making joint funding requests to large charitable foundations, as many

foundations prefer (or limit) a single annual proposal from each college or university. In this way, the visibility of charitable opportunities within recovery centers can gain footholds alongside more established university development efforts, advancing the opportunity for a diverse stream of charitable revenues. When coordinated, these revenues can coalesce into a permanent university endowment dedicated to funding the recovery center and the students it serves. Endowments allow for perpetual income streams managed by university investment professionals, which advance the reputation of the recovery center and serve as a hallmark of financial sustainability.

Future Directions

Research on students in recovery is underdeveloped relative to what is known about binge drinking and other acute forms of substance abuse. The field of addiction research includes an extensive body of empirical literature on issues of recovery, providing an excellent point of departure for informing student affairs professionals in this area. The absence of research on the topic should be viewed as an opportunity for future development rather than a problem limiting growth. Efforts to more systematically assess the prevalence of students in recovery can be incorporated into current data collection initiatives, such as the surveys through the Core Institute and the National College Health Assessment of the American College Health Association.

Many campuses are building support networks of different types for students in recovery; however, many of these efforts are not being documented and published in the professional journals. This leads to a risk of being excluded from the literature that informs both future research and intervention development. It is important to encourage descriptions of innovative programs, as they serve to raise awareness of important issues like recovery, encourage new ways of supporting students, and provide a mechanism for building collaborations and coalitions by linking various stakeholders with similar interests. Partnerships between academics and practitioners can help facilitate this type of professional communication.

We are confident that further research on the prevalence of recovery, increased understanding of recovery, and dissemination of innovative programs can lead to systematic investigations of support programs. Ultimately, this can provide the opportunity to rigorously identify the key ingredients of effective support programs for this underserved and at-risk population. This knowledge can then be fully integrated into training programs and continuing education efforts that ensure that student affairs professionals are equipped for addressing these ongoing challenges.

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