

Transforming Youth Recovery

One Community, One School, One Student At A Time

The Assets for Building Collegiate Recovery Capacity

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Executive Summary

The objective of this study is to identify community-based assets that can help students in recovery thrive in the fullness of the college experience. This work leverages asset models to describe community-based assets. To date, asset models have had limited application within the field of collegiate recovery. The application of asset models in this context can aid and inform researchers and practitioners interested in the advancement and proliferation of collegiate recovery programs.

Importantly, this work is not intended to evaluate the effectiveness of any given college-based recovery program. Rather, the intent is to identify the assets that a community can apply to establish, support, grow and sustain collegiate recovery efforts.

To begin, researchers reviewed existing literature on developmental assets, environmental assets, protective factors and community capacities that are known to contribute to healthy and productive lifestyles among young adults. Additionally, the research team reviewed literature and identified assets from recovery-oriented systems of care and best practices from other age-specific recovery communities. This initial review resulted in a set of 116 possible assets; like terms were combined, and based on this literature review the research team devised a set of 34 unique assets that were potentially relevant to helping students in recovery thrive while getting the most out of everything a college experience has to offer.

Next, experts from the field of collegiate recovery reviewed these potential assets during a series of 11 interviews. Experts interviewed included Bo Cleveland, T. Daniel Fred, Jenepher Lennox Terrion, Kevin Doyle, Lisa Laitman, Frank Greenagel Jr., Melanie Whitter, Patrice Salmeri, Scott Washburn, Paul Schmitz, Peter Gaumond and Sharolyn Wallace. Additional people were interviewed and contributed; however, they have chosen to remain anonymous. Following this series of interviews, the set of assets was revised to create a set of 38 hypothetical assets.

Following the revision, 42 self-identified collegiate recovery programs in the U.S. were surveyed and asked to contribute to and review the set of 38 hypothetical assets. Nineteen programs responded to this request by the deadline. Through the survey, staff at collegiate recovery programs were asked to categorize assets as (1) critical to start serving and supporting college students in recovery and essential to serving and supporting college students in recovery on an ongoing basis, (2) essential to serving and supporting college students in recovery on an ongoing basis but not critical to start or (3) neither critical to start serving and supporting college students in recovery nor essential to serving and supporting college students in recovery on an ongoing basis. Notably, this survey produced a set of 11 assets that are regarded as critical to start serving and supporting college students in recovery.

Finally, recent graduates of collegiate recovery programs were asked to participate in focus groups with the intent of uncovering the assets that students view as the most supportive of their recovery while members of a collegiate recovery program. Young People In Recovery partnered with researchers to identify and recruit three recent graduates of collegiate recovery programs to participate in two virtual focus groups. Due to the small size of these focus groups, data collected was used for discussion; however, a larger sample size would be needed to incorporate their feedback into the set hypothetical assets.



The input from the data points listed above was collected and contributed to the final set of 38 categorized community-based assets presented by the Stacie Mathewson Foundation as The Assets for Building Collegiate Recovery Capacity.

To build community capacity for helping students in recovery thrive in the fullness of the college experience, this research suggests, when starting to serve and support college students in recovery, there are 11 community-based assets that one should emphasize. Then, over time, one should continue to leverage as many of the 27 remaining community-based assets as possible to grow and sustain a collegiate recovery program. This set of 38 assets illustrates, on a national level, the assets that practitioners in this field have found the most useful to serving and supporting college students in recovery.

The communities that support collegiate recovery efforts vary significantly and therefore these assets will manifest themselves and be leveraged in variety of ways based on the unique needs of the individual community and the students they serve. Ultimately, it will be learning from how these 38 community-based assets are mobilized into localized recovery practices that will build capacity for collegiate recovery.

A quick reference to The Assets for Building Collegiate Recovery Capacity can be found at:

<http://transformingyouthrecovery.org/resources/assets-building-collegiate-recovery-capacity>.



The Assets for Building Collegiate Recovery Capacity

Research Objective and Overview

Objective

To identify community-based assets that can help college students in recovery to thrive.

Overview

This work leverages asset models to describe community-based assets. To date, asset models have had limited application within the field of collegiate recovery. The application of asset models in this context can aid and inform researchers and practitioners interested in the advancement and proliferation of collegiate recovery programs.

Importantly this work is not intended to evaluate the effectiveness of any given college-based recovery program. Rather, the intent is to identify the assets that a community can apply to establish, support, grow and sustain collegiate recovery efforts.

To begin, researchers reviewed existing literature on developmental assets, environmental assets, protective factors and community capacities that are known to contribute to healthy and productive lifestyles among young adults. To this, the research team reviewed literature and identified assets from recovery-oriented systems of care and best practices from other age-specific recovery communities. Based on this literature review the research team devised a set of assets that were potentially relevant to helping college students in recovery to thrive. Experts from the field of collegiate recovery then reviewed these assets during a series of interviews with experts in the field. Following this series of interviews, the set of assets was revised to create a set of hypothetical assets. Following the revision, all self-identified existing collegiate recovery programs in the U.S. were surveyed and asked to contribute to and review the set of assets. Finally, recent graduates of collegiate recovery programs were asked to participate in focus groups with the intent of uncovering the assets that students view as the most supportive of their recovery while members of a collegiate recovery program. Input from the data points was collected and contributed to the final set of 38 categorized community-based assets presented in this research. To build community capacity to help college students in recovery to thrive, this research suggests finding and cultivating some specific assets to start serving and supporting college students in recovery and then leveraging as many of the community-based assets as possible to grow and sustain a collegiate recovery program overtime.



Research Background: Collegiate Recovery

History of Collegiate Recovery in the United States

The acute care model has been used in the treatment of addiction for decades. However, by in large, this model has fallen short. Many studies have illustrated that long-term care, in particular, recovery-oriented systems of care, are more successful in the treatment of addiction. In the late 1990's, people began asking what was meant by recovery (White 2007, pg 4). This question had a lasting impact. During the first decade of the 21st century we saw a paradigmatic shift—recovery emerged as the new organizing paradigm (White 2007, pg 6). The application of chronic care models and shift to a model of sustained recovery management has completely changed the outlook for the treatment of addiction. This shift is visible in the work of service providers in addition to the work of the federal government. 'In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) convened a National Summit on Recovery. The Summit represented the first broad-based national effort to reaching a common understanding of the guiding principles of recovery, elements of recovery-oriented systems of care and a definition of recovery' (Gaumond & Whitter 2009, pg 1). Additionally, 'the Obama Administration established the first Office of National Drug Control Policy (ONDCP) office devoted to supporting Americans in recovery from drug or alcohol abuse' (Treatment & Recovery 2012).

What the federal government and other service providers for the general population have realized in the past decade, those involved in collegiate recovery began recognizing in the late 1970's and early 1980's. The first program supporting college students in recovery began at Brown University in 1977. The second recovery program on a college campus opened in 1983 at Rutgers University (Sullivan 2012). This program, called the Alcohol and Other Drug Assistance Program was staffed by certified substance abuse counselors and offered educational and intervention services along with 12-step meetings to university students in recovery (Perron et al. 2011, pg 53). In 1986, the Center for the Study of Addiction at Texas Tech University joined the movement through the creation of a collegiate recovery community (CRC). In 1988, Rutgers designated housing specifically for students in recovery (Botzeti, Winters, & Fahnhorst 2007, pg 259). Augsburg College's StepUP program became a part of the recovery college movement in 1997 emphasizing the importance of a holistic service model offering housing in addition to many of the offerings of a CRC.



The success of these early programs along with the recent paradigmatic shift has contributed to the recent growth in the collegiate recovery programs across the U.S. Representatives of self-identifying collegiate recovery programs at the following 42 schools were surveyed as a part of this study. For a complete list of collegiate recovery programs that are just starting and those that are in existence, please visit www.capacitytype.com.

- | | |
|--|--|
| 1. Arizona State University | 22. Texas Tech University |
| 2. Auburn University | 23. The College of St. Scholastica |
| 3. Augsburg College | 24. University of Alabama |
| 4. Brown University | 25. University of California Riverside |
| 5. Case Western Reserve University | 26. University of California Santa Barbara |
| 6. East Tennessee State University | 27. University of Colorado Boulder |
| 7. Fairfield University | 28. University of Florida |
| 8. Georgia Southern University, Jiang-Ping Hsu
College of Public Health | 29. University of Massachusetts Amherst |
| 9. Grand Valley State University | 30. University of Michigan |
| 10. James Madison University | 31. University of Mississippi |
| 11. Kennesaw State University | 32. University of Nevada Las Vegas |
| 12. Longwood University | 33. University of Nevada Reno |
| 13. Minnesota State University | 34. University of North Carolina—Charlotte |
| 14. Northern State University | 35. University of North Dakota |
| 15. Ohio University | 36. University of Southern California |
| 16. Oregon State University | 37. University of Southern Mississippi |
| 17. Pennsylvania State University | 38. University of Texas Austin |
| 18. Rutgers University | 39. University of Vermont |
| 19. Southern Methodist University | 40. University of Virginia |
| 20. Southern Oregon University | 41. Vanderbilt University |
| 21. St. Cloud State University | 42. William Paterson University |

College recovery programs vary widely in terms of offerings and structures; they vary based on where they are housed in the university, how they receive their funding, and the size of school (White & Finch 2006, pg 3). ‘The Association of Recovery in Higher Education (ARHE) serves as a foundation and network for collegiate recovery programs from across the nation and is committed to providing support for collegiate students in recovery from addictive disorders. ARHE seeks to improve the lives of recovering students by utilizing various models of support which incorporates the facilitation of peer, administrative and academic assistance’ (Association of Recovery in Higher Education 2013). Although the programs vary significantly, they all ‘share a common mission of building community and infrastructure supportive of the personal aspirations and education 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 to reduce stigma’ (Perron et al. 2011, pg 53). Although the programs vary in their offerings, the focus of every program has been around forming a community of young people in recovery (White & Finch 2006, pg 3).



The new emphasis and focus on recovery by the federal government and general addiction treatment practitioners has reenergized the collegiate recovery movement in recent years. More and more universities are looking to incorporate collegiate recovery programs, recovery housing, and other recovery programming into their communities; however, the heterogeneity in existing programs makes it somewhat difficult to ascertain and distinguish best practices or commonalities among these programs and the community-based assets that exist which allow these programs to thrive in a given community.

The Uniqueness of Collegiate Recovery

There is uniqueness to the collegiate recovery that must be acknowledged. College students who are in recovery have a dual focus—they must nurture their recovery while also working toward graduation. ‘Success’ for a college student in recovery is to navigate the same challenges faced by any other student—to graduate with the life skills needed to succeed after college. To get there, however, students in recovery also need to achieve and maintain a recovery lifestyle in an environment rich with opportunities for relapse. The generally accepted collegiate culture of drug and alcohol use threatens recovery in every collegiate recovery environment.

However challenging, the college environment also presents opportunities for students looking to establish or live a recovery lifestyle. Take, for example, the definition of recovery as, ‘A process of change through which people achieve abstinence, improve their health and wellness, and strive to live the best life they can’. This ‘lifestyle’ approach to recovery encourages systems of care, which emphasize a student’s wellbeing instead of their disease, their capacities instead of their deficiencies and the opportunities present in collegiate recovery environments, instead of isolation. In addition to being challenging contexts for recovery, communities on college campuses are rich in opportunities for students in recovery to connect with others individuals, organizations, and opportunities, which support their sobriety, personal health and citizenship. As such, campuses can be great incubators for students in recovery to practice the behaviors and gain the skills they will need to thrive in both college and life.

Call For Research and Methodology

Call for Research

This research is sponsored by the Stacie Mathewson Foundation and is a response to calls for research in the field of collegiate recovery. Campuses across the U.S. have different approaches to students in recovery on their campus, and it is no surprise that the field of collegiate recovery is noted as being fragmented and diverse. However, understanding what works across the diversity of these recovery experiences is foundational to understanding how to support students in recovery.

In 2007, Dr. H. Westley Clark, the Director of The Substance Abuse and Mental Health Services Administration (SAMHSA) said, ‘if we are going to foster recovery, we need to have a clear understanding of the range of recovery experiences and the elements that go into long-term



recovery’ (White 2007, pg 10). This research is in response to SAMHSA’s desire to design a Recovery-Oriented Care Model for Adolescents and Transition Age Youth (SAMHSA 2008), the Office of National Drug Control Policy’s call for the expansion of community-based recovery support models to extend the continuum of care, including schools and colleges (2010) and the U.S. Department of Education’s goal of ensuring a continuity of care from high school to college to post-graduation (U.S. Department of Education 2011).

To-date there has been no cataloging of recovery experiences or best practices across all known collegiate recovery programs. Finch and White acknowledge that in fact one contributor to the diversity of programs is the lack of foundational research. ‘One reason for such a spectrum of programming in collegiate recovery programs is the lack of foundational research and established best practices for recovery schools’ (2006, pg 4). This research responds to this call for research with the intention of documenting a broad range of recovery programming to uncover community-based assets, which may be useful—depending on one’s community context—in helping to support college students in recovery.

Methodology Overview

Research began with a review of literature to determine assets that could be relevant to a college student in recovery’s ability to thrive. Assets are defined as an individual, association or institution that a student in recovery can draw from to thrive in a collegiate environment. This review identified 34 potential community-based assets—an individual, association or institution that a student in recovery can draw from to thrive in the fullness of the college experience. (see Appendix I for set of potential recovery assets).

This set of assets was then used to guide interviews with experts in the field of collegiate recovery. These experts represented behavioral, policy, social, and medical researchers who have published on collegiate recovery, as well as staff from eight different collegiate recovery programs. These experts helped to clarify potential assets and suggest additional assets missed during the literature review. Their input was synthesized and a new set of 38 hypothetical recovery assets resulted (see Appendix II for a set of hypothetical recovery assets).

This set of assets was sent to 41 individuals who self-identified as supporting student recovery efforts on their campus through a collegiate recovery program (1 school on the list of 42 indicated it did not want to participate in the survey prior to dissemination of the survey and therefore did not receive the survey instrument). Results from this survey helped researchers to categorize the 38 hypothetical assets as they were useful to existing programs. Survey respondents were asked to categorize assets as critical to start serving and supporting college students in recovery and essential to serving and supporting college students in recovery on an ongoing basis, essential to serving and supporting college students in recovery on an ongoing basis but not critical to start, or not essential.

The final phase of research took potential assets to 2 focus groups where 3 recent graduates of collegiate recovery programs across the nation provided input as to how potential assets were relevant to aspects of their recovery while a part of a collegiate recovery program. Specifically recent graduates were asked to respond to five questions. Student responses were then coded to the existing set of 38 hypothetical assets.



Research Arc

Research Arc	Outcome
STEP 1 - Literature Review	Identify potential community assets that can help college students in recovery to thrive.
STEP 2 - Expert Review	Refine set of potential assets into a set of hypothetical assets. <ul style="list-style-type: none"> • Identify unidentified assets • Identify unidentified experts, programs
STEP 3 - Program Survey	Socialize set of hypothetical community assets that can help college students in recovery to thrive and categorize them into 1 of 3 categories. <ul style="list-style-type: none"> • Feedback on hypothetical recovery assets • Identify unidentified assets, experts and programs.
STEP 4 - Student Perspective	Host 2 focus groups with recent graduates of collegiate recovery programs. <ul style="list-style-type: none"> • As questions about their experience and map to set of hypothetical assets • Identify unidentified assets
STEP 5 - Publish Assets	Socialize findings to get broader feedback.

Methodology Detail

Step 1: Literature Review

Create a set of assets potentially relevant to positive youth development, resiliency and recovery environments.

A review of relevant literature revealed that asset-based approaches are widely employed in the fields of positive youth/adolescent development, community development and recovery in general populations. The first step of research was to identify and classify potential community-based assets that can help college students in recovery to thrive from connected disciplines and fields of study. A consolidated set of potentially relevant assets is brought forward in Step 2.

1.2 Identify research participants

During the course of literature review the research team identified all self-identifying programs and established experts in the field of collegiate recovery. Established experts were engaged in Step 2, while identified self-identifying programs received a survey during Step 3 of research.



STEP 2: Expert Review**2.1 Develop a set of hypothetical community-based assets that can help college students in recovery to thrive**

After the literature review the second step was to engage identified experts to determine what assets are potentially relevant to collegiate recovery environments. During this step the research team worked with identified experts to refine the set of assets. In addition to identifying assets not found during literature review, the research team also gathered new data and literature related to and used by collegiate recovery programs.

STEP 3: Program Input**3.1 Survey all identified collegiate recovery programs**

The set of active collegiate programs gathered during Step 1 and Step 2 was then used to survey practitioners on the set of hypothetical assets. Staff at collegiate recovery programs were asked to categorize assets as critical to start serving and supporting college students in recovery and essential to serving and supporting college students in recovery on an ongoing basis, essential to serving and supporting college students in recovery on an ongoing basis but not critical to start or not essential.

3.2 Gather baseline data on collegiate recovery programs as part of the survey

Each survey included a battery of baseline questions, which allowed researchers to categorize programs. Baseline questions include: university name, number of staff dedicated to the program, number of students involved in/served by the program, estimated number of student actively in recovery on their campus, date the program was founded, characterization of program as formally recognized and endorsed by it's school or not, characterization of program as led by students, led by faculty/staff, or led by both, characterization of model of care, characterization of funding, characterization of formality, characterization of thriving, struggling, or suffering and characterization on continuum of inception to mature.

STEP 4: Student Perspective**4.1 Conduct recent graduate focus groups**

Young People In Recovery partnered with researchers to identify and recruit three recent graduates of collegiate recovery programs to participate in two virtual focus groups. Participants were recruited based on the following parameters: Participants needed to be: (1) graduates of four-year institutions, (2) in recovery, (3) graduated in the past two years, (4) been involved with a collegiate recovery program while attending a four-year institution.



Each focus group lasted no longer than 90 minutes and participants were asked the following questions:

- What resources did you find useful in staying sober, graduating, and thriving as a human being?
- How did you first get involved in your recovery community?
- What does ‘thriving’ look like for you, and what contributes to you getting to a thriving state?
- What are some assets or opportunities that a new student going through their program would simply ‘have to take advantage of’?
- If you were able to wave a magic wand and add one thing to the collegiate recovery community from where you graduated, what would you add?

Participant responses were then, when possible, coded to match the set of hypothetical assets. If responses could not be mapped to a hypothetical asset, a new asset was proposed.

STEP 5: Publish assets

5.1 Publish assets and socialize findings for broader feedback

Following analysis of responses from the program survey and the focus groups, a final set of community-based assets that can help college students in recovery to thrive was generated.

The Study Step-By-Step

Step 1: Literature Review

Asset-Based Approaches to Public Health Research

An empirical approach to public health can be summarized as ‘identify the problem’, ‘locate the cause’ and then ‘treat the cause to prevent the problem’. This approach was standard practice through the mid 1990’s and was engrained in the way public health priorities were established and funded. In regards to youth populations one American Medical Association (AMA) researcher commented, ‘according to the ‘glass half-empty’, or deficit paradigm, the health of the youth population is judged by the rates at which these problems occur; as rates rise, so do public interest and subsequent funding’ (Elster 2008). However, some argued that deficit-models ignored the complexity of public health problems, such as alcohol abuse. By doing so, these arguments



continued, programs aimed at helping vulnerable populations—especially young people—failed to achieve results and further stigmatized populations who were the target of public health interventions.

‘In the 1980’s, deficit based programs that routinely focused on prevention or treatment of one specific risk factor—substance abuse, violence, sexually transmitted diseases, school failure, unplanned pregnancy, for example—often seemed to view youth as ‘problems to be fixed’ (Restuccia & Bundy 2003, pg 2). An alternative approach began to emerge around the turn of the 20th century. Instead of focusing on relationships between problems and their causes, this new approach looked for successful outcomes and then set out to study what contributed to success in any given case or context. ‘Some children who are at high risk for health-compromising behaviors successfully negotiate adolescence, avoiding the behaviors that predispose them to negative health outcomes; while others, relatively advantaged socially and economically, sustain significant morbidity as a consequence of their behaviors. These issues of vulnerability and resilience have stimulated an interest in the identification of protective factors in the lives of young people—factors that, if present, diminish the likelihood of negative health and social outcomes’ (Resnick et al. 1997, pg 823). This new approach, focusing on successful outcomes became the foundation for asset-based approaches.

Early Application of an Asset-Based Approach

The author of the previous quote, Michael Resnick, worked from a sample of over 100,000 adolescents to draw correlations between specific factors, or assets and successful outcomes associated with mental health, sexual behavior and substance abuse. This provided an empirical basis for asset-based methodologies. While no one factor can determine an outcome, a positive correlation between more assets and more successful outcomes exists.

A peer of Resnick’s, a researcher by the name of Peter Benson, was taking a different approach towards the cataloging of what he was terming ‘developmental assets’. Benson’s approach started by interviewing youth and those who worked in the field of youth development to ask what factors, or assets, were important to them. These assets were then put into a broad-based survey which was used to determine correlations between developmental assets identified through interviews and the abundance of ‘thriving indicators’—behaviors which are markers for successful development outcomes.

The works of Resnick, Benson, and many others contributed to the establishment of asset-models as the preferred approach for youth/adolescent development interventions of any type. ‘This research, although it seems based upon common sense, has led to a dramatic shift in thinking about youth policy—from viewing some youth based on their risk factors or deficits versus viewing all youth as having certain strengths, assets and protective factors to build upon’ (Ferber, Gaines, & Goodman 2005, pg 1).



Extending the Approach to Young Adults and Collegiate Recovery Programs

Asset-based models have been applied to other disciplines, such as substance recovery programs and community development, where problems have complex causes and where environments are deemed as important influencers on human behavior. Recovery environments practice ‘asset-mapping’—drawn from asset-based community development theory—to reveal what people, organizations, places and things support recovery (Kretzmann & McKnight, 1993). The model has also been applied to individual recovery programs seeking to foster relationships between individuals and organizations responsible for relevant assets (Center for Substance Abuse Treatment 2009, pg 10). In addition to asset-mapping, the field of recovery has borrowed from social capital theory to describe ‘recovery capital’, a term which refers to the quantity and quality of internal and external resources that a person can bring to bear on the initiation and maintenance of recovery from addiction to alcohol and other drugs (Terrion 2012, pg 2-3). Recovery capital is closely associated with the community-based assets this research seeks to uncover.

Collegiate recovery programs can benefit from advances in asset-based research made in the areas of developmental assets, community assets and recovery capital. The challenge is in finding the common ground among these disciplines. Various researchers, thinkers and practitioners have created a rich set of words to name what it is we are studying: strengths, protective factors, developmental nutrients, developmental assets and more. ‘Yet the current lack of consensus on any particular definition, which reflects the relative newness of the field as well as its profoundly interdisciplinary nature, obscures the amount of common ground that can be found’ (Benson, Scales & Hamilton 2006, pg 2).

The sections that follow highlight key terms from multiple disciplines as they relate to collegiate recovery environments and offers a discussion on the relationship between these multi-disciplinary concepts. The section concludes with a consolidated set of community-based assets that can potentially help college students in recovery to thrive.



Identifying Potential Community-Based Recovery Assets

A review of relevant literature revealed five fields of research, which contribute to this research and the set of potential community-based assets that can help college students in recovery to thrive. These five fields arose from similar asset-based approaches, and often times refer to one another.

Discipline / Field of Study	Key Terms
Developmental Assets (Benson)	Internal Assets External Assets Indicators of Thriving
Positive Development Environments (Community Network for Youth Development)	Features of Positive Developmental Settings Developmental Nutrients Key Developmental Experiences
Protective Factors (Resnick)	Resiliency Connectedness
Recovery Capital (Terrion)	Personal Recovery Capital Social Recovery Capital Community Recovery Capital
Recovery Environments (varied)	Best Practices: Features of Recovery Environments Domains of Recovery Coaching College Specific Recovery Assets

While all of the terms listed above describe similar assets, the application of each concept is different in each environment. Terms from developmental assets and positive development environments refer specifically to positive youth/adolescent development, whereas recovery capital and recovery environments apply assets to the recovery experience. Protective factors, while originating in positive youth/adolescent development, carry concepts in them related to the resiliency and connectedness of individuals. These concepts are referenced in both positive youth/adolescent development and in addiction literature.



Presented below is an overview of these five disciplines (fields of study) and key terms with commentary on where concepts overlap.

Discipline #1: Developmental Assets

The Developmental Assets® are 40 common sense, positive experiences and qualities that help influence choices young people make and help them become caring, responsible, successful adults. Because of its basis in youth development, resiliency and prevention research and its proven effectiveness, the Developmental Assets framework has become one of the most widely used approach's to positive youth development in the U.S. (Search Institute 2006). The Search Institute's 40 developmental assets are for use with pre-adolescent children through the 12th grade. To-date no Search Institute research has included college-aged populations. Developmental assets are categorized as external or internal assets. A review of these assets was completed and the following assets were considered in the development of the set of potential assets.

External Assets	Internal Assets
Support network Level of empowerment Boundaries and expectations Constructive use of time	Commitment to learning Positive values Social competencies Positive identity

The more developmental assets, which are present in a young person's life the more likely, they are to exhibit 'indicators of thriving', the term that the Search Institute employs to describe behaviors which are indicative of positive developmental outcomes.

Although the developmental assets have not previously been applied to college-aged populations, our research is applying this due to the apparent overlap with previously identified assets specific to collegiate recovery programs in addition to the fact that the developmental age of individuals in collegiate recovery programs is often less than their actual age due to the age at onset of abuse or addiction.

Developmental Assets: Indicators of Thriving

- Helps others
- Overcomes adversity
- Exhibits leadership
- Values diversity
- Maintains good health
- Delays gratification
- Succeeds in school
- Resists danger



These indicators are behaviors, which, for asset-based initiatives, define ‘success’. As opposed to deficit-models, where success is the absence of a problem, measuring behaviors that indicate thriving provides researchers with upstream indicators of success, as opposed to defining success as a finite goal. In asset-based models, when assets are cultivated and applied success can be measure by members of the community demonstrating behaviors such as those listed above.

Discipline #2: Positive Development Environments

As asset-based research models informed the design of local, state and federal programs, research evaluated how effective these asset-based programs were at translating assets into outcomes.

The National Research Council (NRC) committed to a series of larger research initiatives on the ‘Features of Positive Developmental Settings’, published in 2005 (Ferber, Gaines, & Goodman 2005). One researcher on this five year project was quoted as saying, ‘we found no single focus, strategy or organizational type associated with success—no cookie cutter for policy’ (Ferber, Gaines, & Goodman 2005). While not finding any recipe for success, the published work did point to a set of consistent features that reliably predicted effectiveness across settings. These features confirmed and built upon the *Five Key Experiences* outlined five years earlier in the Center for Neighborhood Youth Development (CNYD) Youth Development Guide, linking the CNYD *five experiences* to ‘Features of Positive Developmental Settings’. According to the U.S. Government, features that contribute to a young person’s ability to thrive include:

- Features of Positive Development
- Physical and psychological safety
- Appropriate structure
- Supportive relationships
- Opportunities to belong
- Positive social norms
- Support for efficacy and mattering
- Opportunities for skill building
- Integration of family, school and community efforts

Behind these findings the NRC concluded that no one factor, no matter how profound, can predict a person’s developmental outcome (Ferber, Gaines, & Goodman 2005). However, like the developmental assets proposed by Benson of the Search Institute, there was a positive correlation between the number of these programmatic factors present in any one individual environment and the likelihood that individuals participating in that environment would have successful outcomes.

Applying the NRC findings to a larger population set, a research team from the University of Washington coined the term ‘developmental nutrients’ to describe the fifteen factors that they saw contribute to development across 161 youth development programs.



Developmental Nutrients Are Programmatic Features That:

- Promote bonding
- Foster resilience
- Promote social competence
- Promote emotional competence
- Promote cognitive competence
- Promote behavioral competence
- Promote moral competence
- Foster self-determination
- Foster spirituality
- Foster self-efficacy
- Foster clear and positive identity
- Foster belief in the future
- Provide recognition for positive behavior
- Provide opportunities for pro-social involvement
- Foster pro-social norms

Both of the concepts of ‘developmental nutrients’ and ‘positive development settings’ were consolidated into a field guide put out by the San Francisco based CYND organization. This field guide identified eight program attributes, which provide five key developmental experiences, which, in turn, led to three developmental outcomes specific to young adults.

8 Program Attributes

- Low ratio of youth to staff/volunteers
- Safe, reliable and accessible activities and spaces
- Flexibility in allocating available resources
- Continuity and consistency of care
- High, clear and fair standards
- On-going results-based staff and organizational improvements processes
- Youth involvement and leadership development
- Community engagement

5 Key Experiences

- A sense of physical and emotional safety
- Multiple supportive relationships
- Meaningful participation
- Community involvement
- Challenging and engaging learning experiences that build skills

Young Adult Outcomes

- Achieve economic self-sufficiency
- Maintain healthy family and social relationships
- Contribute to the community



Developmental nutrients, features of positive developmental settings and specific program attributes can contribute to delivering five key development experiences—these are terms which describe assets relevant to the design and evaluation of healthy environments that stimulate desired outcomes for young adults. Like the disciplines previously discussed—these developmental nutrients were considered in the development of the set of potential community assets that can help college students in recovery to thrive.

Discipline #3: Protective Factors

The term ‘protective factors’ arose from a body of research known as ‘resiliency research’, a term given to body by Milbrey McLaughlin. Research into resiliency asks questions such as ‘how do people thrive despite adversity’, ‘what experiences are shared by those who thrive’ and ‘what allows some to overcome multiple traumas and not others’ (Restuccia & Bundy 2003, McLaughlin 1998). In addition to internal assets, as described by the Search Institute, research into protective factors yields two intrapersonal factors related to ‘thriving’ outcomes. These two protective factors are ‘resiliency’ and ‘connectedness’ (McLaughlin 1998). Resiliency factors are factors that assist individuals to thrive when faced with adversity. The term has been adopted in addiction literature to describe ‘the process by which an individual achieves positive outcomes within a high-risk environment’. Resilience is not considered to be a particular trait, but rather a set of processes that occur when an individual or system deals with risk exposure in a competent manner’ (Klein 2006, pg 3). The following factors can be viewed as factors that promote ‘positive outcomes within high-risk environments’, like college campuses for students in recovery.

Resiliency Factors

- Optimism and self-esteem
- Constructive use of free time
- Spirituality
- Adaptability
- Personal awareness
- Social awareness
- Curiosity and willingness to learn
- Skills and aptitudes
- Connectedness

All protective factors are intrapersonal attributes, which help a person to cope when times are tough. Of these factors the concept of ‘connectedness’ has been studied the most. Connectedness refers to how one relates to the world around them and one’s level of connectedness is considered to be a crosscutting indicator of positive developmental outcomes.

Connectedness

- Engagement in multiple communities
- Family connectedness
- School connectedness
- Presence of support group
- Sense of belonging



The more connected one is to the world around them the more opportunities they have for success and support and the less likely it is that setbacks in any one area will set them back as a person. As it relates to recovery environments on college campuses a *Journal of Student Affairs* article observed, '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 college-age years when this can be a key factor in identity development, may threaten the recovery process' (Perron et al. 2011, pg 52). The concept of connectedness, especially to one's school, is a protective factor that can be applied to the study of identity and belonging in collegiate recovery context.

The protective factors listed above were reviewed and contributed to the set of potential community-based assets that can help college students in recovery to thrive.

Discipline #4: Recovery Capital

In 2012, a researcher named Jenepher Lennox Terrion used the term 'recovery capital' to describe assets that were directly applicable to recovery efforts during post-secondary education. Unlike other assets or protective factors, recovery capital includes those that influence 'identity formation', 'development of relationships' and 'use of support services', specific to the college experience (Terrion 2012, pg 1).

According to Terrion, there are three categories of recovery capital: personal, family/social and community (Terrion 2012, pg 8 - 10).

Personal Recovery Capital

- Physical capital
- Physical health
- Safe shelter
- Medical care
- Food
- Transportation
- Human capital
- Personal values and beliefs
- Education and credentials
- Self-efficacy
- Self-esteem
- Hope
- Interpersonal skills

Family / Social Recovery Capital

- Pro-social peer relationships
- Non-using friends
- Pro-social family relationships
- Pro-social outside adult relationships
- Teachers, counselors, sponsors and therapists



Community Recovery Capital

- Community attitudes on addiction
- Community policies impacting addiction
- Community resources for addiction recovery
- Counseling services
- Academic support services
- Peer mentoring

The three categories of recovery capital are specifically intended for application in collegiate recovery environments. They provide a classification of assets, which are known to be relevant to students in recovery. The recovery capital listed were reviewed and contributed to the set of potential community assets that can help college students in recovery to thrive.

Discipline #5: Recovery Environments

There is a known list of programming and practices associated with creating healthy recovery environments. An assortment of best practices, the eight dimensions of recovery coaching, and college-specific recovery assets all pertain to what is known about factors that contribute to healthy recovery environments.

Literature on general recovery models, not specific to college-contexts, reveals the following list of programming and practices.

Recovery Support Services (Supporting Recovery 2012)

- Housing, transportation, food/clothing/basic needs
- Life skills training, employment coaching
- Legal services
- Recreation services
- Recovery coaching
- Peer mentoring
- Spiritual support
- Recovery housing
- Post-treatment monitoring and support (White 2007, pg 15)



Communities Promoting a Sense of Belonging (White 2007, pg 16)

- Group activities (Supporting Recovery 2012)
- Opportunities for civic or philanthropic services
- Interactions with community organizations
- Designated physical space

This is a compiled list of features present in successful recovery models. This list is not exhaustive, but rather representative of opinions held by some of those who work in and publish on collegiate recovery environments.

One of the recovery supportive services listed above, recovery coaching, was bolded for emphasis; a further look into the models used by recovery coaches reveals additional categories for organizing potential collegiate recovery assets. Guiding the coaches and sponsors who play such an important role in more established recovery models, such as AA, is a list of Domains of Recovery Coaching. These domains are subjects that coaches are taught to cover, in balance, during coaching sessions. The domains are:

The Eight Domains of Recovery Coaching (White 2007, pg 71-72)

- Recovery from substance
- Living and financial independence
- Employment and education
- Relationships and social support
- Medical health
- Leisure and recreation
- Independence from legal problems and institutions
- Mental wellness and spirituality

Given their proximity to those going through the recovery experience, recovery coaches are in a position to determine what areas of support are relevant. To the extent that collegiate recovery programs offer recovery coaching, or other opportunities to provide these eight categories of support, these eight domains of recovery coaching can be seen as potential community-based assets that can help college students in recovery to thrive. As such, the domains were reviewed and contributed to the set of potential assets.

Building on the broader base of research on general recovery programs and populations, there has been some research into factors, which facilitate recovery in college environments. These college-specific recovery assets come from the experience of college-based recovery program staff. It is upon these experiences that this research hopes to build.



To date, some factors directly relevant to healthy collegiate recovery program environments include:

- Offering of a broad-range of support services (Hadden 2001, pg 1)
- Educational / academic support
- Social / recreational offerings
- Medical services
- Financial guidance
- Vocational training
- Peer recovery networks
- AA meetings hosted on-campus
- Supportive community environment (Hadden 2001, pg 1)
- Creation of peer government (Harrington, Harris, & Wiebe (eds) 2010, pg 14)
- Drug-free community policies
- Opportunities for parental involvement
- Strong bonds with community, school and religious organizations
- Dedicated physical space
- Community service requirements (Harris, Baker, Kimball, & Shumway 2007, pg 230)
- Knowledge of dangers of drug use
- Recognition that drug use is unacceptable
- Celebration of recovery (Harrington, Harris, & Wiebe (eds) 2010, pg 14)
- Well-defined recovery program structure (Hadden 2001, pg 1)
- Clearly stated mission
- Measurable program goals and discipline codes
- Peer / parental involvement at program-level
- Continual professional development for staff
- High expectations for student achievement
- Learning programs which accommodate multiple intelligences
- Exposure to and preparation for work
- Flexible scheduling

The factors listed above were also reviewed and contributed to the set of potential assets.

These five disciplines (developmental assets, positive development environments, protective factors, recovery capital and recovery environments) contributed an array of potential community assets that can help college students in recovery to thrive. Certainly there are more fields of research, which could apply, and one purpose of this research is to gain more opinions from experts operating in the field of collegiate recovery. As such this list provides a general starting point for listing potential assets in collegiate recovery programs, but it is not inclusive.

The five disciplines covered during this literature review revealed a total of 116 assets. When common categories were combined this list narrowed to 52 unique asset categories. Within this set some assets related solely to the evaluation of a program (e.g., ratio of program staff to students) and others related solely to intrapersonal assets (e.g., self-efficacy or self-esteem). These assets were removed, leaving 34 assets that can be found in any community.



Going into Step 2 of the research, the hypothesis is that all 34 of these assets contribute to thriving collegiate recovery. Step 2 of the research set out to test these potential assets to determine which assets are actually useful to serve and support college students in their recovery.

Potential Assets

Below is the set of 34 potential assets generated during Step 1 of this study.

Set of Potential Assets

1. Clinicians from counseling services available to support mental health disorders
2. Clinicians from medical services available to support mental health disorders
3. Individuals available for recovery coaching and counseling
4. Family members and parents interested in supporting collegiate recovery
5. Alumni interested in supporting collegiate recovery
6. Adult involvement from outside of recovery program
7. Individuals available for spiritual guidance
8. Individuals available for academic counseling and educational services
9. Individuals available for legal assistance
10. Individuals available for financial coaching
11. Individuals available to write grants and funding requests for recovery program
12. Organizations/groups/clubs that welcome diverse backgrounds, races and religions
13. Organizations/groups/clubs that are student led
14. Religious organizations/groups/clubs that have an interest in supporting students in recovery
15. Community organizations/groups/clubs that have an interest in supporting students in recovery
16. School organizations/groups/clubs that have an interest in supporting students in recovery
17. Organized efforts to promote public opinion and policy regarding addiction in the community
18. Substance-free social events and recreational activities
19. Defined recovery program for students
20. Dedicated physical space available for recovery program use
21. Recovery-oriented activities available in safe, reliable and accessible spaces
22. Provision of food and safe shelter for those in need
23. Recovery resources for students available in the broad community
24. AA meetings on college campus
25. Mutual aid and other support groups on college campus
26. Opportunities available for participating in peer mentoring
27. Student opportunities for community service, philanthropy and civic engagement
28. Professional development and education opportunities on addiction and recovery
29. Counseling/medical centers that provide addiction screening
30. Transportation available to help students meet academic and recovery interests
31. Courses in addiction and recovery education available for academic credit
32. Opportunities available for the development of skills around self-efficacy
33. Financial assistance and scholarships available for educational purposes
34. Endowments and funds established for operational support of recovery program



Step 2: Expert Review

The above set of assets was shared with experts from eight universities, as well as experts who have published in this field. Experts interviewed include T. Daniel Fred at University of Nevada Reno, Jenepher Lennox Terrion at University of Ottawa, Lisa Laitman and Frank L. Greenagel Jr. at Rutgers University, Kevin Doyle at Longwood University, Bo Cleveland at Penn State University and Patrice M. Salmeri and Scott Washburn at Augsburg College. Sharolyn Wallace at Tulsa Community College made additional contributions; however, community colleges were later excluded from the data and discussion due to their difference from four-year institutions. Melanie Whitter at Abt Associates also contributed to the research. Additional individuals that chose to or were required by their employer to remain anonymous also made contributions to this research.

The second step of the research involved interviewing these experts, who were asked to review and discuss the set of assets with one or more researcher—in person or by phone. Experts were asked to comment on the utility and importance of each asset, the appropriateness of the language used to describe assets, and to suggest assets that may be missing from the set.

Interviews were recorded and transcribed. A qualitative review of transcripts allowed researchers to update the set of potential assets to increase clarity and comprehension, to qualify which assets move onto the next iteration, and to exclude other assets from the next iteration. Lastly, for Step 2, expert comments were considered and additional assets were added as necessary. Assets were only excluded from the next iteration if there was consensus from all experts that any particular asset was not applicable.

Hypothetical Assets

During Step 2, some asset categories combined, other new ones were formed. Expert input resulted in a set of 38 hypothetical assets. This set of 38 hypothetical assets can be found below.

Set of Hypothetical Assets

1. Students in recovery who are interested in growing the recovery community on-campus.
2. Students in recovery who are interested in mentoring other students in recovery (vocational, recovery or as a general role model).
3. Students in recovery who are trained to lead and facilitate groups.
4. Individuals trained as drug and alcohol counselors in the areas of addiction and recovery.
5. Individuals licensed or trained to support both mental health (ADHD, anxiety, depression, etc.) and substance use disorders (alcohol and other drugs).
6. Individuals from medical services (medical doctors, psychiatrists, psychologists and other licensed counselors) available to provide students in recovery with medical treatment (prescriptions, referrals, etc.) specific to mental health (ADHD, anxiety, depression, etc.) and substance use disorders (alcohol and other drugs).
7. Individuals from the collegiate recovery program who have graduated and are interested in supporting students in recovery.
8. Individuals from the university alumni community interested in supporting students in recovery.



9. Individuals who can serve as positive mentors (professional, recovery or as a general role model) for students in recovery.
10. Individuals who can provide students in recovery with spiritual guidance where spiritual guidance is defined as the exploration of personal values and development of a purpose-driven life.
11. Individuals who can help students in recovery build self-efficacy (confidence, social skills, budgeting, general life-skills, etc.).
12. Individuals who can provide students in recovery with academic guidance (i.e. tutoring, counseling, etc.).
13. Individuals who can provide students in recovery with legal assistance (i.e. consultation for referrals, expungement of records, etc.).
14. Individuals in student residential settings who are trained to identify potential addiction issues.
15. Individuals who are dedicated staff for a collegiate recovery program (faculty, staff, students; full or part-time).
16. Individuals available for 1:1 recovery support (coaching, guiding, supporting, mentoring).
17. Individuals available to assist with fundraising in support of a collegiate recovery program (i.e. write grants, solicit donations, run fundraisers, etc.).
18. Individuals who are influential within the University and/or in the broader community and are interested in advocating for students in recovery.
19. Individuals interested in recovery who can use their personal network within the broader community to help students in recovery to find vocational opportunities (such as internships, sponsored research, etc.).
20. Organizations, groups and clubs that have an interest in supporting students in recovery (i.e. community, religious or school organizations).
21. Organizations, departments and services that can refer students to a collegiate recovery program (judicial affairs, academic counselors, mental health counselors, treatment centers, etc.).
22. Mutual aid support groups near or on campus for students in recovery (i.e. AA, NA, GA and other 12-Step meetings in addition to groups such as Celebrate Recovery, SMART Recovery, eating disorder recovery, Teen Challenge, etc.).
23. Organizations, groups and clubs that can provide students in recovery access to recovery resources in the broader community (support programs, wellness resources such as yoga or meditation, etc.).
24. Organizations, departments and services that a collegiate recovery program can refer students who need outside services (treatment centers, mental health professionals, counselors, psychologists, etc.).
25. Organizations that provide financial assistance for students in recovery (scholarships, grants, etc.).
26. Organizations that promote awareness of collegiate recovery beyond the University (peer groups, government programs, research, associations, etc.).
27. Organizations, groups and clubs that facilitate involvement in community service, philanthropy and civic engagement (speaking at high schools, service projects, etc.).
28. Organizations, groups and clubs that enable students to gain and practice leadership skills (through internships, community service, mentoring, through participation in student-led organizations, etc.).



29. Organizations, groups and clubs that help students enhance their physical health and wellness (nutrition information, fitness programs, health screenings, stress and anxiety, meditation, etc.).
30. Organizations, departments and services that can help students meet basic needs (food, safe shelter, etc.).
31. Departments within the University involved in or supporting ongoing research on addiction and recovery.
32. Departments within the University that offer courses on subjects related to addiction and recovery for course credit.
33. University support for students in recovery in the form of funding, promotion, recognition and/or staff assignment.
34. Organizations, departments and services that can provide the general population (students, faculty and staff) with education and training to increase understanding of substance abuse and recovery (presentations, newsletters, events, orientations, new hire training, etc.).
35. Organizations, departments and services that can provide operational support to a collegiate recovery program (endowments, foundations, University departments, institutional funds, etc.).
36. Physical space for students to get together socially, soberly and safely (organized meals, dances, bowling or other age-appropriate activities).
37. Physical space that is dedicated for students in recovery to gather and meet.
38. Appropriate and protective housing options for students in recovery (sober roommates, floors, buildings, etc.).

Step 3: Program Survey

Program Survey Data Analysis

Forty-two programs were surveyed using an online survey instrument. These programs were identified to receive the survey as a representative of their program identified as serving and supporting college students in recovery during a phone survey conducted by the Foundation in early 2013. Once identified, each program received an email inviting them to participate in the survey and several emails reminding them of the invitation and the survey deadline. In total, 19 schools responded to the survey by the deadline resulting in a 45.24% response rate.

Survey recipients were given the following information: ‘The survey will ask you, based on your experience, to identify which of the 38 assets you believe are critical to start serving and supporting college students in recovery and essential to serving and supporting college students in recovery on an ongoing basis, which assets are essential to serving and supporting college students in recovery on an ongoing basis but not critical to start and which assets are not essential.’

The first category (identified in the tables below as Critical & Essential) was intended to isolate those assets that are critical to start a program. The second category (identified in the tables below as Essential but not Critical) was intended to isolate those assets that are important in sustaining and growing programs. The third category (identified in the tables below as Neither Essential nor Critical) was intended to isolate (or eliminate) assets that are not essential.



Of the responding schools, the number of staff dedicated to a program ranged from one to five. The number of students served by each program ranged from 2-200. The age of the programs ranged from less than a month to more than 15 years. 89.47% of respondents indicated that their school formally recognizes their programs. Eleven of the programs identified as thriving while eight of the programs identified as struggling.

Initially, responses were analyzed as a single group.

The first category, ‘critical to start serving and supporting college students in recovery and essential to serving and supporting college students in recovery on an ongoing basis ‘ was created to identify those assets that are absolutely critical when starting to serve and support students in recovery. Presented below is the percentage of respondents that indicated each of the 38 hypothesized assets as critical to start. Assets have been arranged in descending order according to the percentage of respondents that indicated the asset as critical to start.

Asset Name	% Indicated Critical & Essential
Mutual aid support groups near or on campus for students in recovery (i.e. AA, NA, GA and other 12-Step meetings in addition to groups such as Celebrate Recovery, SMART Recovery, eating disorder recovery, Teen Challenge, etc.).	100
Individuals who are dedicated staff for a collegiate recovery program (faculty, staff, students; full or part-time).	84.21
Individuals who are influential within the University and/or in the broader community and are interested in advocating for students in recovery.	84.21
Physical space for students to get together socially, soberly and safely (organized meals, dances, bowling or other age-appropriate activities).	78.95
Physical space that is dedicated for students in recovery to gather and meet.	78.95
Students in recovery who are interested in growing the recovery community on-campus.	73.68
Individuals available for 1:1 recovery support (coaching, guiding, supporting, mentoring).	73.68
Organizations, departments and services that a collegiate recovery program can refer students who need outside services (treatment centers, mental health professionals, counselors, psychologists, etc).	73.68
Individuals who can serve as positive mentors (professional, recovery or as a general role model) for students in recovery.	68.42
Individuals who can help students in recovery build self-efficacy (confidence, social skills, budgeting, general life-skills, etc.).	68.42
Organizations, departments and services that can refer students to a collegiate recovery program (judicial affairs, academic counselors, mental health counselors, treatment centers, etc.).	63.16



Organizations, departments and services that can provide operational support to a collegiate recovery program (endowments, foundations, University departments, institutional funds, etc.).	63.16
Individuals available to assist with fundraising in support of a collegiate recovery program (i.e. write grants, solicit donations, run fundraisers, etc.).	57.90
Students in recovery who are interested in mentoring other students in recovery (vocational, recovery or as a general role model).	52.63
University support for students in recovery in the form of funding, promotion, recognition and/or staff assignment.	52.63
Individuals who can provide students in recovery with academic guidance (i.e. tutoring, counseling, etc.).	47.37
Individuals trained as drug and alcohol counselors in the areas of addiction and recovery.	42.11
Individuals licensed or trained to support both mental health (ADHD, anxiety, depression, etc.) and substance use disorders (alcohol and other drugs).	42.11
Individuals who can provide students in recovery with spiritual guidance where spiritual guidance is defined as the exploration of personal values and development of a purpose-driven life.	36.84
Organizations, groups and clubs that can provide students in recovery access to recovery resources in the broader community (support programs, wellness resources such as yoga or meditation, etc.)	36.84
Organizations, departments and services that can provide the general population (students, faculty and staff) with education and training to increase understanding of substance abuse and recovery (presentations, newsletters, events, orientations, new hire training, etc.).	31.58
Appropriate and protective housing options for students in recovery (sober roommates, floors, buildings, etc.).	31.58
Students in recovery who are trained to lead and facilitate groups.	21.05
Individuals interested in recovery who can use their personal network within the broader community to help students in recovery to find vocational opportunities (such as internships, sponsored research, etc.).	21.05
Organizations that provide financial assistance for students in recovery (scholarships, grants, etc.).	21.05
Organizations that promote awareness of collegiate recovery beyond the University (peer groups, government programs, research, associations, etc.).	21.05
Organizations, departments and services that can help students meet basic needs (food, safe shelter, etc.).	21.05



Individuals from medical services (medical doctors, psychiatrists, psychologists and other licensed counselors) available to provide students in recovery with medical treatment (prescriptions, referrals, etc.) specific to mental health (ADHD, anxiety, depression, etc.) and substance use disorders (alcohol and other drugs).	15.79
Organizations, groups and clubs that have an interest in supporting students in recovery (i.e. community, religious or school organizations).	15.79
Organizations, groups and clubs that facilitate involvement in community service, philanthropy and civic engagement (speaking at high schools, service projects, etc.).	15.79
Organizations, groups and clubs that help students enhance their physical health and wellness (nutrition information, fitness programs, health screenings, stress and anxiety, meditation, etc.).	15.79
Individuals in student residential settings who are trained to identify potential addiction issues.	10.53
Organizations, groups and clubs that enable students to gain and practice leadership skills (through internships, community service, mentoring, through participation in student-led organizations, etc.).	10.53
Individuals from the collegiate recovery program who have graduated and are interested in supporting students in recovery.	5.26
Individuals from the university alumni community interested in supporting students in recovery.	5.26
Individuals who can provide students in recovery with legal assistance (i.e. consultation for referrals, expungment of records, etc.).	5.26
Departments within the University involved in or supporting ongoing research on addiction and recovery.	5.26
Departments within the University that offer courses on subjects related to addiction and recovery for course credit.	0

10 assets were recognized by 66% or more of the survey respondents as both critical to start and essential to serve and support students in recovery on an ongoing basis. Those assets include:



Asset Name	% Indicated as Critical & Essential
Mutual aid support groups near or on campus for students in recovery (i.e. AA, NA, GA and other 12-Step meetings in addition to groups such as Celebrate Recovery, SMART Recovery, eating disorder recovery, Teen Challenge, etc.).	100
Individuals who are dedicated staff for a collegiate recovery program (faculty, staff, students; full or part-time).	84.21
Individuals who are influential within the University and/or in the broader community and are interested in advocating for students in recovery.	84.21
Physical space for students to get together socially, soberly and safely (organized meals, dances, bowling or other age-appropriate activities).	78.95
Physical space that is dedicated for students in recovery to gather and meet.	78.95
Students in recovery who are interested in growing the recovery community on-campus.	73.68
Individuals available for 1:1 recovery support (coaching, guiding, supporting, mentoring).	73.68
Organizations, departments, and services that a collegiate recovery program can refer students who need outside services (treatment centers, mental health professionals, counselors, psychologists, etc).	73.68
Individuals who can serve as positive mentors (professional, recovery or as a general role model) for students in recovery.	68.42
Individual who can help students in recovery build self-efficacy (confidence, social skills, budgeting, general life-skills, etc.).	68.42

Among the assets evaluated, one asset, ‘Mutual aid support groups near or on campus for students in recovery (i.e. AA, NA, GA and other 12-Step meetings in addition to groups such as Celebrate Recovery, SMART Recovery, eating disorder recovery, Teen Challenge, etc.)’ was recognized by 100% of the survey respondents as critical to start serving and supporting college students in recovery and essential to serving and supporting college students in recovery on an ongoing basis.



An additional five assets were recognized by 50%-66% of the survey respondents as critical to start serving and supporting college students in recovery and essential to serving and supporting college students in recovery on an ongoing basis. Those assets include:

Asset Name	% Indicated Critical and Essential
Organizations, departments and services that can refer students to a collegiate recovery program (judicial affairs, academic counselors, mental health counselors, treatment centers, etc.).	63.16
Organizations, departments and services that can provide operational support to a collegiate recovery program (endowments, foundations, University departments, institutional funds, etc.).	63.16
Individuals available to assist with fundraising in support of a collegiate recovery program (i.e. write grants, solicit donations, run fundraisers, etc.).	57.90
Students in recovery who are interested in mentoring other students in recovery (vocational, recovery or as a general role model).	52.63
University support for students in recovery in the form of funding, promotion, recognition, and/or staff assignment.	52.63

The second category ‘essential to serving and supporting college students in recovery on an ongoing basis but not critical to start’ was created to identify assets that are important when growing and sustaining a program but those that may not be critical at the very beginning. 66% or more of survey respondents identified six additional assets as essential to serving and supporting college students in recovery on an ongoing basis but not critical to start. Those assets are:

Asset Name	% Indicated Essential but not Critical
Individuals from the collegiate recovery program who have graduated and are interested in supporting students in recovery.	73.68
Individuals from the university alumni community interested in supporting students in recovery.	68.42
Individuals in student residential settings who are trained to identify potential addiction issues.	68.42
Organizations, groups and clubs that have an interest in supporting students in recovery (i.e. community, religious or school organizations).	68.42
Organizations, groups and clubs that facilitate involvement in community service, philanthropy and civic engagement (speaking at high schools, service projects, etc.).	68.42
Organizations, groups and clubs that enable students to gain and practice leadership skills (through internships, community service, mentoring, through participation in student-led organizations, etc.).	68.42

An additional nine assets were recognized by 50%-66% of the survey respondents as ‘essential to



servicing and supporting college students in recovery on an ongoing basis but not critical to start’. Those assets include:

Asset Name	% Indicated Essential but not Critical
Organizations, groups and clubs that help students enhance their physical health and wellness (nutrition information, fitness programs, health screenings, stress and anxiety, meditation, etc.).	63.16
Appropriate and protective housing options for students in recovery (sober roommates, floors, buildings, etc.).	63.16
Individuals from medical services (medical doctors, psychiatrists, psychologists and other licensed counselors) available to provide students in recovery with medical treatment (prescriptions, referrals, etc.) specific to mental health (ADHD, anxiety, depression, etc.) and substance use disorders (alcohol and other drugs).	57.90
Individuals interested in recovery who can use their personal network within the broader community to help students in recovery to find vocational opportunities (such as internships, sponsored research, etc.).	57.90
Organizations, groups and clubs that can provide students in recovery access to recovery resources in the broader community (support programs, wellness resources such as yoga or meditation, etc.)	57.90
Organizations that provide financial assistance for students in recovery (scholarships, grants, etc.).	57.90
Organizations that promote awareness of collegiate recovery beyond the University (peer groups, government programs, research, associations, etc.).	57.90
Individuals who can provide students in recovery with legal assistance (i.e. consultation for referrals, expungement of records, etc.).	52.63
Organizations, departments and services that can help students meet basic needs (food, safe shelter, etc.).	52.63

The third category assets could be placed in during this survey was the ‘not essential’ category. The category was defined as assets that we ‘neither critical to start nor essential to serve and support students in recovery on an ongoing basis’.

In the analysis of this category, the inverse became interesting. There were a significant number of assets that respondents never placed into this category—from which, it can be inferred that because they were never categorized as ‘not essential’ they are in fact essential. Survey respondents never placed eight assets into the ‘not essential’ category. These eight assets are:



Asset name	% Indicated neither Critical nor Essential
Students in recovery who are interested in growing the recovery community on-campus.	0
Students in recovery who are interested in mentoring other students in recovery (vocational, recovery or as a general role model).	0
Individuals who can help students in recovery build self-efficacy (confidence, social skills, budgeting, general life-skills, etc.).	0
Individuals who are influential within the University and/or in the broader community and are interested in advocating for students in recovery.	0
Organizations, departments and services that can refer students to a collegiate recovery program (judicial affairs, academic counselors, mental health counselors, treatment centers, etc.).	0
Mutual aid support groups near or on campus for students in recovery (i.e. AA, NA, GA and other 12-Step meetings in addition to groups such as Celebrate Recovery, SMART Recovery, eating disorder recovery, Teen Challenge, etc.).	0
Organizations, departments and services that a collegiate recovery program can refer students who need outside services (treatment centers, mental health professionals, counselors, psychologists, etc).	0
Physical space for students to get together socially, soberly and safely (organized meals, dances, bowling or other age-appropriate activities).	0

One intent of this final category was to ascertain whether or not survey respondents would identify any of the 38 hypothesized assets as irrelevant. Because, in the case of no asset, did the survey respondents universally indicate one of the assets as ‘neither critical nor essential’ the data suggests that all of the hypothesized assets do in fact play a role in supporting and serving students in recovery.

The asset that was deemed ‘neither critical nor essential’ most often (63% of the time) was ‘Departments within the University that offer courses on subjects related to addiction and recovery for course credit’. In fact, only three assets were categorized as ‘neither critical nor essential’ by 33% or more of the respondents. Those assets are:



Asset Name	% Indicated neither Critical nor Essential
Departments within the University that offer courses on subjects related to addiction and recovery for course credit.	63.16
Departments within the University involved in or supporting ongoing research on addiction and recovery.	47.37
Individuals who can provide students in recovery with legal assistance (i.e. consultation for referrals, expungment of records, etc.).	42.11

The results of this survey suggest that among the hypothetical assets proposed, the three assets most likely to be not essential in an given community are departments within the University that offer courses on subjects related to addiction and recovery for course credit, departments within the University involved in or supporting ongoing research on addiction and recovery, and individuals who can provide students in recovery with legal assistance (i.e. consultation for referrals, expungment of records, etc.).

A secondary analysis was completed looking at only those programs that self-identified as thriving.

Of the responding programs that self-identified as thriving, the number of staff dedicated to the program ranged from one to five. The number of students served by each program ranged from 10-200. The age of the programs ranged from about five months to more than 15 years. 81.82% (9 of 11) of respondents identifying as thriving indicated that the school formally recognizes their programs.

The first category, ‘critical to start serving and supporting college students in recovery and essential to serving and supporting college students in recovery on an ongoing basis’ was created to identify those assets that are absolutely critical when starting to serve and support students in recovery. Presented below is data associated with respondents that identified their program as thriving. Assets have been arranged in descending order according to the percentage of respondents that indicated each of the 38 hypothesized assets as critical to start.

Asset Name	% Indicated Critical and Essential
Mutual aid support groups near or on campus for students in recovery (i.e. AA, NA, GA and other 12-Step meetings in addition to groups such as Celebrate Recovery, SMART Recovery, eating disorder recovery, Teen Challenge, etc.).	100
Individuals who are dedicated staff for a collegiate recovery program (faculty, staff, students; full or part-time).	90.91
Physical space that is dedicated for students in recovery to gather and meet.	90.91
Students in recovery who are interested in growing the recovery community on-campus.	81.82



Individuals available for 1:1 recovery support (coaching, guiding, supporting, mentoring).	81.82
Individuals who are influential within the University and/or in the broader community and are interested in advocating for students in recovery.	81.82
Organizations, departments and services that a collegiate recovery program can refer students who need outside services (treatment centers, mental health professionals, counselors, psychologists, etc).	81.82
Physical space for students to get together socially, soberly and safely (organized meals, dances, bowling or other age-appropriate activities).	81.82
Students in recovery who are interested in mentoring other students in recovery (vocational, recovery or as a general role model).	72.73
Individuals who can help students in recovery build self-efficacy (confidence, social skills, budgeting, general life-skills, etc.).	72.73
Individuals who can serve as positive mentors (professional, recovery or as a general role model) for students in recovery.	63.64
Organizations, departments and services that can refer students to a collegiate recovery program (judicial affairs, academic counselors, mental health counselors, treatment centers, etc.).	63.64
University support for students in recovery in the form of funding, promotion, recognition and/or staff assignment.	63.64
Organizations, departments and services that can provide operational support to a collegiate recovery program (endowments, foundations, University departments, institutional funds, etc.).	63.64
Individuals who can provide students in recovery with academic guidance (i.e. tutoring, counseling, etc.).	54.55
Individuals available to assist with fundraising in support of a collegiate recovery program (i.e. write grants, solicit donations, run fundraisers, etc.).	54.55
Individuals trained as drug and alcohol counselors in the areas of addiction and recovery.	45.46
Individuals licensed or trained to support both mental health (ADHD, anxiety, depression, etc.) and substance use disorders (alcohol and other drugs).	45.46
Individuals who can provide students in recovery with spiritual guidance where spiritual guidance is defined as the exploration of personal values and development of a purpose-driven life.	45.46
Organizations, groups and clubs that can provide students in recovery access to recovery resources in the broader community (support programs, wellness resources such as yoga or meditation, etc.).	45.46
Organizations, departments and services that can help students meet basic needs (food, safe shelter, etc.).	36.36



Organizations, departments and services that can provide the general population (students, faculty and staff) with education and training to increase understanding of substance abuse and recovery (presentations, newsletters, events, orientations, new hire training, etc.).	36.36
Organizations, groups and clubs that help students enhance their physical health and wellness (nutrition information, fitness programs, health screenings, stress and anxiety, meditation, etc.).	27.27
Appropriate and protective housing options for students in recovery (sober roommates, floors, buildings, etc.).	27.27
Students in recovery who are trained to lead and facilitate groups.	18.18
Individuals from medical services (medical doctors, psychiatrists, psychologists and other licensed counselors) available to provide students in recovery with medical treatment (prescriptions, referrals, etc.) specific to mental health (ADHD, anxiety, depression, etc.), and substance use disorders (alcohol and other drugs).	18.18
Individuals in student residential settings who are trained to identify potential addiction issues.	18.18
Organizations that provide financial assistance for students in recovery (scholarships, grants, etc.).	18.18
Organizations that promote awareness of collegiate recovery beyond the University (peer groups, government programs, research, associations, etc.).	18.18
Organizations, groups and clubs that facilitate involvement in community service, philanthropy and civic engagement (speaking at high schools, service projects, etc.).	18.18
Organizations, groups and clubs that enable students to gain and practice leadership skills (through internships, community service, mentoring, through participation in student-led organizations, etc.).	18.18
Individuals from the collegiate recovery program who have graduated and are interested in supporting students in recovery.	9.09
Individuals interested in recovery who can use their personal network within the broader community to help students in recovery to find vocational opportunities (such as internships, sponsored research, etc.).	9.09
Organizations, groups and clubs that have an interest in supporting students in recovery (i.e. community, religious or school organizations).	9.09
Departments within the University involved in or supporting ongoing research on addiction and recovery.	9.09
Individuals from the university alumni community interested in supporting students in recovery.	0
Individuals who can provide students in recovery with legal assistance (i.e. consultation for referrals, expungment of records, etc.).	0
Departments within the University that offer courses on subjects related to addiction and recovery for course credit.	0



Among those 11 programs that identified as thriving, assets were categorized as follows:

10 assets were recognized by 66% or more survey respondents as both critical to start and essential to serve and support students in recovery on an ongoing basis. Those assets include:

Asset Name	% Indicated Critical and Essential
Mutual aid support groups near or on campus for students in recovery (i.e. AA, NA, GA and other 12-Step meetings in addition to groups such as Celebrate Recovery, SMART Recovery, eating disorder recovery, Teen Challenge, etc.).	100
Individuals who are dedicated staff for a collegiate recovery program (faculty, staff, students; full or part-time).	90.91
Physical space that is dedicated for students in recovery to gather and meet.	90.91
Students in recovery who are interested in growing the recovery community on-campus.	81.82
Individuals available for 1:1 recovery support (coaching, guiding, supporting, mentoring).	81.82
Individuals who are influential within the University and/or in the broader community and are interested in advocating for students in recovery.	81.82
Organizations, departments and services that a collegiate recovery program can refer students who need outside services (treatment centers, mental health professionals, counselors, psychologists, etc).	81.82
Physical space for students to get together socially, soberly and safely (organized meals, dances, bowling or other age-appropriate activities).	81.82
Students in recovery who are interested in mentoring other students in recovery (vocational, recovery or as a general role model).	72.73
Individuals who can help students in recovery build self-efficacy (confidence, social skills, budgeting, general life-skills, etc.).	72.73

Among the assets evaluated, one asset, ‘Mutual aid support groups near or on campus for students in recovery (i.e. AA, NA, GA, and other 12-Step meetings in addition to groups such as Celebrate Recovery, SMART Recovery, eating disorder recovery, Teen Challenge, etc.)’ was recognized by 100% of the ‘thriving’ subset of survey respondents as critical to start and essential to serve and support students in recovery on an ongoing basis. This universal identification was the same when looking at the entire survey population.

When comparing the entire pool of respondents with those respondents that identified their programs as thriving, only one asset varied in this top category (66% or more indicating as Critical & Essential). Among the entire respondent population, ‘Individuals who can serve as positive mentors (professional, recovery, or as a general role model) for students in recovery’ was identified as Critical & Essential by 68.42% of respondents while 63.64% of respondents from programs identifying



as thriving categorized this asset as Critical & Essential. Among the respondents from programs identifying as thriving, ‘Students in recovery who are interested in mentoring other students in recovery (vocational, recovery or as a general role model)’ was identified as Critical & Essential 72.73% of the time while only 52.63% of the entire survey population categorized the asset into that category. Differences in opinions among the respondents are analyzed to a limited degree in this research—instead the focus of this research is to look at the overall response—to highlight the collective knowledge and collective experience of these experts and their programs.

Also of note, among the programs that self-identified as thriving, no program identified the following assets as Critical & Essential:

Asset Name	% Indicated Critical and Essential
Individuals from the university alumni community interested in supporting students in recovery.	0
Individuals who can provide students in recovery with legal assistance (i.e. consultation for referrals, expungment of records, etc.).	0
Departments within the University that offer courses on subjects related to addiction and recovery for course credit.	0

An additional six assets were recognized by 50%-66% of the survey respondents as both critical to start and essential to serve and support students in recovery on an ongoing basis among those programs that self identify as thriving. Those assets include:

Asset Name	% Indicated Critical and Essential
Individuals who can serve as positive mentors (professional, recovery or as a general role model) for students in recovery.	63.64
Organizations, departments and services that can refer students to a collegiate recovery program (judicial affairs, academic counselors, mental health counselors, treatment centers, etc.).	63.64
University support for students in recovery in the form of funding, promotion, recognition and/or staff assignment.	63.64
Organizations, departments and services that can provide operational support to a collegiate recovery program (endowments, foundations, University departments, institutional funds, etc.).	63.64
Individuals who can provide students in recovery with academic guidance (i.e. tutoring, counseling, etc.).	54.55
Individuals available to assist with fundraising in support of a collegiate recovery program (i.e. write grants, solicit donations, run fundraisers, etc.).	54.55



The second category ‘essential to serving and supporting college students in recovery on an ongoing basis but not critical to start’ was created to identify assets that are important when growing and sustaining a program but those that may not be critical at the very beginning. 66% or more of survey respondents that self-identified as thriving identified eight assets as essential to serve and support students in recovery on an ongoing basis but not critical to start. Those assets include:

Asset Name	% Indicated Essential but not Critical
Individuals from the collegiate recovery program who have graduated and are interested in supporting students in recovery.	72.73
Individuals in student residential settings who are trained to identify potential addiction issues.	72.73
Individuals interested in recovery who can use their personal network within the broader community to help students in recovery to find vocational opportunities (such as internships, sponsored research, etc.).	72.73
Organizations, groups and clubs that have an interest in supporting students in recovery (i.e. community, religious or school organizations).	72.73
Organizations, groups and clubs that facilitate involvement in community service, philanthropy and civic engagement (speaking at high schools, service projects, etc.).	72.73
Organizations, groups and clubs that enable students to gain and practice leadership skills (through internships, community service, mentoring, through participation in student-led organizations, etc.).	72.73
Organizations, groups and clubs that help students enhance their physical health and wellness (nutrition information, fitness programs, health screenings, stress and anxiety, meditation, etc.).	72.73
Appropriate and protective housing options for students in recovery (sober roommates, floors, buildings, etc.).	72.73

An additional nine assets were recognized by 50%-66% of the survey respondents that self-identified as thriving as ‘essential to serving and supporting college students in recovery on an ongoing basis but not critical to start’. Those assets included:

Asset Name	% Indicated Essential but not Critical
Individuals from the university alumni community interested in supporting students in recovery.	63.64
Individuals who can provide students in recovery with legal assistance (i.e. consultation for referrals, expungement of records, etc.).	63.64
Organizations that promote awareness of collegiate recovery beyond the University (peer groups, government programs, research, associations, etc.).	63.64



Individuals licensed or trained to support both mental health (ADHD, anxiety, depression, etc.) and substance use disorders (alcohol and other drugs).	54.55
Individuals from medical services (medical doctors, psychiatrists, psychologists and other licensed counselors) available to provide students in recovery with medical treatment (prescriptions, referrals, etc.) specific to mental health (ADHD, anxiety, depression, etc.) and substance use disorders (alcohol and other drugs).	54.55
Organizations, groups and clubs that can provide students in recovery access to recovery resources in the broader community (support programs, wellness resources such as yoga or meditation, etc.)	54.55
Organizations that provide financial assistance for students in recovery (scholarships, grants, etc.).	54.55
Organizations, departments and services that can help students meet basic needs (food, safe shelter, etc.).	54.55
Departments within the University involved in or supporting ongoing research on addiction and recovery.	54.55

The third category assets could be placed in during this survey was 'not essential' defined as neither critical to start nor essential to serve and support students in recovery on an ongoing basis'. Survey respondents that self-identified as thriving never placed sixteen assets into this category. Never placing these assets into the 'not essential' category implies that among programs self-identifying as thriving, these assets are seen as essential. These sixteen assets are:

Asset name	% Indicated neither Critical nor Essential
Students in recovery who are interested in growing the recovery community on-campus.	0
Students in recovery who are interested in mentoring other students in recovery (vocational, recovery or as a general role model).	0
Individuals licensed or trained to support both mental health (ADHD, anxiety, depression, etc.) and substance use disorders (alcohol and other drugs).	0
Individuals who can help students in recovery build self-efficacy (confidence, social skills, budgeting, general life-skills, etc.).	0
Individuals who can provide students in recovery with academic guidance (i.e. tutoring, counseling, etc.).	0
Individuals who are dedicated staff for a collegiate recovery program (faculty, staff, students; full or part-time).	0
Individuals available for 1:1 recovery support (coaching, guiding, supporting, mentoring).	0



Individuals who are influential within the University and/or in the broader community and are interested in advocating for students in recovery.	0
Organizations, departments and services that can refer students to a collegiate recovery program (judicial affairs, academic counselors, mental health counselors, treatment centers, etc.).	0
Mutual aid support groups near or on campus for students in recovery (i.e. AA, NA, GA and other 12-Step meetings in addition to groups such as Celebrate Recovery, SMART Recovery, eating disorder recovery, Teen Challenge, etc.).	0
Organizations, groups and clubs that can provide students in recovery access to recovery resources in the broader community (support programs, wellness resources such as yoga or meditation, etc.).	0
Organizations, departments and services that a collegiate recovery program can refer students who need outside services (treatment centers, mental health professionals, counselors, psychologists, etc.).	0
Organizations, groups and clubs that help students enhance their physical health and wellness (nutrition information, fitness programs, health screenings, stress and anxiety, meditation, etc.).	0
Physical space for students to get together socially, soberly and safely (organized meals, dances, bowling or other age-appropriate activities).	0
Physical space that is dedicated for students in recovery to gather and meet.	0
Appropriate and protective housing options for students in recovery (sober roommates, floors, buildings, etc.).	0

This final category was created to ascertain whether or not survey respondents would identify any of the hypothesized assets as irrelevant. Because, in the case of no asset, did the survey respondents in the ‘thriving’ subset universally indicate one of the assets as ‘neither critical nor essential’ that data suggests that all of the 38 hypothesized assets do in fact play a role in supporting and serving students in recovery.

Among those programs self-identifying as thriving, the asset that was deemed ‘neither critical nor essential’ most often (63.6% of the time) was, ‘departments within the University that offer courses on subjects related to addiction and recovery for course credit’. In fact, among those programs self-identifying as thriving only five assets were categorized as ‘neither critical nor essential’ by 33% or more of the respondents. Those assets were:



Asset Name	% Indicated as neither Critical nor Essential
Departments within the University that offer courses on subjects related to addiction and recovery for course credit.	63.64
Students in recovery who are trained to lead and facilitate groups.	36.36
Individuals from the university alumni community interested in supporting students in recovery.	36.36
Individuals who can provide students in recovery with legal assistance (i.e. consultation for referrals, expungment of records, etc.).	36.36
Departments within the University involved in or supporting ongoing research on addiction and recovery.	36.36

Therefore the results of this survey suggest that among respondents that self-identify as thriving, the five assets listed above are the most likely to be non-essential in any given community. The ‘thriving’ subset added the second and third assets listed above to this group while in entire respondent population only identified the first and fifth assets listed above.

Discussion

Based on the responses received all 38 of the hypothetical assets are necessary to serving and supporting college students in recovery. Among the set of 38 there is a set of 11 assets that were indicated by 66% or more of the entire respondent population or the ‘thriving’ subset as critical to start serving and supporting college students in recovery and essential to serving and supporting college students in recovery on an ongoing basis. These 11 assets, while not necessarily applicable to each and every unique recovery community at its onset, can be used a guideline or a frame of reference. 66% or more of survey respondents indicated, that in their experience, these 11 assets were important to both start and continuously serve college students in recovery on an ongoing basis. Below is the compiled set of these 11 assets.

11 Assets
Mutual aid support groups near or on campus for students in recovery (i.e. AA, NA, GA and other 12-Step meetings in addition to groups such as Celebrate Recovery, SMART Recovery, eating disorder recovery, Teen Challenge, etc.).
Individuals who are dedicated staff for a collegiate recovery program (faculty, staff, students; full or part-time).



Individuals who are influential within the University and/or in the broader community and are interested in advocating for students in recovery.
Physical space for students to get together socially, soberly and safely (organized meals, dances, bowling or other age-appropriate activities).
Physical space that is dedicated for students in recovery to gather and meet.
Students in recovery who are interested in growing the recovery community on-campus.
Students in recovery who are interested in mentoring other students in recovery (vocational, recovery or as a general role model).
Individuals available for 1:1 recovery support (coaching, guiding, supporting, mentoring).
Organizations, departments and services that a collegiate recovery program can refer students who need outside services (treatment centers, mental health professionals, counselors, psychologists, etc).
Individuals who can serve as positive mentors (professional, recovery or as a general role model) for students in recovery.
Individuals who can help students in recovery build self-efficacy (confidence, social skills, budgeting, general life-skills, etc.).

Step 4: Student Review

Student Focus Group Data Analysis

An additional subset of data was gained from recent graduates of collegiate recovery programs. A national advocacy organization called ‘Young People in Recovery’ (YPR) was engaged to send an invitation to its members to participate in a virtual focus group. The intent of the focus group was to bring forward the student voice—to illustrate and discuss any differences or similarities in perspective among those assets that program experts view as necessary to serve and support students in recovery and those assets that recent graduates of such programs saw as necessary to serve and support them in their collegiate recovery experiences.



To participate, individuals had to have graduated from a 4-year institution and been a member of their respective institution's recovery program within the past 2 years. Participants were asked to return a short demographic questionnaire along with their consent form; results from this are shared below.

	Gender	Age	Graduated	University	City, State
1	male	24	2013	Case Western	Cleveland, OH
2	female	23	2012	Texas Tech	Lubbock, TX
3	female	29	2011	Rutgers	New Brunswick, NJ

These three volunteers were asked a series of scripted questions, with follow-up questions at the discretion of the interviewer. The scripted questions were:

- What resources did you find useful in staying sober, graduating, and thriving as a human being?
- How did you first get involved in your recovery community?
- What does 'thriving' look like for you, and what contributes to you getting to a thriving state?
- What are some assets or opportunities that a new student going through their program would simply 'have to take advantage of'?
- If you were able to wave a magic wand and add one thing to the collegiate recovery program from where you graduated, what would you add?

This script was followed during two focus groups involving three young people in recovery. Conversations took place through recorded Skype or conference call. Recordings were transcribed and reviewed and responses were organized into one of two categories: assets or the practices that brought those assets into the student recovery experience.

The responses provided by the participants commented on assets and practices where assets are any of the individuals, associations or institutions identified in the set of 38 hypothetical assets and practices are the mobilization of assets into a clearly defined, easily accessible service or relationship that advances a unique recovery path.



The following list matches practices mentioned by students to assets considered by program experts during the previous steps of this research.

ASSETS	PRACTICES
Students in recovery who are interested in mentoring other students in recovery (vocational, recovery or as a general role model).	<ul style="list-style-type: none"> • Mentor match program • Connecting students young in recovery to those further into recovery upon admission into program
<p>Individuals trained as drug and alcohol counselors in the areas of addiction and recovery.</p> <p>Individuals available for 1:1 recovery support (coaching, guiding, supporting, mentoring).</p> <p>Organizations, departments and services that can refer students to a collegiate recovery program (judicial affairs, academic counselors, mental health counselors, treatment centers, etc.).</p>	<ul style="list-style-type: none"> • Mandatory weekly meetings with a addiction counselor
<p>Individuals from medical services (medical doctors, psychiatrists, psychologists and other licensed counselors) available to provide students in recovery with medical treatment (prescriptions, referrals, etc.) specific to mental health (ADHD, anxiety, depression, etc.) and substance use disorders (alcohol and other drugs).</p> <p>Individuals licensed or trained to support both mental health (ADHD, anxiety, depression, etc.) and substance use disorders (alcohol and other drugs).</p>	<ul style="list-style-type: none"> • Mandatory weekly meetings with a psychiatrist
Individuals who are dedicated staff for a collegiate recovery program (faculty, staff, students; full or part-time).	<ul style="list-style-type: none"> • Program intake counselor
Individuals interested in recovery who can use their personal network within the broader community to help students in recovery to find vocational opportunities (such as internships, sponsored research, etc.).	<ul style="list-style-type: none"> • Campus work program • Opportunities for volunteer placement in recovery clinics
Organizations that promote awareness of collegiate recovery beyond the University (peer groups, government programs, research, associations, etc.).	<ul style="list-style-type: none"> • AA meetings in the community (not on campus) • Job-placement • Volunteer programs
Organizations, groups and clubs that facilitate involvement in community service, philanthropy and civic engagement (speaking at high schools, service projects, etc.).	<ul style="list-style-type: none"> • Service day



Organizations, groups and clubs that help students enhance their physical health and wellness (nutrition information, fitness programs, health screenings, stress and anxiety, meditation, etc.).	<ul style="list-style-type: none"> • Passes to fitness facilities • Nutrition coaching • Yoga classes • Rock climbing trips • Intramural sports
Physical space for students to get together socially, soberly and safely (organized meals, dances, bowling or other age-appropriate activities).	<ul style="list-style-type: none"> • BBQs • Tickets to sports events • Halloween parties • Documentary viewings
Physical space that is dedicated for students in recovery to gather and meet.	<ul style="list-style-type: none"> • Signage showing how to get to program offices • Dedicated meeting space for recovery meetings
Departments within the University that offer courses on subjects related to addiction and recovery for course credit.	<ul style="list-style-type: none"> • For-credit course in recovery
University support for students in recovery in the form of funding, promotion, recognition and/or staff assignment.	<ul style="list-style-type: none"> • Front-office 'secretary' • Full-time counselors • Recognition on website
Appropriate and protective housing options for students in recovery (sober roommates, floors, buildings, etc.).	<ul style="list-style-type: none"> • On-campus recovery housing
Mutual aid support groups near or on campus for students in recovery (i.e. AA, NA, GA and other 12-Step meetings in addition to groups such as Celebrate Recovery, SMART Recovery, eating disorder recovery, Teen Challenge, etc.).	<ul style="list-style-type: none"> • AA-meetings
Individuals who can serve as positive mentors (professional, recovery or as a general role model) for students in recovery.	<ul style="list-style-type: none"> • Co-workers, peers not in recovery
Organizations that provide financial assistance for students in recovery (scholarships, grants, etc.).	<ul style="list-style-type: none"> • Scholarships for students in recovery
Organizations, groups and clubs that enable students to gain and practice leadership skills (through internships, community service, mentoring, through participation in student-led organizations, etc.). Individual who can help students in recovery build self-efficacy (confidence, social skills, budgeting, general life-skills, etc.).	<ul style="list-style-type: none"> • Mentorship • Speaking programs at high-schools • Budget and finance trainings • Professional etiquette workshops
Individuals who are influential within the University and/or in the broader community and are interested in advocating for students in recovery.	<ul style="list-style-type: none"> • SAMHSA



<p>Organizations, groups and clubs that can provide students in recovery access to recovery resources in the broader community (support programs, wellness resources such as yoga or meditation, etc.)</p> <p>Organizations, groups and clubs that have an interest in supporting students in recovery (i.e. community, religious or school organizations).</p>	<ul style="list-style-type: none"> • Collegiate recovery program • Recovery center
<p>Individuals who can provide students in recovery with spiritual guidance where spiritual guidance is defined as the exploration of personal values and development of a purpose-driven life.</p>	<ul style="list-style-type: none"> • Spiritual retreat (camping)
<p>Individuals from the university alumni community interested in supporting students in recovery.</p>	<ul style="list-style-type: none"> • Mentoring

Conversations with recent graduates revealed 2 potential additional assets.

<p>Individuals, organizations or departments that help students prepare to enter the workforce.</p>	<ul style="list-style-type: none"> • Job counselor • On-campus job placement services • Internship placement programs
<p>Individuals, organizations or departments that can provide enrollment assistance to students in recovery.</p>	<ul style="list-style-type: none"> • Preferred (early) enrollment for students in recovery • Use of professor office hours to get guidance • Academic course planners • Student services (student loans, course payments) • Enrollment advisors trained to support students in recovery



Discussion

In a small sample of students, 25 of the 38 hypothetical assets were volunteered in their responses; student responses also suggested two additional potential assets. The data gathered from student focus groups is not included in the overall analysis of assets. The decision was made to view this input as descriptive as opposed to informative for a few reasons, namely:

- The population size was small (3) and likely failed to provide the variety of perspectives gained through the larger survey of experts.
- The population was unrepresentative (all volunteers from YPR).
- Focus groups followed a different research format (discussion versus structured interview or survey).

So while assets not mentioned by students should not be discounted, those that were mentioned were unprompted. These assets can represent aspects of the collegiate recovery experience that are more salient from a recent graduate's perspective. They also represent assets which students in recovery directly cited as useful to their thriving. Recent graduates seemed to value resources that helped them to navigate their academic careers and transition into professional life. These resources did not fit neatly into any existing asset category, suggesting that they may represent new assets. These assets are not included in the overall set of assets, but the focus group does point to these two assets as interesting areas for future research.

Still, the perspective of recent graduates provides an additional lens for interpreting expert contributions on community-based assets. All participants in focus groups were self-identified as thriving and had successfully graduated from a four-year institution. With this in mind the set of assets and practices they mentioned may be given additional priority in future research.

Towards this end, transcripts from focus groups were analyzed a second time to identify common topics or themes that ran between the conversations and that might have bearing on future research in this field.

In sharing their collegiate recovery experiences, the recent graduates who contributed to focus group covered a few common topics. These topics are listed below along with a quote from the interviews.



Topic	Quote
<p>Thriving is finding constructive ways to use your time</p>	<p>'I didn't have a job before I got into recovery. When I got into recovery things were tough at first and I had a lot of time to fill. I most definitely needed to find a constructive way to use my time. One way I did this was I got a job...I also felt better because I was making my own money.'</p> <p>'For me my thriving was more profession and like building my resume and making connections that way.'</p> <p>'For me (thriving) was still being able to go out and do like fun things, still be able to do events, and a lot of my time in the recovery house there was a lot of events that were provided... there was a lot of different things going on which made me feel that I was still experiencing everything there was to do in college and not feeling like not drinking and using had any problems that interfered. It made it fun for me. It made it feel like I wasn't missing out on anything. I guess that was what for me thriving meant. We had softball games and different games and stuff so it felt like I had everything and I still didn't need to drink.'</p> <p>'Working out was a good release for me, especially if I was feeling stressed, feeling depressed, having cravings—working out became a healthy kind of release.'</p> <p>'Thriving comes from living a better life, getting focused, and accomplishing things.'</p> <p>'For me, the most important thing was to take advantage of everything and stay busy.'</p>
<p>Recovery resources need to balance promotion and pigeon-holing</p>	<p>'The recovery community is one of the biggest ones, but it's actually rather hard to find if you're really looking into it unless you really look deep. And I understand there is like also a reason for that, the fact that you don't want it to be completely known. Like I'm glad our house doesn't say recovery on the top. Like if you look at the house it just looks like a regular house or a dorm, whatever, it just looks like a regular place. But at the same time it would be nicer for those people that would want to find something that it would be a little bit easier to find it... I guess it would be a little bit more open even if it was just like having counselors educated...not educated, knowing more about it or like a regular counselor, not just a recovery counselor or have just like fliers, just simple things. I was really fortunate just to have met somebody in my local group that knew about the recovery house, but otherwise I don't know if I would have ever known about it.'</p> <p>'My addiction was on public display so why shouldn't my recovery be on public display?;</p>



<p>It's important to get a life outside of the recovery bubble</p>	<p>'It was also necessary for me to get engaged with the greater recovery community outside of my campus too.'</p> <p>'I felt like a lot of these students they just did the same stuff every day. They weren't really expanding their knowledge. They weren't really opening their mind to what else the world has to offer you—arts, culture, going and doing different things out in the community. Like let's go get tickets donated and let's go to the symphony, let's go to the ballet. They are going to think I'm so boring. Just go, go try different things because you don't know what you like until you go try it. Let's go rock climbing, let's go ride roller-coasters, stuff to get them out of this recovery bubble. I think it's important like learning hobbies is really important, stuff that's not constantly recovery recover recovery. They really need to get a life, so providing them with the means of getting one and then showing them what all life has, so definitely do that.'</p> <p>'I kept in touch with them (friends who graduated or dropped out of recovery) because they were my friends and watched this struggle that they had going back out. They had been so immersed in the recovery community for like 5, 6 or 7 years and now to go back out into the bar scene like that's awkward...From what I learned from those students is they had absolutely no idea who they were. They had no concept. They had no identity.'</p>
<p>Do good, feel good—service sustains recovery</p>	<p>'They say do good feel good. Sounds a little corny but for me that may be second to none in terms of helping me personally—going out there to help others. A lot of that is directly recovery related...but it is also doing good things in general and being a good person.'</p> <p>'Staying involved with young people keeps me sober too.'</p> <p>'There's been more and more awareness for drug and alcohol abuse and recovery as more of an illness now. Before it was more shunned upon and stuff, so it's nice to be a part of that movement because it's so new and it's growing rapidly, so that keeps me involved in that.'</p> <p>'People in recovery are worth investing in. We give back.'</p>
<p>More resources should be put towards social programming</p>	<p>'My school's programs wanted to do all sorts of fun things going on. Going to sporting events, having get-togethers at the recovery house, different outlets, different fun things to do, but because our resources were limited we were not able to do much of that.'</p>
<p>Transitioning out of the collegiate recovery environment and into the real world is challenging, but requires skills taught to you in recovery</p>	<p>'I think that's like a huge lesson that I was able to learn that I think a lot of students that I have seen don't. How can you thrive when you leave this? How can you continue to go on and make friends? You know I've moved like three times since I've graduated and I mean that's tough too, so how can you take what you learn here out into the real world when we don't have this much support and all that, so I think I've been able to do that successfully and thriving.'</p> <p>'After I graduated. I moved to Costa Rica for a year and a half and I was able to use a lot of those tools to live in another country and be able to build a network outside of AA and also in Costa Rica and AA. Those tools that I did learn through counseling services in recovery and all those were so helpful because it's so important to make that network and make it like sustainable.'</p>



<p>Take advantages of the resources that the University has to offer</p>	<p>'Definitely take advantage of...there's people here (at the University) that work for you. Their job is to help you excel and succeed academically and personally. Take advantage of it. You've got a question; you want to know where something is. You want to know is there a resource on campus ask them.'</p> <p>'There's a lot of activities on campus that are free for students which I was able to do when I was sober there's a lot of things you can actually do that the campus offers.'</p> <p>'Actually being able to use your college experience, like a real learning opportunity instead of just as a degree that you kind of just pass by because you need a college degree.'</p>
<p>There is a balance between mandatory and voluntary programming</p>	<p>'I definitely saw that people didn't really like stuff that was required. I think that's the nature of us, like don't tell me what to do, I'm going to do the opposite of it, and it's also not very pleasant when you have people there that really don't want to be there. You felt like I wanted to be here to support you, but other times it was like so a waste of time. Nobody wanted to open up. We would have rather gone to our sponsor or our close friend. I didn't trust half these people anyway and I was going to tell them my dirty laundry. It was just weird. It was forced, too forced.'</p> <p>'I think there should be a balance. I think there are certain things that should be required especially at the beginning when you're getting to know people, because for me also I don't really like to be in those... I don't want to put myself out there right away just because I'm not a type of person who wants to be like, "Hey, what's up? What are you guys doing?" I would rather isolate myself in my room.'</p> <p>'I think about having some required stuff early on is going to force people to get out there that normally wouldn't, so I love that you put that together. I think a lot of people wouldn't ever... If they were initially weren't told like this is required like you have to come to this I don't think they would and then they wouldn't do well. I think with the seminar program it felt very clinical and I didn't want to feel like I was receiving clinical treatment. So the whole program kind of had this clinical vibe to it and I didn't feel that there was enough student leadership. I think students should be involved in picking who gets in. I think students should be involved in reporting to the staff about hey here's the issues, here's what's going on, we're concerned about this person. They should have like a student advisory board because there was too much of this dynamic, this power dynamic of like the staff and a student that felt like I was a patient. I'm not about to be a patient again. Those are two things you kind of brought up for me I think are important at programs. A lot of these folks they are clinicians and they worked in treatment, but this isn't treatment.'</p>

Thriving is finding constructive ways to use your time

There are a lot of things to do on and around college campuses. Thriving was interpreted as engagement in social, academic, athletic or professional pursuits. Making new friends, succeeding in school, improving one's health and earning skills/income through a job were considered constructive uses of time for their ability to increase one's network of support, self-confidence, independence and sense normalcy.



Recovery resources need to balance promotion and pigeon-holing

One recent graduate brought up the issue of inadequate signage to identify recovery resources on campus. Two of the three commented that they found their program by ‘luck’ or ‘grace of god’. All of them commented on the difficulty of new students finding help that is on-campus and to not knowing what else was happening in their recovery community. However, at the same time the recent graduates expressed a desire to live a normal college life without a giant sign that labeled them as in recovery. Suggestions included ‘balance’ and education of counselors and other University staff who can help students who are seeking help to locate the recovery community on their campus.

It’s important to get a life outside of the recovery bubble

The term ‘recovery bubble’ was used by two participants. All participants mentioned the importance of independence and networks outside of the recovery community. The concept of establishing an identity past one’s recovery identity was brought up, and supported a consistent theme of needing to find activities, friends and support from outside the collegiate recovery community.

Do good, feel good—service sustains recovery

Recent graduates all expressed high regard for the role that giving back played in supporting their continued recovery. Mostly through supporting others in recovery, or contributing to advocacy organizations, but also through general good deeds. This service was universal amongst those interviewed and while service is common in recovery communities in this case this result is due to self-selection. All who were interviewed were involved in Young People in Recovery, and volunteered to contribute to this research.

More resources should be put towards social programming

All contributors emphasized the importance of socializing with other students in recovery. When asked what they would add to improve their recovery community, all participants mentioned more money for social programming.

Transitioning out of the collegiate recovery environment and into the real world is challenging, but requires skills taught to you in recovery

The recent graduates interviewed were at different points in their post-collegiate transition. Two had jobs and, one was going back to school for a Masters. All three mentioned that the transition out of their recovery community was difficult, but eased through the skills that they learned. In particular one person expressed freedom of movement knowing that no matter where she went there would be a 12-step or AA meeting where she could find friends.



Take advantages of the resources that the University has to offer

From coursework to extracurricular activities, students in recovery seem to discover that their Universities have many opportunities to offer sober students. This is in addition to the staff and faculty who are paid to help students succeed. The perspective of recent graduates was that all students in recovery should take full advantage of their University's resources while they still can.

There is a balance between mandatory and voluntary programming

One focus group had two participants enter a discussion on the value of programs that were mandatory versus those which were voluntary. Mandatory programs were considered useful to near the beginning of one's introduction into their program, but less useful over time. Mandatory activities were described as feeling 'clinical', 'awkward' and 'a waste of time', but also cited as essential in getting people out of their shells to socialize.

As previously stated, this data, gathered from student focus groups is not included in the overall analysis of assets. The decision was made to view this input as descriptive as opposed to informative due to the small sample size. The student opinion and perspective is, however, critical—without the students—students thriving in and sustaining the program—there is no program at all. This student perspective of those community-based assets that are supportive of personal collegiate recovery experience ensures that the perspectives of all of members of the community are reflected in the community-based assets that support college students in their recovery. Therefore, the data collected in Step 4 does not change the set of 38 hypothetical assets. The set remains unchanged moving into Step 5.

Step 5: Publish Assets

The final step of research requires feedback from experts, academics and other stakeholders in the broader recovery community. While no time-frame is set, the concepts discussed here must be the subject of further discussion and definition for them to be considered as inclusively descriptive. In addition, as the student focus groups revealed, there are likely additional assets that have yet to be identified. As such, the research will be released, invite feedback and crowdsource the identification of assets and practices across many communities with the intent of updating these findings at a future date.



Findings and Observations

The findings of this research are descriptive rather than declarative. The final set of 38 assets describes factors that help college students in recovery to thrive. These assets are given further description by program experts regarding their applicability to starting a collegiate recovery program and towards the ongoing support of college students in recovery. By demarcating assets that were essential to start a recovery program the research paid particular attention to describing those assets that are important to early-stage recovery programs.

Every recovery community is different, an observation supported by the diversity of expert responses. The universal recognition of 12-step meetings and other mutual aid groups on or near campus as a community-based asset along with the ten other assets identified by 66% or more of program survey respondents or the ‘thriving’ subset clearly indicates which assets are the most important to start and sustain a recovery program. There were clear preferences, which allow some assets to be flagged as more important to start and others as more important to sustain and grow a recovery program. In aggregate the data loses its ability to describe the appropriateness of an asset to any specific community context—collegiate recovery programs are unique—no two that we have observed are exactly the same—and therefore the leveraging and application of these assets in every community will likely be unique. Similarities and trends may arise in which case, among those programs in particular there is an opportunity for sharing knowledge and experiences. As such the data presented here is a generalized ordering of assets - not descriptive of any one community, but rather, of the priorities held by recovery experts on average, across the U.S.

It was the process of research, not the outcome, which yielded the clearest lessons. Research began with a literature review. While not exhaustive, the intent was to be inclusive in the search for potential community-based recovery assets. The process of gathering potential assets across different disciplines revealed overlaps obscured by field-specific terminologies. Simply by combining like-concepts the original set of 116 assets was halved to 52 unique assets.

It showed opportunities for researchers and practitioners to collaborate and learn from one another. It showed asset-based approaches deployed across a variety of circumstances, adopting new terms and yielding new lessons.

Recommendations for Future Research

Each stage of the research identified the need for more research. The review of literature sought to build a set of assets that could contribute to supporting students in recovery. Once an asset was found researchers moved on to find a new concept. Five disciplines were considered in this superficial manner, though more could be applicable. While the purpose of the literature review was not to identify overlap between disciplines, overlap is what the process revealed. The five disciplines contributed 116 terms, each of which was thought to be unique. However upon further inquiry and definition these 116 assets ended up as only 52 unique terms.



Future research may want to review asset-based approaches to community development, positive youth development, recovery, recovery-oriented systems of care and other fields to identify areas where lessons can be learned across disciplines. This research could contribute to the maturation of asset-based research by translating field-specific terms across disciplines.

The second stage of research required expert interviews. To do this, researchers needed to build a list of potential experts, including a directory of U.S.-based collegiate recovery programs. This information could not be located in a single location, but as a result of this research this information will be made available online. Future research can use this list of collegiate recovery programs to access collegiate recovery populations on a national scale. This enables a variety of research initiatives, including the application of outside concepts to the field of collegiate recovery. In particular models that describe ‘academic indicators of thriving’ or ‘wellbeing’ may have particular applicability.

The third stage of research confirmed 38 assets that can be considered as hypothetically useful to students in recovery. More research would be needed to draw a correlation between these assets and successful outcomes, however this research would be able to borrow from tools and techniques used in other fields to study similar relationships between behaviors and outcomes. This research would describe these assets in more detail and in relationship to how they support the thriving of students in recovery.

The student perspective was engaged later in the study, and represents perhaps the greatest opportunity for future research. Recent graduates drew from their experiences to comment on assets and reveal what practices made these assets accessible to them. The list of practices built during the focus group interviews represents a starting point—future research can add examples of how assets are made meaningful to students, providing a repository of practices for all to share.

Lastly this research is not nearly complete. The final stage of research involves publishing findings to-date so as to initiate a discussion. Only through more feedback and contributions can this research come to conclusion.



Appendix I: Set of Potential Recovery Assets

1. Clinicians from counseling services available to support mental health disorders
2. Clinicians from medical services available to support mental health disorders
3. Individuals available for recovery coaching and counseling
4. Family members and parents interested in supporting collegiate recovery
5. Alumni interested in supporting collegiate recovery
6. Adult involvement from outside of recovery program
7. Individuals available for spiritual guidance
8. Individuals available for academic counseling and educational services
9. Individuals available for legal assistance
10. Individuals available for financial coaching
11. Individuals available to write grants and funding requests for recovery program
12. Organizations/groups/clubs that welcome diverse backgrounds, races and religions
13. Organizations/groups/clubs that are student led
14. Religious organizations/groups/clubs that have an interest in supporting students in recovery
15. Community organizations/groups/clubs that have an interest in supporting students in recovery
16. School organizations/groups/clubs that have an interest in supporting students in recovery
17. Organized efforts to promote public opinion and policy regarding addiction in the community
18. Substance-free social events and recreational activities
19. Defined recovery program for students
20. Dedicated physical space available for recovery program use
21. Recovery-oriented activities available in safe, reliable and accessible spaces
22. Provision of food and safe shelter for those in need
23. Recovery resources for students available in the broad community
24. AA meetings on college campus
25. Mutual aid and other support groups on college campus
26. Opportunities available for participating in peer mentoring
27. Student opportunities for community service, philanthropy and civic engagement
28. Professional development and education opportunities on addiction and recovery
29. Counseling/medical centers that provide addiction screening
30. Transportation available to help students meet academic and recovery interests
31. Courses in addiction and recovery education available for academic credit
32. Opportunities available for the development of skills around self-efficacy
33. Financial assistance and scholarships available for educational purposes
34. Endowments and funds established for operational support of recovery program



Appendix II: Set of Hypothetical Recovery Assets

1. Students in recovery who are interested in growing the recovery community on-campus.
2. Students in recovery who are interested in mentoring other students in recovery (vocational, recovery or as a general role model).
3. Students in recovery who are trained to lead and facilitate groups.
4. Individuals trained as drug and alcohol counselors in the areas of addiction and recovery.
5. Individuals licensed or trained to support both mental health (ADHD, anxiety, depression, etc.) and substance use disorders (alcohol and other drugs).
6. Individuals from medical services (medical doctors, psychiatrists, psychologists and other licensed counselors) available to provide students in recovery with medical treatment (prescriptions, referrals, etc.) specific to mental health (ADHD, anxiety, depression, etc.) and substance use disorders (alcohol and other drugs).
7. Individuals from the collegiate recovery program who have graduated and are interested in supporting students in recovery.
8. Individuals from the university alumni community interested in supporting students in recovery.
9. Individuals who can serve as positive mentors (professional, recovery or as a general role model) for students in recovery.
10. Individuals who can provide students in recovery with spiritual guidance where spiritual guidance is defined as the exploration of personal values and development of a purpose-driven life.
11. Individuals who can help students in recovery build self-efficacy (confidence, social skills, budgeting, general life-skills, etc.).
12. Individuals who can provide students in recovery with academic guidance (i.e. tutoring, counseling, etc.).
13. Individuals who can provide students in recovery with legal assistance (i.e. consultation for referrals, expungement of records, etc.).
14. Individuals in student residential settings who are trained to identify potential addiction issues.
15. Individuals who are dedicated staff for a collegiate recovery program (faculty, staff, students; full or part-time).
16. Individuals available for 1:1 recovery support (coaching, guiding, supporting, mentoring).
17. Individuals available to assist with fundraising in support of a collegiate recovery program (i.e. write grants, solicit donations, run fundraisers, etc.).
18. Individuals who are influential within the University and/or in the broader community and are interested in advocating for students in recovery.
19. Individuals interested in recovery who can use their personal network within the broader community to help students in recovery to find vocational opportunities (such as internships, sponsored research, etc.).
20. Organizations, groups and clubs that have an interest in supporting students in recovery (i.e. community, religious or school organizations).



21. Organizations, departments and services that can refer students to a collegiate recovery program (judicial affairs, academic counselors, mental health counselors, treatment centers, etc.).
22. Mutual aid support groups near or on campus for students in recovery (i.e. AA, NA, GA and other 12-Step meetings in addition to groups such as Celebrate Recovery, SMART Recovery, eating disorder recovery, Teen Challenge, etc.).
23. Organizations, groups and clubs that can provide students in recovery access to recovery resources in the broader community (support programs, wellness resources such as yoga or meditation, etc.).
24. Organizations, departments and services that a collegiate recovery program can refer students who need outside services (treatment centers, mental health professionals, counselors, psychologists, etc.).
25. Organizations that provide financial assistance for students in recovery (scholarships, grants, etc.).
26. Organizations that promote awareness of collegiate recovery beyond the University (peer groups, government programs, research, associations, etc.).
27. Organizations, groups and clubs that facilitate involvement in community service, philanthropy and civic engagement (speaking at high schools, service projects, etc.).
28. Organizations, groups and clubs that enable students to gain and practice leadership skills (through internships, community service, mentoring, through participation in student-led organizations, etc.).
29. Organizations, groups and clubs that help students enhance their physical health and wellness (nutrition information, fitness programs, health screenings, stress and anxiety, meditation, etc.).
30. Organizations, departments and services that can help students meet basic needs (food, safe shelter, etc.).
31. Departments within the University involved in or supporting ongoing research on addiction and recovery.
32. Departments within the University that offer courses on subjects related to addiction and recovery for course credit.
33. University support for students in recovery in the form of funding, promotion, recognition and/or staff assignment.
34. Organizations, departments and services that can provide the general population (students, faculty and staff) with education and training to increase understanding of substance abuse and recovery (presentations, newsletters, events, orientations, new hire training, etc.).
35. Organizations, departments and services that can provide operational support to a collegiate recovery program (endowments, foundations, University departments, institutional funds, etc.).
36. Physical space for students to get together socially, soberly and safely (organized meals, dances, bowling or other age-appropriate activities).
37. Physical space that is dedicated for students in recovery to gather and meet.
38. Appropriate and protective housing options for students in recovery (sober roommates, floors, buildings, etc.).



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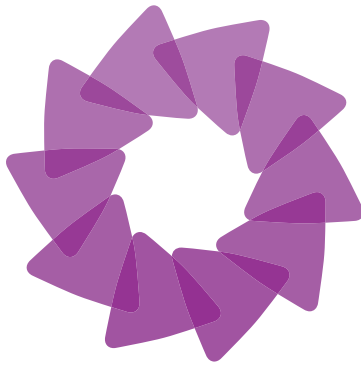


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