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The Insight Program: A Dream Realized

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Summary

Below please provide a brief summary of this resource. If an abstract is available, feel free to copy and paste it here.

Traci G. Bowermaster, Lead Teacher and Special Education Teacher at the Insight Program, a recovery high school in White Bear Lake, Minnesota, explains how her school was created and how it has evolved. Using the framework of many recovery stories, she writes about how it was in the early days of recovery schools before special education was emphasized, what happened that led to the formation of her school, and what her school program is like now. She uses her unique perspective of having taught in a treatment center to explain the importance of incorporating strong special education programming in recovery high schools and illustrates the process her team used to form a recovery school with little financial means. Pitfalls along the way helped the Insight Program find its weak spots, eventually grow stronger, and create an ambitious vision for the program's future.

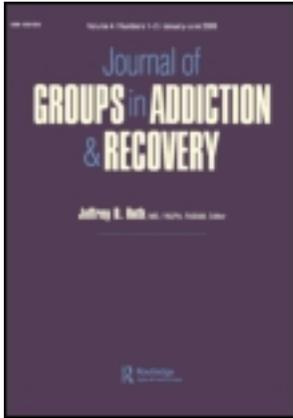
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The Insight Program: A Dream Realized

Traci G. Bowermaster, M.Ed.

ABSTRACT. Traci G. Bowermaster, Lead Teacher and Special Education Teacher at the Insight Program, a recovery high school in White Bear Lake, Minnesota, explains how her school was created and how it has evolved. Using the framework of many recovery stories, she writes about how it was in the early days of recovery schools before special education was emphasized, what happened that led to the formation of her school, and what her school program is like now. She uses her unique perspective of having taught in a treatment center to explain the importance of incorporating strong special education programming in recovery high schools and illustrates the process her team used to form a recovery school with little financial means. Pitfalls along the way helped the Insight Program find its weak spots, eventually grow stronger, and create an ambitious vision for the program's future.

KEYWORDS. Recovery Schools, alternative schools, adolescent treatment centers, ALCs, special education, special needs, emotional behavior disorders, learning disabilities, other health impairments, dual disorders

WHAT IT WAS LIKE...

Recovery high schools are a recent educational option that has emerged from collaboration between secondary schools, treatment professionals,

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parents, and other adults interested in providing a safe school setting for sober teens. Also known as sober schools, recovery schools are distinct in that they specifically serve students who have identified themselves as in recovery from drug and/or alcohol addiction. Typically, such schools provide an educational setting that incorporates a strong sense of community and therapeutic support. The first known recovery school, Ecole Nouvelle, opened in Edina, Minnesota, in 1986 and eventually became Sobriety High, which has grown to five campuses and continues to grow. While the majority of early recovery schools were located in Minnesota,¹ other recovery schools emerged simultaneously in isolation in Arizona, New Mexico, California, Tennessee, and Washington State. The process of starting the Insight Program has paralleled both the recovery story of “what it was like, what happened, and what it’s like now” as well as the journey through the 12 steps of Alcoholics Anonymous. This article will tell the story of the Insight Program, a recovery high school within the White Bear Lake Area Learning Center in suburban St. Paul, Minnesota, and the profession journeys of the people who run it.

In 1993, I began working as a teacher at Fairview Recovery Services, an adolescent inpatient treatment center and halfway house in Woodbury, Minnesota, a suburb of St. Paul. I taught social studies and math to the students there and provided special education services to those who needed them. Also, I was part of the clinical team that met daily to discuss the progress of all clients and to create aftercare plans for students getting ready to leave treatment. I first became familiar with recovery schools while employed at this facility.

At that time, there were only a scant few recovery schools in existence and we were fortunate to at least have them within the Twin Cities metro area. While many of our clients came from the Twin Cities, many came from outside the metro area of Minnesota or elsewhere in the country (and some from Canada), where there was little-to-no support for recovering students once they left treatment. Students in those situations were forced to return to their former school environments, which for most were where much of their drug and/or alcohol involvement and contacts were located. As discharge dates loomed, clients who had been successful in treatment often started to unravel a bit, looking ahead to a bleak future where resisting the temptations to use seemed next to impossible in their former stomping grounds. I recall a number of instances in which clients would purposely sabotage their treatment graduation by acting out just before dismissal in an attempt to have their treatment further extended. In processing their intentions afterwards, many admitted not feeling like they would have the

support they needed from their schools to stay sober once they returned to their home schools.

What I found back then was that the amount of special education services available to students in recovery schools was limited. Some of the recovery schools had itinerant special education teachers who would come into the recovery schools on a very limited basis, such as once a week to check on the special education students, consult with the school staff, and complete any necessary paperwork. Other schools would actually encourage parents of special education students to sign a form that would discontinue services for students with special needs in order for the student to be eligible to attend the recovery school.

The thinking was that most students in special education who had been in treatment had had a diagnosis of Emotional Behavioral Disorder and that their school problems tended to disappear once they got into recovery. It was also thought that the smaller class size of recovery schools and frequent groups that addressed behavior and attitude would eliminate or at least lessen the need for special education services in most cases. However, this practice was troubling on many levels and created a strong barrier to recovering students with special needs receiving the entire scope of services they needed. To begin with, many recovering students with special needs had disabilities that had surfaced long before their chemical use had become a problem and that would not go away just because they got sober. In the case of students with mild-to-moderate mental handicaps, more severe learning disabilities, and mental health diagnoses such as ADHD, bipolar, and anxiety disorder, being in recovery would not completely cure their school problems.

In my Master's thesis research, it was very clear that students with special needs, especially in the areas of Emotional Behavioral Disorder and Specific Learning Disability, were more prone to drug abuse or addiction than their nonhandicapped peers. In addition, adolescents with mental health disorders had a much higher and quicker rate of relapse than those without mental health disorders. Moreover, adolescents with special needs required more intensive skill training to resist temptation, impulsivity, and peer pressure than their nonhandicapped peers. It was clear that adolescents with special needs who were also chemically dependent required very specialized schooling and therapeutic intervention to experience success in sobriety and in life. In other words, recovery schools that were not providing solid special education programming were turning away those students who were most vulnerable to relapse.

I was eventually transferred out of the treatment center and into a position at a junior high as a teacher of students with Emotional Behavioral Disorders (EBD) and Specific Learning Disabilities (SLD). While I knew that I did not have the desire to continue my position in that particular setting any longer than I had to, I wanted to make the most of the situation and learn all I could from it. Through conversations with Beth Samuelson, chemical dependency counselor and my former colleague at the treatment center, I learned that an alternative school in White Bear Lake was considering starting a recovery school. Beth had been providing services to the high school and the alternative school in White Bear Lake and had been brainstorming ways to start a recovery school in the district with Julia Jilek, the Area Learning Center (ALC) principal. Julia had grown increasingly frustrated with watching her ALC students flounder with their chemical use and get into treatment only to relapse quickly after returning to school. Beth, Julia, and Lyle Helke, the Chemical Health Coordinator for the district, were conducting research and seeking out grants to start up the program. Beth had remembered that I had completed some research on recovery schools and contacted me to assist them with some grant writing. We did not get the grant that we had written, but I did get the special education position with the understanding that I would also start a recovery school as part of my position. Thus, the Insight Program was born.

WHAT HAPPENED...

I visited some of the existing schools to get ideas of policies and procedures I wanted to incorporate; I interviewed directors and took notes on physical details, such as how the rooms were arranged and postings on the wall of rules and recovery slogans. That fall, Julia and I also wrote and received another grant from Education Minnesota for \$3000, which was enough to help pay for some fieldtrips and activities specifically for the program, which Julia had named "Insight." Meanwhile, Julia and Beth attended meetings and brainstorming sessions with various members of the education and recovery communities to get ideas and advice.

In early January of 2001, I started teaching at White Bear Lake Area Learning Center. I would spend January getting acclimated to the building, getting to know the students from my special education caseload, and preparing with Beth for the start-up of the Insight Program. It was determined that Insight would exist as a school-within-a-school and that the costs would be absorbed by the existing ALC budget and augmented by

grants and subsidies from a local county collaborative. We were aiming to have our first students by the beginning of the second semester, which was at the end of January. I was given a classroom with the typical accoutrements and was encouraged to make it a comfortable, welcoming space for therapeutic groups to occur. A couch, some carpet scraps, and some beanbag chairs were donated or purchased at thrift stores. Posters with recovery themes were purchased and placed on the walls. Catalogs were perused for recovery-related literature and guides about group techniques, which were provided through funds from the collaborative grant.

Crucial steps in creating any school program are to create a mission, belief statements and goals. These steps help to define the perimeters of the program and serve as guideposts for when the program veers off course. We spent a great deal of time and thought on these steps of the process, as we wanted to be sure that we would project a particular image to the community and provide our students with specific services. Our mission gave our program purpose and clarity. It read,

The Insight Program provides a supportive learning environment for recovering teens that nurtures their mind, body, and spirit, and encourages healthy decision making.

Belief statements explained the underlying philosophies that the staff shared about how best to work with teens in recovery, and helped us shape our policies and practices with students. They read as follows:

We believe that recovering teens need a supportive school community in which to learn and have fun.

We believe that recovering teens can benefit from ongoing skill building in the areas of social skills, relapse prevention, and goal setting.

We believe in providing activities that enhance each student's mind, body, and spirit to encourage complete wellness in recovery.

We believe that recovering teens are motivated by recovery plans and goals tailored to their unique strengths and needs.

We believe that the best way to curb teen drug abuse is by involving positive role models of recovering teens within the community and creating a feeling of "esprit de corps."

Program goals were created to give the program measurable targets of effectiveness that could be charted through time. They read,

- To foster healthy choices and to assist the student in maintaining sobriety
- To minimize individual and/or group involvement in identified “at risk” behaviors
- To support the student in an individual recovery plan
- To decrease involvement of participating students in the juvenile court system
- To increase school success

Finally, criteria for enrollment were established to attract our target population. To be eligible to join Insight, students must

- be between the ages of 16–20,
- have at least 1 month of sobriety,
- have the desire to remain abstinent, and
- have a willingness to complete a UA (*urine analysis*) at their own expense.

The mission statement, belief statement, program goals, and criteria for enrollment along with contact information were formatted into a brochure that served to advertise the program to potential referral sources, interested applicants, and their parents.

In establishing the basic structure of Insight, Julia, Beth and I drew upon what we knew from our own professional experience, what the research taught us, and what resources we had available to us. We wanted to offer Insight students a quality education with classes taught by teachers licensed in their subject area. We also wanted to do what we could to protect the Insight students from temptations to use, as much as possible, because we knew that a large percentage of ALC students were involved in chemical use. While we had put enormous thought into the policies and the day-to-day operations of the school, we learned a great deal from trial and error.

To stagger the start time with the ALC, Insight students would start off each day at 11:00 a.m. with a recovery group. This group, for Insight students only, was meant to help them get into the mind-set of recovery and their goals for the day. I would lead the group most days and would consult with Beth often, who at that time was only at the school once per week. The day that she was there, she would run group. At noon, students would eat school lunch together as a group separate from their ALC peers. The students would then be scheduled in classes in the regular ALC for their academic classes. The ALC has licensed teachers in the following subject areas: English/language arts, mathematics, science, social studies, physical education, health, art and work experience.

At that time, most of the ALC student population attended school in the morning and had jobs or other activities that took them away from the building in the afternoon. It was thought since the building virtually emptied out of students in the afternoon; the Insight students could take classes then without the threat of being tempted or distracted by other students who still might be using. Students would be scheduled in classes based on what credits they needed to graduate, when teachers were available, and what their interests were. I would try to schedule more than one Insight student in each class so that they could rely on each other for support and positive peer pressure. One of my jobs would be to check on the Insight students often in their classes and to be available if a student was in need of emotional or academic assistance.

Beth Samuelson, the licensed alcohol and drug counselor, contributed the following statement explaining her philosophy of how therapeutics and recovery interweave into the Insight Program:

It was noted in the above that I was only able to be in group about once a week. It was apparent that my services were needed more than once a week. I was also working in the ALC and meeting with students one on one. There was an opportunity for me to work half time in the school district with my main focus being with Insight. I started with my schedule working three mornings a week and two afternoons a week. I would run a recovery group in the mornings I was there and in the afternoons meet with students in Insight and also in the ALC.

In the mornings that I run the group, we focus on recovery and on maintaining positive group dynamics. It is really important to have the group be safe enough to talk and share their pain with one another. I believe you get this by always encouraging honesty and openness in a group and with one another.

Every relapse is looked upon on an individual basis. A huge part in this is if they have come clean about their use before they are caught or "called out" by another member of the group. Often, they are placed on a contract and, if they are unable to follow the contract or use again while on the contract, then we have a meeting with the parents and decide what is to happen next.

When I am in group I always try to have another staff in the group also. Traci and I most often run group together. It is of the utmost importance for the students to have your trust and believe in what you say. I believe you most often get that by leading by example and

really being able to listen well. Teens more often than not have some kind of authority issues and so if you can get them on your side and have them believe in you this really is helpful. You also have to figure out who the leaders of the group are and coach them into taking that role. It is also important to watch for anyone trying to take the power in a negative way. If this happens and you don't let them know that you are in charge of their safety, group chaos can happen quickly and secrets start. It is sort of like a dance where you have to take the lead at times and other times follow.

I believe therapeutics play a very important role in a recovery school and yet the students are there ultimately for their education in a safe environment. This is why we start the day with a group and try to check in with the students at the end of the day also. If you know where they are at before you send them to their classes, you can often ward off trouble with their behavior and find a plan that will help them be successful for that day in school.

When Insight first started, we put the cap at 12 students. Many of the other recovery schools had student populations that were much larger than ours. However, most other recovery schools were housed in a separate building away from other peers, did not share teachers with another program, and had financial reasons for needing to have more students. We looked at the size of our program as a real asset. Fewer students would be more manageable in both groups, and classes and the students would get more personalized attention from all staff. The smaller size of Insight was also a necessity in the building since the students would be spread out into different classes, which would be difficult to manage and supervise. And, of course, there was the conventional wisdom that it was always better to start small. Eventually, as we became more experienced about what worked, we increased our capacity to 15 students.

As our opening day was quickly approaching, we contacted representatives from many different sources for referrals. Beth and I spread the word of Insight's opening at all the adolescent treatment centers in the Twin Cities area, including Fairview, Anthony Lewis Center, Hazelden, HSI, and Dellwood. We also contacted school chemical dependency and guidance counselors from White Bear Lake Senior High School and the surrounding school districts of North St. Paul/Maplewood/Oakdale, Mahtomedi, Stillwater, Roseville, Moundsview, Centennial, South Washington County, and Forest Lake. In addition, we spread the word to various probation officers and juvenile detention centers from Ramsey,

Anoka, and Washington Counties and contacted the Drug Court program in St. Paul. Probably the best networking opportunity we had early on was attending a Recovery Schools Tubing Party at Green Acres Recreational Center in Lake Elmo. At this party, recovering teenagers from various institutions and their adult staff met to go snow tubing in the spirit of “sober fun.” Here, we met many of the referral sources we had just contacted, as well as other potential associates that we had not yet considered, such as contacts from halfway homes and therapeutic group homes. We eventually found our first students at this function as a local group home was searching for a nearby recovery school program for its seven clients. While our base has definitely grown, these referral sources have provided us with a consistent flow of students throughout the years.

To establish whether a potential student was a good fit for our program, we carefully considered our enrollment process. Once a referral was made, we would cue the agency to have the parents of the prospective student call us to set up an interview with their student. Beth and I would be present for each hour-long interview, which would consist of three parts. For the first half hour, I explained the components of the program, such as the mission, the schedule, school calendar, how academics worked, and the rules or contract of the program. Then I would explain to the parents how to complete the enrollment forms, health history card, and release-of-information forms. While the parent filled out the paperwork, Beth interviewed the student to get a feel for his or her history in regard to family, school, chemicals and mental health, attitude and commitment toward school and recovery, and tips from the student about what helped him or her through struggle. At the end of the interview, we would invite the parent and student to take the next 24 hours or so to think about whether they thought the Insight Program was a good fit. It was important that the student knew that enrollment at Insight was completely voluntary. Meanwhile, Beth and I would discuss our perception of the student’s eligibility for our school and would talk to our principal and other support staff about the student’s enrollment. Once our decision was made, I would contact the parent and student to either invite them to start at Insight or to consider other options.

In considering the Insight contract, we strove to keep it simple, connected to the principles of recovery, and broad enough to cover a variety of situations. This way, we were able to keep the contract to one page. We had parents and students sign the contract at the interview to show that they understood the expectations of the program before committing.

We made the first point of the contract about honesty. Since honesty is one of the most important parts of recovery, we emphasized that we expected that students would be honest about their urges to use before it got to the point that they relapsed. If they relapsed, though, coming forward with the relapse right away was always better than waiting to get caught through a drug test, poor behavior, or rumors. Another part of the honesty rule was about not enabling other Insight students to use. To keep the program safe and strong, we told students that they had some options about how to handle a situation in which they knew another student had used and had not shared the information with the group. They could either give the peer who used 24 hours to admit the use to Beth, me, or the group otherwise they would tell us themselves; they could confront the peer directly in group; or they could come to Beth and me privately if they did not know how to handle the situation. We stressed the fact that if we found out that they had known about a peer's use and had done nothing, they could face consequences just as severe as if they themselves had used.

The next point of the contract was about attendance. Because accountability is a big part of recovery, we expected each student to be in attendance every day unless excused by a phone call from a parent or guardian due to illness, appointment, or family obligation. This point was important to spell out because the Insight Program is associated with the ALC, which had a more lenient attendance policy. We assured parents that if a student was not present and we hadn't received a phone call, we would be calling the parents to inform them and there would be strict consequences for missing school.

Working toward earning school credit in each class was our next rule on the contract. Since we were only able to serve a small number of students, and other students might be put on a waiting list if we were full, we expected all the students would be working to their ability in each class. Insight's set-up offered the opportunity for students to get caught up in academic credit if they applied themselves, and we expected students to take advantage of that opportunity.

Next on the contract was our drug test policy.² While we did have some money from the collaborative to pay for some urine analysis tests, we wanted the parents to agree to pay for the tests when possible, to help defray the costs to our program and to help promote buy-in to the tests. The rule about drug tests was that if asked, the student would provide a urine sample that day. A staff person of the same gender would monitor all drug tests. Refusal to comply could result in dismissal. If a student were

to have a drug test that was positive for a certain chemical, parents would be called for a meeting.

Creating a recovery plan was the next policy on the contract. Once admitted into the program, students would be expected to complete a recovery plan, which would consist of their own perceptions of what they learned about themselves in treatment. They would be asked to share what they do on a daily basis to stay in recovery; which people, places, and things they stay away from to keep themselves safe from using; what triggers could lead them back to using; which people were resources they could rely on to help them make the right choice if they were tempted to use; what they had to gain by staying in recovery; and what they had to lose by going back to using. We told students that we did not dictate what should go on their recovery plan and that we knew that what works for one person might not work for another. As long as they were doing well, staying sober, and seeming serene, we would consider that they had a solid recovery plan. If they were to have a relapse or show poor behavior by repeatedly not following the terms of their recovery plan or the Insight Program contract, we could intervene and help them write a new contract.

The next rule on the contract related to respect. We expected each Insight student to show respect to themselves, each other, Insight and ALC staff, the rules of the ALC, White Bear Lake school district policies and the laws of the community. We pointed out that we were not so concerned with the laws that they had broken in the past (though we expected them to follow through with terms of probation and restitution), but we urged them not to get in further trouble with the law after becoming part of our school. We explained that we were a small school that had a lot of eyes watching us to make sure we were doing what we set out to do, helping students stay sober and also out of further involvement in criminal activity. We also equated being in recovery with having respect for all members of one's community and the law.

The final rule involved students staying within the Insight area at all times unless they had permission from a staff member. In essence, this was our no smoking rule. We expected students not to smoke cigarettes during the hours of school, between classes or during lunch. If caught smoking, they could receive a smoking ticket, which could lead to fines and further court involvement. This rule was also put in place to keep the Insight students apart from influences in the ALC that could be detrimental to their sobriety.

The consequences for violating these rules were progressively more severe, beginning with being verbally warned by the staff, and leading

to parental contact, meeting with parents and staff to write behavioral contract, and possible dismissal. Insight staff reserved the right to skip ahead to stronger consequences for flagrant violations of the rules.

Finally, it was explained to students that if they should be asked to leave the Insight Program or if they decided that once they started attending school in Insight that they wanted to be in a different school, our staff would be willing to help them find another school if they would like. However, one option that would not be available to them for at least two quarters would be the ALC. There were two reasons for this policy. First of all, after being in groups where confidential information was shared, it would be awkward for both the student who was leaving and the group members who were staying to be in the same building but not part of the same group. Second, and more important, the Insight staff acknowledged that the student had initially sought Insight as a school setting to get support for his or her recovery, and since the ALC has many students that are still using, we would want to help the student find another school setting that would be more conducive to getting the support he or she needed.

Once I had read through the contract with the parent and the student, I would ask them to sign the contract. Signing the contract signified that the rules and consequences had been explained before a decision being made regarding enrollment.

Running a recovery school within an alternative school within a large school district that had special education as a prominent feature could be quite complicated. The entities of recovery, alternative schools, public schools, and special education can have points of view and philosophies that diverge a great deal. To begin with, the field of recovery itself has a focus on individual accountability, consequences for negative actions, and reliance on the group or on a higher power to help maintain positive change. Treatment centers teach clients to look at the behaviors and attitudes that are detrimental to living life without chemicals, help clients to break through denial and admit to the damage they caused themselves and others, and identify the positive behaviors and resources that are available that will help them stay on track. Alternative schools seek to accept students as they are and help them set and reach the goals they want to achieve through offering a variety of learning experiences. ALCs relish their flexibility in regard to academics, their ability to build relationships with students who are at-risk for dropping out, and their creativity with helping students handle difficult life situations. Not only are public schools required to provide a free and appropriate education to all students within the district, they also must

show that all students are progressing academically at a uniform rate and that services are being provided in spite of dwindling financial resources. Last but not least, special education emphasizes that students with disabilities have a right to such practices as educational accommodations and support, adjusted academic expectations, and limitations to disciplinary actions depending on the student's needs. In order for all these entities to work together, it is vital that each consider the multiple perspectives while also making decisions that ultimately complement the mission, goals, and beliefs of the school.

Keeping these varying viewpoints in mind while also staying true to the foundations of Insight meant that my initial beliefs about the students we could serve had to be scaled back. Since we were a small recovery school by design, that provided daily direct services to students with special needs, it followed that sources referring students who received special education and with dual disorders took a keen interest in this school. The fact that Beth had also been a crucial part of starting and providing her services as counselor to a dual-disorders program at Fairview in Forest Lake further strengthened our appeal to such potential students. Therefore, we found that our unique backgrounds and perspectives filled a vital niche in the Twin Cities recovery high school field: that of recovering students with disabilities and/or dual disorders of depression, anxiety, bipolar, ADHD, and so on. However, early on, we learned that there were limitations within our niche to the students we could adequately serve.

Under special education law, students are to be educated in the "least restrictive environment" available to them that can meet their needs. These environments, or Federal Settings, range from being indirectly monitored by a case manager a few times a month on the very low end to requiring education to take place in a hospital setting in the extremely high end, with varying amounts of restrictiveness in between. In other words, if a special education team determines that a student requires that his or her daily instruction take place in a pull-out setting that offers intensive special education support throughout the school day, then the school where the student attends needs to provide that service. Since the ALC and Insight have a "blended model" or have both students with and without special needs in all classes, the school is set up to serve students who require Federal Settings of II or lower. Typically, students who required a higher level of setting in another school could lower their level of service in our school because of our school's lower class sizes, high amount of emotional support available through both staff and other students, and flexibility with

methods of offering credit. Sometimes, though, students seeking a recovery school that had more intense needs such as a time out room, token economy behavioral plan, or paraprofessional support in each class might not be able to have all their needs met in our school and would be encouraged to look elsewhere. This always was a difficult call because schools that did have the services available to meet the special education needs of the students still had many students in them that had current issues with using or selling chemicals. We ultimately dealt with this situation by weighing with the team what seemed to be in the best interest of the student and helping the parent in making it possible for them to pursue the setting that best served the student's needs.

Another difficulty in serving this particular niche was determining whether students with dual disorders were emotionally or mentally stable enough to fully participate in the program. Occasionally students came to Insight with their mental health in a fragile state and hadn't yet addressed all their mental health needs. Luckily, we were able to recognize the signs and could intervene to get the students the additional support (either in school or in the community) that they needed so that they could be successful. Occasionally, such students were reluctant to follow through on the suggestions we made for support and continued to cycle downward. In such cases, we would need to look at the behavior of the student and determine whether our program could sustain his or her enrollment based on the student's actions. Also, it sometimes occurred that students with dual disorders stopped taking the medications prescribed to them for their mental health disorders or took them in a way other than prescribed. In these situations, we reminded the students of the need for them to work with their doctors when making decisions regarding their medications and told them that we expected them to follow through with Insight's behavioral expectations regardless of whether or not they were taking their medication.

With both students with a higher need of special education services and students with greater mental health needs, we carefully consider whether we can meet the students' needs without compromising the integrity of the program. In many cases, such students may require additional treatment or intervention before they are ready to enter (or reenter) Insight. Most of the time if we do need to make the decision that enrollment at the school is not a possibility due to special education needs or mental health needs, we are able to let the student or parent know what would need to happen in order for enrollment to be considered in the future.

GROWING PAINS

The Insight Program took its first students in at the beginning of second semester in January of 2001. The first seven students came from a nearby correctional group home for boys, with a recovery focus. We worked closely with the program's director when dealing with student behaviors and issues, which were significant given their background. As word got out to other referral sources, we started taking more students from White Bear Lake district and other surrounding school districts. Those first few months were extremely difficult, as we were in the process of finding our way in the operation of this new school program. Beth was only employed to work in the school one-half day per week and I consulted with her by phone constantly. We struggled greatly with managing student behavior, creating a positive peer culture, and making decisions regarding appropriate enrollment and discharge.

By the end of the school year, Julia, Beth and I made the decision that enrolling all the students from the correctional group home was not a successful practice for a variety of reasons. If the students were placed in the group home, attending Insight was part of the expectations, thus taking the student choice element away from the enrollment. Also, these students had significant criminal backgrounds and their placement in the group home made them part of the correctional system. The presence of these students, many of whom were facing felony charges for violent behavior, detracted other referral sources and parents from sending their students to Insight. Furthermore, with our enrollment cap at 12 and the students from the group home (which was outside of the White Bear Lake school district) permanently comprising over half of our spots, people from within the district cried foul. If our program had been able to serve a larger population and if we were not just starting out with the development of Insight, schooling the students from this group home might not have been as problematic. (It should be noted that the students from this program have since made a similar arrangement with another recovery high school with a larger population. This arrangement has been successful for years.)

For the next couple of school years, through trial and error, we continued to learn about how best to operate the Insight Program. We were able to get Beth hired in the district half time. This way, she was able to conduct group in the morning three days a week and be here in the afternoons twice a week for intake interviews, individual sessions with students and support staff meetings. We began to attract referrals from a variety of treatment programs, school guidance counselors, drug counselors, and

probation officers. We upped our enrollment to 15 in our second year and eventually exceeded that number, resulting in our first waiting list. Our parent involvement increased, which brought valuable resources including chaperones for fieldtrips, financial support, and creative ideas for activities. We presented information about Insight to the school board and received unyielding support from them. Beth and I both became involved with the Association of Recovery Schools from its inception and have maintained a significant involvement since.

While we always agreed that it was important to involve parents as a crucial part of our program, we did not formally create a process for parental involvement until the beginning of the second year. At that time, we began Parent Night. This group met once a month in the group room for a potluck supper in the evening. Parents and the Insight staff discussed issues regarding dealing with recovering teens, problem-solved, discussed triumphs and anguishes, and gave the parents a forum of support. Often, Beth or I would have announcements about upcoming events and would ask for volunteers for chaperones, donations, or services, and we would also have special resources or handouts available about specific topics. Occasionally, guest speakers were invited to present on such subjects as college options, support groups for parents, and academics. Always, a phone list of current students and their parents' phone numbers was distributed so that parents could keep in touch with each other as well as be able to contact their child if he or she were with another Insight student. Parent feedback was always quite favorable about this service.

Toward the end of the third year, we experienced some difficulties that placed the future of the program in peril. At the beginning of the fourth quarter of the 2003–2004 school year, we had 17 students enrolled. Throughout the quarter, we had numerous and significant problems with student behavior, including skipping classes, smoking on school grounds, explosive outbursts in class and a great deal of risky behavior outside of school. Teachers reported increasingly alarming “junky talk” (or talking fondly about stories from the past about drug and alcohol use) in class. We began to learn about multiple relapses and had to discharge some students for repeatedly violating the terms of their contracts. Other students ran away from home during that time and ended up in correctional placements or treatments. By the end of the quarter, our enrollment had dwindled from 17 to 7. During the early summer, the news only got worse. We learned that all but one of the remaining 7 students had been actively using chemicals for the last 2 to 3 months and had been going to great lengths to hide their use from their parents and from us. We were devastated and sickened. It

was unclear at the time what had gone wrong and even less clear how to fix the problem.

The summer of 2004 brought the opportunity for a great deal of soul searching. Beth and I had plans to attend the Association of Recovery Schools (ARS) Conference at Rutgers University in New Jersey, and I was slated to present on Special Education in Recovery Schools with a special education teacher from another school. We thought that we would look at the conference as an opportunity to learn something from my colleagues, regroup, and get support from others who had been through similar experiences. We gained what we hoped we would gain and more from attending this conference.

Two copresenters at the conference that were particularly inspirational as well as instructional hailed from the Center for the Study of Addiction and Recovery at College of Human Sciences at Texas Tech University; Dr. Kitty Harris, director, and Amanda Baker. Texas Tech had run a collegiate recovery community for several years and is viewed as on the cutting edge of research in the field of addiction and recovery. Their presentation focused on identity and relapse. In Amanda's portion, she emphasized the importance of forging a new identity as a recovering person and discussed how this task is particularly difficult for adolescents and young adults who are already in the middle of their search for self. The temptation for the newly sober young person to revert back to the familiar role of a drug user or drinker, she said, is great. Dr. Harris explained her theory about the cycle of relapse. She said that in looking at relapse in young people, a cycle of four stages tended to occur. First came some type of painful, troubling, or embarrassing event. Next came the residual feelings of shame, pain, or disappointment. After that, a relapse would occur and then more shame about the relapse. Then, the cycle would continue. In her work, she would try to train her students to recognize the trigger feelings and replace the impulse to use with another, more positive and less harmful behavior. This presentation, along with the camaraderie and support of the other ARS members at the conference, gave us the motivation and courage to look at the problems with our program and come up with workable solutions.

Beth, Julia, Lyle Helke and I looked at how the Insight students did not truly have the opportunity to create their own culture of recovery because they spent much of their school day in classes with ALC students who weren't in recovery. While Insight students rarely relapsed with ALC students were rare, Insight students seemed to feel the temptation to fit in with ALC students who talked about partying. Their quest to create an

identity of a recovering person was thwarted by too much interaction at a vulnerable time with students who either were still using or never had issues with drugs or alcohol. We deduced that in order for Insight students to be able to have a chance to be successful in recovery, we needed to isolate them from the rest of the ALC; at least until it was clear that recovery had taken root. Julia arranged with contractors to have a wall built across the hallway on the other side of the group room and office. The wall had nonlocking doors so it was not completely blocked off from the rest of the school but it was a symbolic indication that Insight now had its own “space” in the school. Vinyl signs were put up on either entry to the Insight areas, indicating that ALC students were only allowed in the area with Insight staff permission.

Eventually, Insight acquired more rooms in the school that were for Insight only. With Julia’s blessing, we reconfigured the schedule so that all Insight students would be in all their academic classes together. These classes would be taught by an ALC teacher in the Insight classroom and no other ALC students would be allowed in the class. This would help students forge their new identity as recovery persons in a safe environment away from nonrecovering peer influence. It would also help create a stronger community culture in which students would learn to be supportive of each other both academically and socially. Most of all, it would help us to be better able to identify when a student was having difficulty so we could intervene sooner and possibly help the student resist relapse.

This change required that we also solicit the teaching staff to get more involved with the operation of the Insight Program. Classroom teachers would go from having a couple of Insight students in their classes at a time to having one class a day with the Insight students exclusively. Each quarter, the Insight schedule would consist of one hour per day of group (run by Beth and Traci) and four different one-hour academic classes. This rearrangement increased the size of the rest of the ALC classes. It also meant that teachers had to deal with the team mentality of the group, which could work in their favor or against it. When the group was functioning well, the team camaraderie of the group would result in better classroom participation and performance overall; however, when the dynamics were off or poor attitudes prevailed among students, the group might “team up” or act out in unison in class. Beth, Julia, and I met with staff during the week of workshops before the start of the school year to talk about our reasons for the change, to get feedback and concerns, and to problem-solve potential trouble spots ahead of time. This helped

build rapport among staff and ownership in the new-and-improved Insight Program.

Incorporating a phase system was another change we made to the Insight policy. A common wisdom in the addiction world says that emotional growth and maturity stops at the point at which a person starts using heavily. Most teenagers in recovery started using heavily in their early teens, which means that even 17- or 18-year-old newly sober addicts are “stuck” developmentally at 13 or 14 years of age. One developmental milestone is the ability to be motivated by nontangible or intrinsic rewards rather than token or extrinsic rewards. It had been our experience that the students we worked with in the Insight Program needed more motivation to stay sober and make good choices in their lives than just the good feelings they got from doing the right thing. They seemed to need incentives to earn privileges along with additional responsibilities. With this in mind, we created the phase system. Students would start out as Phase I, which meant one of three things:

they were new to the program and had the same privileges or responsibilities as everyone else,
they had been with the program for a while and had hadn't yet progressed to the next phase, or
they had lost their Phase II status through a relapse or poor behavior choices.

Students could earn Phase II status by accomplishing the following:

enrolling in Insight for at least 2 months;
remaining continuously sober for at least 3 months;
demonstrating positive behaviors in all classes for at least 2 weeks as indicated by classroom teachers;
absolutely not enabling Insight peers;
being caught up on all current school work;
not being tardy for at least 2 weeks or not missing school unexcused for at least 1 month;
showing evidence of attendance of at least two meetings a week, one of which could be a therapy session but the other of which had to be some sort of 12-step meeting;
acquiring either a sponsor or a therapist;
demonstrating recovery behaviors at home as reported by parents; and
showing leadership in the program in some capacity.

Students would present their proposal for Phase II in group with signatures they had obtained from parents and teachers signifying their agreement. Then the group and the staff would discuss whether or not they agreed with the Phase and state why. The rewards for Phase II were being able to take a non-Insight class in the regular ALC, being eligible for overnight fieldtrips, and being able to take Fridays off as long as the student remained caught up in all classes and didn't otherwise miss any school (even excused) for the week. If school were missed within the week for any reason, a student with Phase II would be required to come on Friday. Also, Phase II students were considered the leaders of the program and were expected to act accordingly by giving extra effort to help new students or others who were struggling.

With these changes in place, we felt we had successfully responded to the lessons we had learned from the profoundly disappointing events of the spring of 2004 and the inspiration we had received from the ARS conference. We emerged stronger and confident that the adjustments we made would result in a higher quality, more efficient recovery school program.

WHAT IT'S LIKE NOW...

The fall the 2004–2005, school began with the changes in place to the structure of the school and the new school schedule. Staff was very supportive of the changes with Insight and seemed to respond well to working with the students as a group. Referral sources responded that they were relieved about the changes and we earned a few more referral sources who wouldn't recommend us previously when we had recovering students mixed with nonrecovering students in classes. Students also seemed motivated by the new phase system. One of the students, who had relapsed during the spring of 2004, returned to treatment and successfully completed a month later. He reinterviewed and was accepted back into Insight for the fall and was asked to give some feedback on the proposed changes. Interestingly, he thought that the criteria for Phase II was too easy and that we should increase the numbers of meetings required per week from one to two. His involvement in the creation of the phase system seemed to make it much more palatable for the other new students. Not surprisingly, this young man became one of the program's strongest leaders and was the first to earn Phase II.

The phase system, the physical changes to the structure by adding the doors and adding the classroom, and keeping the Insight students together for all classes all day have resulted in the program becoming more cohesive and more functional overall. We continue to grow and change and have incorporated new practices along the way. As another motivator for classroom performance, we began a Student of the Month award.

More Insight graduates are going on to college or have aspirations to continue their education past high school. We received a grant through a local foundation and used the funds to pay for college preparatory curriculum materials and pay expenses. As part of this project, we have incorporated college visits to multiple local college sites (including Augsburg's StepUP Program) and a college mentor reading group program. Feedback from this project has been overwhelmingly positive from both the college students and the Insight students.

All of what we are able to do at Insight would not be possible in just any school district. White Bear Lake School District had the belief and trust that Traci, Beth, Julia and the rest of the ALC staff could make this "experimental" program work. Our superintendent, Dr. Ted Blaesing, has made it a point in a number of his August staff convocations to mention Insight and the successes of the small program to district staff. School board members recognize and support the importance of having a recovery school within the district. Special education and regular education administration have both been very flexible and supportive with assisting us with navigating through tricky aspects of school policy. In spite of the current climate of budget cuts and increased national mandates, White Bear Lake School District has sent a clear message that they value the presence of a recovery school within the district and will continue to allow it to thrive.

Still, there will always be challenges. While running the program is mostly rewarding, dealing with student behavior, lack of motivation, or relapse can be grueling. There is also the pressure from outside referrals to take students that might not be appropriate for our school because it is thought that their enrollment in Insight is the lesser of evils. Budget and staff cuts threaten to make all of our loads heavier and make it necessary to continue to seek out other sources such as grants for funding of extra costs of fieldtrips and activities. In addition, shortened treatment stays and cuts in insurance benefits mean that students are being sent back to school (and into schools such as Insight) before they may be completely stable. These difficulties will need to be met with confidence and optimism to insure that Insight will continue to be successful.

NOTES

1. PEASE or Peers Enjoying a Sober Education opened in Minneapolis in 1989; the Gateway Program opened in St. Paul in 1992; the Arona Campus opened in St. Paul in 1995; Y.E.S. or Youth Education Sobriety, now closed, opened in Hopkins in 1997; ExCEL, now closed, opened in New Hope in 1998; and Aateshing opened in Cass Lake in 1998.

2. Through associates in the field, we found a company in California called Redwood Toxicology, which was able to test urine samples for five different chemicals for \$6.00 a sample. They would also provide the sample cups for free, provide free airmail service if five or more samples were sent at a time, and were able to give technical and expert information about any of the test results through their toll-free phone line. Results were faxed to the school within 24 hours of the lab receiving the samples.

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