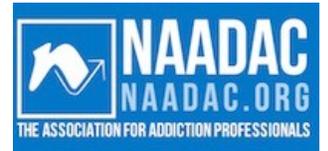


# Questions Asked During Live Webinar Broadcast on 2/14/2018



## *The Role of Collegiate Recovery Programs and the Continuum of Care*

Presenter: Amy Boyd-Austin

### **Are you seeing any collegiate recovery programs at junior colleges across the state yet?**

A: I haven't seen any CRPs at junior colleges, but there is a surge in the development of CRPs at Community Colleges across the U.S.

### **How would you suggest identifying students in recovery to validate campus need for a CRP while maintaining student confidentiality/anonymity?**

A: Depending on the specific need for presentation of that material, I would suggest either providing the number of students who have identified themselves to the CRP, or if names are required, using first names or initials only.

### **Can a CRP effort with little to no institutional support join ARHE? How can ARHE help a school gain institutional support?**

A: ARHE is currently developing a Student Org level membership for a CRP effort that had a student group but no staffing or institutional funding.

### **Have any CRPs followed a Living-Learning Community Model? If so can you put us in touch with them?**

A: If Living-Learning Community Model is defined as being one Living-Learning community embedded within other themed communities, then I'm not aware of any CRPs within a broader L&L community. I do believe that many CRPs have housing and function very similarly to individual L&L communities within the structure of their institution.

### **How do most colleges identify persons in recovery? Do some schools use admissions to identify students?**

A: There have been a lot of different outreach efforts specific to identifying students in recovery, both before entry to school and once they are at the institution. Additionally, students who are contemplating recovery are often referred to CRPs through various departments on campus (CAPS, Conduct, Athletics, Dean of Students, College and Academic Advisors, Fraternity and Sorority Life, etc.). There are intentional outreach efforts made by staff to other staff so that the program is understood as a resource and on the radar for referral. And then there's outreach done through student service – whether this is in a recovery oriented space, a tabling opportunity, a collaborative event with another student org, or just through self-disclosure individually or at a speaking event. Many schools work with their Admissions department so that incoming students/families are aware of the CRP as a resource. Many incoming students in recovery specifically seek colleges that have a CRP on campus.

### **If we have a new CRC on campus, what is the process for applying to have it listed on ARHE?**

A: Starting with the regional rep from ARHE is a great start. They will walk you through the requirements for institutional membership. Once you are confident you meet the requirements, you simply complete an application and pay for membership. You can find the info here: <https://collegiaterecovery.org/member-services/>

### **You mention that CRP's are comprised of students in recovery from SUD's - how do they address students that may be sober, but primary concern being processing addiction.**

A: This is specific to each CRP in terms of what resources and support they have to offer. CRPs are not treatment programs, they are community oriented support systems. The difference being that the CRP isn't

treating the process addiction, but creating safe space on the college campus for this student struggling with process addiction to find affinity and support.

**Are there any outsourced treatment providers helping the CRPs and working directly with the schools? How do CRPs work with the local outside providers? How have you seen this progressing and what are the largest impediments to CRP growth?**

A: The saying is, "If you've seen one CRP, you've seen one CRP." Meaning that though they all strive to serve the same purpose, they are individually situated to fit the culture and structure of their institution and students. Some CRPs may have relationships with outside treatment providers as a function of providing external resources to students that Counseling and Psychiatry Services on that campus aren't able to accommodate. Most CRPs are not clinical in nature, but provide emotional, instrumental, informational, and affiliational support – therefore referrals to outside resources (within and outside the school) are common.

**You mention that CRP's are comprised of students in recovery from SUD's. How do they address students that may be sober, but primary concern being processing addiction?**

A: Repeat question.

**How are slips or relapses handled? Are there supports for taking breaks so that GPA's aren't affected adversely?**

A: The CRP is a space and community for students who are interested in living a life in recovery. Slips and relapse can happen. How this is handled is school specific and may be resource specific, for example, the community may allow the student to continue to be a part of it provided that the student is honest about the use and reinvigorates their commitment to recovery, but the student may not be permitted to stay in the CRP housing if they have a zero tolerance policy. There are many processes within a school system by which students may access an academic break (i.e. medical withdrawal) to keep GPA from being impacted, and there are applications to try to also get the tuition refunded, though these are more difficult to find.