The Need for a Continuum of Care: The Rutgers Comprehensive Model

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ABSTRACT. College drinking has been a concern of college administrators, parents of college-age students and health care professionals for some time. Over the last few years an increasing number of institutions have begun to understand that the problem is complex enough that it warrants attention and that a variety of strategies are necessary to attempt to reduce dangerous drinking and the unwanted attendant consequences (for example, Berkowitz, 2005; Berkowitz & Perkins, 1986; Burns, Ballou & Lederman, 1991; Burns & Goodstadt, 1989; Knight et al., 2000; Lederman & Stewart, 2005; NIAAA, 2002; O'Malley& Johnston, 2002; Perkins, 1997; 2002; 2003; Weschler & Kuo, 2000.). While some institutions have looked for a silver bullet that would serve as a cure all, over time it has become clear that institutions of higher education need to have comprehensive plans designed to address drinking behaviors and provide a continuum of care.

The purpose of this article is to describe the Rutgers Program, a comprehensive model addressing the continuum from prevention to recovery support that can meet the complex needs of a college community who are involved in a wide spectrum of alcohol and other drug use from nonuse, social/recreational use, dangerous use, abuse, addiction, and recovery. The paper begins with a description of the problem of college drinking, which is presented as the backdrop for the Rutgers Model. We have combined the experience of the second author as a research scholar and the first author as a practitioner to create the description of the continuum. The differences in

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the voices of the researcher and practitioner we believe reflect the collaborative approach that this continuum requires to embed itself into the campus culture (Lederman & Stewart, 2005).

KEYWORDS. At-risk college students, continuum of care, comprehensive model, culture of college drinking, early intervention, experiential learning, recovery stories, Recovery House, social norms, socially situated experiential learning, substance abuse

THE CONTEXT: COLLEGE DRINKING AS A NORMATIVE IMAGE

College drinking has often been portrayed by the media as out of control, excessive, and essentially a one-dimensional phenomenon. As a result, it is difficult to think of drinking on college campuses today without imagining excessive drinking. Thus, the image of excessive drinking becomes intertwined with the popular conception of college life in America. This perception is reinforced through various mediated messages including television, films and the news (Lederman, Lederman, & Kully, 2004; Lederman & Stewart, 2005).

In many ways, college culture itself vigorously communicates and perpetuates the myth that this type of behavior is the norm and that excessive drinking is an integral part of every college student's life (Lederman, 1993; Lederman & Stewart, 2005). Unfortunately this means that it often seems as if the popular view of the college student is somehow incomplete without a reference to the "typical" alcohol-doused, rowdy college party. This creates, in a sense, an image of a culture of college drinking. According to Lederman (1993), the *culture of college drinking* is the shared images, behaviors, attitudes, and perceptions that create a culturally specific sense that drinking heavily in college is an inherent and inevitable part of the college years. In the culture of college drinking, heavy drinking is viewed as a rite of passage rather than a health issue or social concern. In this view, drinking excessively is simply something that exists, has existed, and will always exist as part of growing up. The question is: how to teach students that they don't have to drink dangerously. To answer the question it is important to examine how this culture is created and transmitted.

Lederman and Stewart (2005) argue that much of the answer lies in what they refer to as *socially situated experiential learning (SSEL)*. SSEL is the experience-based process of acquiring and interpreting social information (and misinformation) received from peers and other sources within the context of direct learning experiences. The process of learning through socially situated experiences is complex and multifaceted. Many factors (e.g., other students, friends, family, faculty, law enforcement) influence students' perceptions of their role in the culture of college drinking as well as their perceptions of the behavior of others. For example, on many contemporary college campuses Thursday is party night. How and why this becomes the night to party, and even the meaning of the word "party" to indicate drinking together, is a product of the local culture. It is possible to understand any college drinking culture if we get to know the ways in which students (and other campus constituencies) talk about drinking. It is that talk that creates a reality, or perception of reality, that drinking is a rite of passage. Thus social norms regarding college drinking are created by individuals' attitudes, beliefs, and behaviors in relation to one another and the interpretive processes of the individual within the sociocultural community. Workman (2001), for example, studied the narratives students used to describe their drinking-related behaviors as part of their college experience.

CONTINUOUS DATA COLLECTION AT RUTGERS

Years of data collected regarding the culture of college drinking at Rutgers painted a complex picture of the socially situated experiential learning in that cultural scene. In these studies, students reported that their perceptions of college drinking results from their own experiences and the ways in which they learn by trial and error (Burns, & Goodstadt, 1989). Regardless of how much they drank, students reported that they believed that drinking dangerously is a "learning experience" (Burns, Ballou, & Lederman, 1991; Cohen & Lederman, 1998; Lederman, 1993; Lederman, Stewart, Goodhart, & Laitman, 2003; Lederman & Stewart, 2005). This learning takes place within a social context, and the interpretations and the behaviors to which it leads are a product of both the experience and the social context. Included in the social context are the student's comparison of self with others and the student's own individual's own sense of self. Attitudes toward alcohol use grow out of both the student's own first-hand experiences with alcohol and his or her perceptions (based on firsthand

experiences or observations of others' behaviors) of the apparent benefits and costs (i.e., expectancies) of performing this behavior weighted by the importance he or she places on each of these positive or negative outcomes (Fishbein & Ajzen, 1975). A strong positive attitude toward alcohol use will predict a strong likelihood of engaging in drinking behavior, while a strong negative attitude will significantly reduce this possibility.

Students' comparisons of themselves with other people often include perceptions that are inaccurate. These mistakes or "misperceptions" (Berkowitz, 2005, 2003, 1997; Hanson, 1984; Haines & Spear, 1996) increase as social distance increases (Yanovitzky, Stewart, & Lederman, 2006). In the college environment this means that most individuals perceive that their friends drink more than they do and that students in general drink more than their friends (Berkowitz & Perkins, 1986; Bourgeois & Bowen, 2001). If college students routinely misperceive how much others are drinking, they are measuring their own drinking behavior against a misperceived norm. The most disturbing consequence of these misperceptions is the pressure that students then experience to increase their drinking in an effort to fit in with their social group by drinking more. A person's motivation to rely on normative judgments when making behavioral decisions is a key element in many social influence theories (for a review, see Petty & Cacioppo, 1986).

Rutgers' researchers have been collecting both quantitative and qualitative data on students' alcohol use and consequences since the early 1990s. Rutgers students tend to feel that it is permissible to drink alcohol because "others" expect that they will drink. The "others" who contribute to the norms that create the perception that everyone is drinking are the media and advertisers, other students, parents, university faculty and staff, residents around campus, police and security personnel, and anyone else who believes that college students drink and will continue to drink regardless of the policy or law.

DRINKING BEHAVIORS DIFFER FROM PERCEPTIONS OF DRINKING BEHAVIORS

Along with the misperception of what is normative, those students who actually do drink excessively often do not recognize their drinking or other drug use as problematic. Many students believe themselves to be more interpersonally competent and communicative when drunk (Cohen & Lederman, 1998). Drinking is treated as a particularly social experience,

always done in public and with groups of friends, fostering the notion that it is "what you're supposed to be doing." And those college organizations, such as fraternities and sororities, for whom the overuse of alcohol has "historically" been an integral part of the organization's function can have a greater impact in prompting students to develop habits of alcohol abuse (Bourgeois & Bowen, 2001). Whereas the need to belong to a peer group is very strong among young people, especially as they enter college, the need for acceptance by one's peers becomes so strong that it helps students accept a view of reality prescribed by their targeted peer group. Students can learn to see and accept the world through the eyes of a group they desire to join. Thus, as counselors, parents, and school administrators repeatedly experience, students are more willing to heed the advice of friends and schoolmates than adults.

THE REALITY ON MOST CAMPUSES IS COSTLY AND DANGEROUS

Unfortunately, the reality of dangerous drinking is often far more costly and dangerous than the romanticized narratives enacted in the residence halls or fraternity/sorority culture (Workman, 2001). In contrast to the tales of harmless, youthful brawling, too often the result of dangerous drinking is very real and very destructive. In colleges across the country, dangerous drinking is repeatedly associated with serious physical injuries resulting from either fighting or motor vehicle accidents (Wechsler,Davenport, Dowdall, Moeykens, & Castillo, 1994; Weschler & Kuo, 2002). The reckless overconsumption of alcohol also claims many ancillary victims. The orbit of dangerous-drinking college students includes their nondangerous drinking peers who experience "secondary dangerous effects," such as getting insulted, humiliated, hit or pushed; having their property damaged; becoming sleep- or privacy-disturbed; or being sexually assaulted or raped (Perkins & Wechsler, 1996).

The culture of college drinking is an experience-based, socially situated set of attitudes, beliefs, and behaviors. It is the product of what students talk about, what they see around them, how they interpret the behaviors of themselves and others, and the socially and experientially constructed filters that shape those interpretations and beliefs about what is socially acceptable and attractive and what is simply required of them to fit into the college social scene.

While the image of a culture of college drinking in which everyone drinks to excess creates a one-dimensional view of college life and the role of drinking in it, researchers and college professionals understand that college drinking is far more complex and varied. There are students who are nondrinkers and low-risk drinkers. Even among the group of students abusing alcohol there is variety, from regular abuse that occurs in the first year of college but tapers off, to abuse that worsens with age and time and moves into the area of dependence (Lederman & Stewart, 2005). It has become far more productive to understand these distinctions and develop a variety of strategies rather than the one-size-fits-all strategies of the past, which have proved to be ineffective (NIAAA report, 2005) roads have been made in focusing on developing different strategies to address different drinking patterns that have withstood the scrutiny of research such as Brief Intervention Models (Dimeff, Baer, Kivlahan, & Marlatt, 1999; Marlatt & Baer, 1997).

At Rutgers University the various prevention and treatment strategies over more than 25 years has led to an insight and approach that has been combined into what we refer to as the Rutgers Comprehensive Model.

THE RUTGERS COMPREHENSIVE MODEL

In 1979 the president of Rutgers, President Edward Bloustein, formed the Presidential Committee on the Use of Alcohol. In 1981 a report was completed by the committee, which became the basis for the Universities first Alcohol Policy. Along with being one of the earliest such policies at a university is was also progressive for recognizing the continuum of the complex drinking patterns in our student population. (Goodhart & Laitman, 2005) In 1983 a prevention/education coordinator and an alcohol counselor were both hired to implement the recommendations of the 1981 report by the presidential committee. The mission of the Alcohol Assistance Program for Students, coordinated by an alcohol counselor, was to provide counseling services to high-risk students and adult children of alcoholics and to provide recovery support to students in recovery from addictions on all three Rutgers campuses (New Brunswick, Newark and Camden), which have a total of 50,000 students. The program was expended within the first few years because drug abuse was identified as a problem area in the college population. The name was also changed to Alcohol and Other Drug Assistance Program for Students (ADAPS) to reflect this change in focus. In the 24 years since the implementation of these programs on the Rutgers

University campuses, the original commitment to alcohol/drug prevention, education, intervention, treatment and recovery support remains a model for a comprehensive campus community-based approach to addressing the complex array of campus alcohol/drug related issues.

When we look at the use of alcohol in American culture most of the research consistently shows that most young people have their first drink by age 13. Data over the years contributed by the Monitoring the Future Study from the University of Michigan have given prevalence rates for 8th, 10th and 12th graders use of tobacco, alcohol and other illicit drugs (Johnston, O'Malley, Bachman & Schulenberg, 2006; O'Malley & Johnston, 2000). These annual assessments show patterns of alcohol and illicit drug use behaviors of incoming first-year students. As the study also gives college data we can compare college students to national norms. The College Alcohol Program at the Harvard School of Public Health published a frequently cited study in 2002 estimating the prevalence of college students meeting DSM IV criteria for alcohol abuse and alcohol dependence at 31% and 6% respectively. While the same data was not as available for drug abuse and dependence, the authors speculated that adding other drugs of abuse would increase those numbers. (Johnston, O'Malley, Bachman, & Schulenberg, 2006).

The experience of many addiction treatment professionals is that most adults in treatment programs report their teen years or early adulthood as the time when their drinking problems accelerated. While we know that the alcohol abuse of many first-year college students does often lessen from first year to second year and with each successive year as well as when students graduate from college and enter the "real world" of work, marriage, and parenthood we also know that a steady significant percentage do not. Anecdotal sources include the clinical information of those who have sought treatment as adults, from family histories and from Alcoholics Anonymous meetings. However, the experiences of students who have either come to college in recovery from high school or started recovery in college have offered another perspective on the benefits of early intervention. Laitman, Lederman, and Silos (2005) compiled fifteen autoethnographic stories of recovering alcoholics whose recovery began while in college, and other research (Ridgeway, 2001; Workman, 2005) reports that the lived experiences of recovery evidence a sense of vital, positive self-related feelings and images that are echoed in the recovery stories of many young adults.

Rutgers students in recovery often go to 12-step meetings and get support from older members who express the sentiments that they did not access

to recovery earlier in life (or in college) and continued their addictions far longer (and with more destructive consequences) and wished they had received help far earlier in their lives.

The mission of higher education is to prepare young people for the intellectual and emotional demands of a productive adult life. Therefore, institutions of higher education need to make a commitment to remove the widely known obstacles that alcohol and other drug abuse and dependence can create by institutionalizing intervention services and recovery support services seem logical and cost effective for our society.

BENEFITS OF EARLY INTERVENTION

When working to engage clients in treatment, professionals have historically analogized addiction to other medical conditions for which early intervention improves the prognosis for recovery. However, in part due to the negative stigma associated with addiction, many clients resist diagnosis and miss the opportunity for early intervention. Providing intervention services for college students would prevent some of the problems associated with carrying an addiction into adulthood or later.

Clients with substance abuse problems are often the last to acknowledge these problems. Much of the work of the last 15 years in the prevention and addiction fields has centered on improving the likelihood that clients will be receptive to the interventions provided. Brief intervention models, motivational enhancement therapy, and motivational interviewing assist and support clients to begin the process of making changes with their substance use and abuse.

Intervention with the college population does not assume that we are intervening with only a diagnosed dependence. Intervening can be assisting students engaged in high-risk behaviors to reduce use, or abstain from alcohol and other drugs for short or longer periods. In addition, teaching skills to manage stress, relationships or other life events without making substances the primary method may allow young people to learn a wider range of strategies to halt the pattern of developing dependence. Intervention can also be the more traditional form of identifying dependence or addiction and trying to halt the progression.

To their credit, young people are often more open and impressionable than older adults. Though being more open can be a negative with peer influences to drink, it can also be an asset in an intervention or a counseling relationship.

FINDING THE AT-RISK COLLEGE STUDENT

There are many ways that are used to describe addiction as well as diagnostic criteria that help professionals determine abuse and dependence. One of the simplest definitions has at times been the most useful:

Addiction or dependence occurs when an individual experiences a pattern of problems, over time, related to alcohol/drug abuse that interferes in any or several different areas of life. These can include, academic, social, psychological, legal, health or occupational. Addiction is characterized by the repeated use of substances or behaviors despite clear evidence of dysfunction related to such use.[1]

If we want to be able to find the at-risk student on a college campus, we need to develop a community of people who regularly interact with students having problems in any area of their life. That is a tall order on a college campus because it involves, faculty, residence life staff (both professional and student staff), enforcement, judicial officers, academic deans, health services, local emergency rooms, students clubs, counseling centers. It can also include families, local bars, local law enforcement and municipal court judges. AOD training must be institutionalized at a college or university and include not only front line staff working directly with students but also upper administrators and faculty.

For front line staff turnover is annual (sometimes more frequent) as student staff and students graduate every year. Training staff, developing referral procedures (both voluntary as well as involuntary or mandatory) are all responsibilities of alcohol/drug professionals on a campus and must be done more than once a year during National Collegiate Alcohol Awareness Week in October. Alcohol/drug use and abuse in our culture reflects many ambivalent beliefs and attitudes. Professionals working on a college campus are reminded to respect the complexity of the problems and stay clear of giving information and simplistic solutions in exchange for an approach that recognizes the perspectives of students, faculty and staff and engages them in the development of solutions.

Other potential obstacles that exist on a campus (or perhaps in our culture at large) include the personal, family or student experiences with addiction that are part of the personal and professional experiences of faculty, staff and students. Despite the advances made in intervention and treatment many people have deeply personal experiences that affect their approach to this pervasive problem negatively.

In the process of training and educating members of our educational community we must accept that stigma regarding addiction still exists.

Without exposure to recovery most people working on a college campus see only the dangerous drinking culture. Changing this view has been part of many recovery movements such as the *Association of Recovery Schools, the Faces and Voices of Recovery, and Friends of Recovery.*

Campus professionals are often frustrated by students with alcohol/drug problems, who often are not forthcoming with information regarding their alcohol/drug abuse. The problems presented by these students to professionals without adequate training can often be confused with other diagnoses or problems and can fail. To have success working with people with alcohol/drug problems, individuals need to understand how to effectively assess and intervene. Special training in this area is what makes the difference and leads to successful interventions, even for the well-trained general therapist. Alcohol and drug counselors also need adequate supervision and administrative support.

When a campus does not embrace a comprehensive AOD approach, policies tend to be limited to a legal or enforcement perspective issue (i.e.; no-tolerance approaches). Without balancing enforcement with health and wellness perspectives we lose the opportunity to engage young adults in learning to make life long healthy decisions about alcohol/drugs as enforcement is externally driven. Alcohol interventions that are predominantly punitive on a college campus are incomplete.

Working with College Students with Alcohol/Drug Problems

Engaging young adults in a process of change can be productive and rewarding for both the student and the therapist. However, the therapist working with this population (as well as families and adult community) must appreciate the difficulties of addressing substance issues in a college environment. It is critical to have an understanding of the developmental stage of this age group to have success. The struggles and the norms of a college population are unique. The experienced college therapist has developed an extensive understanding of separation struggles that young adults and adolescents have with the parents/guardians/ and other authority figures in their lives. Separation is rarely completed by the time a young adult goes to college. During this time of life young people learn to develop many of the skills and competencies that they need to move into the workforce and become financially independent. Learning their relationship with alcohol and other drugs is a developmental task of this age group and the skilled therapist knows that simply offering a "just say no" message is

not only ineffective but does not engage the young adult in a relationship of respect and support to make changes.

Appreciating the goals and difficulties of this age include understanding their limited life experience associated with relationships especially in a new setting, loss of external structure imposed by parents and family life combined with the natural excitement of leaving home and being "on your own" (which occurs even for commuter students) and includes structuring time to study and play and sleep and eat!

Additionally, in their academics they experience the dramatic change from the structure of secondary education having an eight-to-four type schedule to a much wider variation of time in class and out of class, the expectations of college professors that students manage their work as adults. Other challenges for the first-year student are the lack of privacy and quiet space for most resident college first-year students, the "drama" of being a young adult (in part due to lack of life experience).

For parents and campus officials it is critical to realize that telling an inquisitive young adult to just stop their use of alcohol/drugs will not automatically change behavior and is not respectful of the developmental stage.

What are the difficulties that challenge young adults beginning college to make healthy decisions about their relationship with alcohol/drugs?

The pervasiveness of the drinking culture on a campus and in the media
The lack of privacy and private space in most residence halls
The difficulty of finding friends who do not drink
The difficulty of finding friends who drink moderately (not because they are rare, but because they are not always as obvious as heavy drinkers)
Ambivalence regarding making changes and being uncertain if these changes are the right move for them

The following are difficulties for the college student in recovery from addiction:

Thinking they are too young to stop using "the rest of my life"
Fear of missing out on all the fun perceived to be involved in a using lifestyle
Access to intensive outpatient treatment off campus without transportation and the difficulty of finding campuses with on-campus intervention or recovery support services

Lack of adequate health insurance that covers addiction treatment
Finding a young support network for recovery on the campus
Lack of campus support professionals who are knowledgeable about the range of alcohol/drug problems, addiction and the needs for successful recovery

Recovery for the College Student

> "AA is a cult."
>
> "Twelve-step programs are not for everyone."
>
> "AA is a White male–oriented program."
>
> "Twelve-step programs are religious."
>
> "People in AA tell you that you have to go to meetings for the rest of your life."

Most people who have worked with individuals and families living with addictions have heard all these statements regarding 12-step programs and probably more than once or twice. Twelve-step meetings are not for everyone. Just as was discussed earlier in this article, there are many variations of alcohol/drug problems and many people have successfully resolved abuse and addiction with other methods. For others, even AA acknowledges in the text *Alcoholics Anonymous* (most commonly referred to as the "Big Book") the possibility that there are some who cannot get sober with AA or any other program.

Support for Early Recovery

Twelve-step programs, however, have a great deal to offer a young addicted college population. The benefits are not always obvious on the surface. The problem for a young adult in recovery on a college campus is often the lack of support for abstinence in early recovery; a particularly fragile time. Students (and adults in general) who do not exhibit problems with alcohol and other drugs often do not understand someone who cannot have "just a couple." While this may not be considered active peer pressure, for the person in early recovery it only serves to make them feel deficient or misunderstood in most cases. The expectation in our culture

is to be able to "handle your drinking" and there are those individuals who are not able to drink moderately (and have often failed repeatedly). In a comprehensive treatment model, young college students should have access to assessment that would include harm reduction approaches both as a method of assuring accurate diagnosis as well as to develop a therapeutic alliance based on trust and a sense of partnership rather than perpetuating adult/adolescent dynamics.

This early time in recovery is the time to adjust to living without alcohol, developing coping strategies and coming to terms with the losses incurred during an active addiction. Twelve-step programs often do a great deal to educate, help heal emotionally and aid in the transitions into a sober life. Comfort in finding others who have had the same problems and emotional support are universally healing. Social support is also critical for the young person in recovery. Having fun not drinking and using drugs, feeling a part of a same age peer group and feeling the comfort of being with others in the same situation are especially important components of a recovery program for college students as this age group tend to be very peer oriented.

Campus Recovery Communities also provide the vehicle for entry into treatment, recovery, close access to 12-Step programs and peer support networks for students in recovery. In a comprehensive campus program there are many entry points for a high-risk alcohol/drug dependent student to eventually reach the people on campus who have an expertise in alcohol/drug problems.

Goals of Recovery

As young people feel more comfortable being in recovery and develop a solid base of recovery support, they can then develop other relationships and activities. Often these relationships are not alcohol/drug centered but based on common interests and intellectual experiences. As people begin to feel more comfortable with themselves, and are not seeking out drinking friends and using environments, they are far less likely to put themselves in risky situations and at risk for relapse. However, this takes time to accomplish and the 12 steps can support this self-actualizing process within a safe and supportive process.

Recovery from addiction for a college student is providing them an opportunity to have a full and productive life without the limitations and losses that life with an active addiction often cost an individual. Developing the skills and strategies to stay in recovery at a young age to enjoy a full life are the essential goals of a Campus Recovery Community.

A Recovery Story: Mary[2]

Mary is a 19-year-old sophomore who was referred for an alcohol/drug evaluation by her therapist at the university counseling center. The therapist became concerned with Mary's use of alcohol when during the course of more that one session in discussing the problems with her current boyfriend, Mary stated that he didn't like it when she drank at parties where his friends were present. He found her very flirtatious to a point where his friends were uncomfortable with her behavior.

When Mary's boyfriend told her about her behavior the next day (on more than one occasion), she was also upset both at how upset he was when he described the behavior but also because it embarrassed her. She considered the relationship a good one and was quite serious about him. The therapist discussed the alcohol/drug referral with Mary and she came soon after for an appointment.

During the course of the alcohol/drug evaluation Mary got very emotional. She told the alcohol/drug counselor that what she had told her therapist about her present boyfriend was true but she had not told the therapist that she had lost a previous boyfriend due to the same circumstances: her behavior when she drank became intolerable to her last boyfriend and he had ended the relationship of 2 years.

What is not described in the details of Mary's presenting problem is how the alcohol/drug counselor talked with Mary about her history and the way questions were framed. From the beginning it was obvious that Mary was very ashamed about her drinking and subsequent behavior, in verbal and nonverbal ways. As she revealed more details the alcohol/drug counselor was able to intervene sometimes with statements indicating that these were universal feelings and common problems related to heavy use of alcohol, and particularly to women. Mary appeared to feel relief that she was not alone and asked more questions about other women with alcohol problems. As Mary became more comfortable in the session she was able to reveal more negative consequences she had experienced.

Over time, she was able to talk about her abuse of other drugs and extended family history. A commitment to abstinence was made within one to two sessions. As she moved away from her blackout behavior and her sober behavior was more consistent with her values she started to feel better about herself. When old friends tried to pressure her to drink with them, she was able to stand up to the pressure because her self esteem had improved. Support from other women in recovery and attendance at AA meetings also provided her with a support network and

an ongoing way to continue to move away from an alcohol-centered social world.

The Recovery House at Rutgers

Rutgers University has offered a special housing opportunity for students who are in recovery since 1988. Students, if eligible, are able to live with students like themselves and receive emotional, social and environmental support in maintaining their sobriety. Students in Recovery Housing socialize together as well as with other friends. There is an emphasis on doing well in school and having a fun sober time in college.

Recovery Housing is just one of many special housing options available to students at the University that includes language houses, housing for women in science majors, and so on. Recovery Housing has several distinctive features:

It is a strictly confidential housing option.
Anonymity is protected.
It is a smoke-free environment.
There are house meetings monthly.
It has a supportive, community environment.
Students are motivated and have maintained sobriety for at least several months.

Selection. To quality for Recovery Housing the student is required to interview either on the phone or in person with a counselor in the Alcohol and Other Drug Assistance Program for Students. If the student is meets the eligibility requirements then the student will then be assigned housing.

Most interviewing and selection of prospective students occurs in the fall semester and spring semester of the academic year before the student's matriculation. However, due to the nature of recovery from addictions, admission to the Recovery House can be made at other times during the academic year as long as space is available.

Supervision. There is a housing contract that all resident students are required to sign and written guidelines specific for the Recovery House that students agree to abide by in writing. The Alcohol and Other Drug Assistance Counselors have regular meetings with students and have individual sessions as needed. For those new to recovery the student meets with a counselor through the first year of recovery. Other new students to the Recovery House but not to recovery meet with a counselor during an adjustment period. In addition, Resident Advisors who are in recovery

live in the house with the students and have close communication and supervision from the ADAPS staff.

History. Rutgers University has supported students in Recovery Housing successfully since 1988. Students in recovery have been instrumental in developing this program with the University. The University is nationally known for its innovative campus-based treatment of alcohol/drug problems. Students who have participated in this program have this to say about their experience:

"College is a place to party. The Recovery Housing is an oasis for us."
"We have bundles of energy that we used to channel in our addictions."
"The urge to drink still surfaces but is no longer a compulsion."
"You can't fool anyone here."
"It is a place to live with people I like which is no different from any other dorm."

CONCLUSIONS

The college years present a difficult transition for young people through the final stages of adolescence (Schulenberg, & Maggs, 2002). A very important goal of higher education is to help young people learn critical thinking skills. We need to be willing to engage in an honest, informed dialogue with young people who are learning how to make complex decisions. Many young adult's use and abuse of alcohol/drugs is causing interference with this development of critical thinking skills, as well as in the pursuit of an expertise and passion for a course of study that leads to a career. Effective techniques that respect the integrity of college students while reducing the harm and damage caused by alcohol/drug abuse need to be part of the campus culture and mission.

The Rutgers Model presents an exemplar of a continuum of care that takes into account the variety of needs that students have in relation to alcohol and the different ways that are needed to address this variety. Rather than a silver bullet the Rutgers Model is an umbrella under which students' needs can be understood and addressed.

NOTES

1. A compilation of several common definitions.
2. Mary is a pseudonym used to protect her identity. In any recovery stories cited in this article, the identities of individuals have been protected.

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