



Recovery Research Institute



RECOVERY RESEARCH INSTITUTE



www.recoveryanswers.org

Too many believe that addiction is a lost cause – that there is no real hope. Yet, many are unaware that they are quite literally surrounded by people who are in long-term stable recovery, but who do not talk about it every day.

- Today in the U.S. there are between 25-40 million people who consider themselves to be in recovery from addiction.
- In fact, approximately 60% of individuals who meet criteria for addiction achieve full sustained remission and recovery.
- From the latest science, it has become clear that *recovery is not only possible, it is the most likely outcome.*
- College is a high risk environment for the onset of substance use disorders and relapse for those in recovery.
- The Recovery Research Institute provides resources including research summaries and comprehensive information on treatment and recovery that can help college students achieve and sustain recovery.

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About the RRI: The Recovery Research Institute, located within the Center for Addiction Medicine at Massachusetts General Hospital and Harvard Medical School, is a scientific enterprise that conducts novel and rigorous addiction science, and summarizes, synthesizes, and disseminates existing research on treatment and recovery. Our goal is to empower individuals, communities, and society to make evidence-based decisions to reduce and eliminate the harm attributable to alcohol and other drugs.



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Introduction



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Personal Recovery Story

When asked to write this article, I called my mother to see what would have been most useful when she was in the midst of seeking help for our family. These are her words:

“As a mother, denial was incredibly difficult to recognize. I thought it was a phase. I thought maybe it was just growing pains. He will get over it and everything will be fine. Then things got worse. Do not wait for it to get better on its own. Do not wait for help to come to you. Be proactive and ask difficult questions. Make sure this help is the right help—not just the easiest. This process is going to be uncomfortable. Get comfortable with being uncomfortable - it will produce much better results.

Ask for help. It is out there. Don't be scared to talk about what is going on. People everywhere are struggling with these issues. You are not alone. Getting help doesn't make your child 'bad'—this is part of the world we are living in. Your child is still your amazing and beautiful child.”

Listening to my mother's response reminded me of the difficulty she had finding the right help and how much I needed that help.

Instead of plunging into a list of things I endured before entering a therapeutic program, a powerful idea I once heard is important to keep in mind—“identify, don't compare.” When hearing the experiences of others, the worst thing I could do was compare my symptoms or background to theirs. Doing so only served to impede me from benefiting from their experiences. On the other hand, the best thing I could do was to identify with their experiences or feelings. After all, someone doesn't have to look or act a certain way to have been through what I have gone through. If they have the answer that I need, I don't want to miss it because they are different than I am in some small way.

That said, before entering a therapeutic program at the age of 18, I took actions that caused me to be labeled as emotionally disturbed, a runaway, a high school dropout, and a juvenile delinquent. Some people call the behaviors I exhibited “a cry for help.” Knowing what I know now, the behaviors that led to these classifications were the outward expressions of trauma, substance abuse, and a need for therapeutic intervention.

After unsuccessfully seeking the assistance of short-term, local treatment, my mother found two mothers who were part of a group that assisted families in our situation. These women were able to relate to my mother. They shared their experiences with her, and were honest with us in predicting the consequences of the path I was taking. The forecasts they offered were both unpleasant and scary. However, they were very real.

Most importantly, these women acted as consultants and offered solutions. They assisted my mother in finding therapeutic placements. They introduced my mother to a lawyer, Ed Hogan, Esq., to assist in securing funding for a placement. He calmly and patiently listened to our concerns and needs, and then intervened in our lives and went above and beyond. He used his professional contacts, personal friendships, and expertise to help my family achieve what would not have been otherwise possible. The results of his assistance could not have been imagined by anyone. Later on in my recovery, I would attend law school in an effort to duplicate and honor Ed's work and memory.

Personal Recovery Story

As a result of Ed's work with the local school board to assist in providing funding for a placement, I was enrolled in a therapeutic boarding school on November 29, 2000. However, I was not entirely ready and willing. Luckily, an understanding group of Family Part Judges in Camden County, New Jersey repeatedly motivated me. They offered me a chance at a deferred sentence if I attended the recommended placement. I returned to those judges as a law student, intern, volunteer, and lawyer some years later. They spared my life by giving me another chance.

When I walked into my therapeutic placement, I was torn between the life I was familiar with, full of chaos and difficulties, and the idea of anything else. Believe it or not, my current life was more comfortable to me than the thought of something I didn't understand. Some people call this "choosing comfort over growth." I was scared. I knew I needed to change—I just couldn't imagine living life any differently.

At the beginning of my stay in treatment, the school faculty greeted me with honesty and love. They told me to just practice the ideas they shared with me, and then see if my life got better. The staff of that program was crucial in making a positive impact in my life. They opened their hearts. They related to me and became vulnerable with me. They listened to me and were courageous and loving enough to be honest with me when I was unwilling to be honest with myself. They could see me and help me in a way that my family and friends could not.

Let me be clear here. As an 18 year-old boy, I would have rather been in a million other places. I was outspoken about this with my family. However, the therapeutic boarding school I attended gave them the tools to be able to communicate with me in a healthy and supportive way, as challenging as that was for them. I am grateful for my mother's integrity to be able to see through her own struggles to help me get past mine.

I learned lessons that I will never forget. I heard people tell me, "You are who you associate with." If I spend time with people who build me up, who are honest with me, who have a stake in my growth, and push me to be greater, I will be greater. If I don't, I won't. This has proven true time after time. Settle for comfort, and all you are is comfortable.

They taught me how to be a student. My grades improved. They prepared me for college and helped me apply. Through the extra-curricular activities offered, they taught me how to participate, be of service, and become a part of my community. I have been a member of a well-known mutual aid support group since attending the school in order to sustain long-term recovery. I have worked as a trusted servant both in that group and in the general community on a consistent basis since that time. I was told that I would have to give back for the rest of my life to make up for all that I've been given, and that if I were truly grateful, I would show it through my actions.

I received a chance at life. My family received the tools we needed to become what we are today — successful, content, and useful to the world. We talk. I have 40-minute telephone conversations with my mother. I spent the day with her recently. We went to a movie and while we were waiting for the movie to start, she turned to me and said, "In case anything happens to me, I want you to know that I'm very proud of the man you have become."

Personal Recovery Story

When I left that school, I was sad to be leaving the place I loved, excited about my future, happy with my life, but I was also scared. I was leaving a structured and supportive environment where I was monitored regularly. My next step was college. Far fewer rules. No one was checking on me. I was scared out of my mind.

However, I was prepared. The school had given me all the tools I needed and gave me chances to practice using them. They promised me that I could become whatever I wanted to become, as long as I prepared, worked hard, and asked for help when I needed it.

The school also gave me the ability to relate to anyone, to use my skill set to build people up, make them greater, to help people without a reward for myself. The more I live my life this way, the better my life is.

Aftercare and long-term support were vital. When I returned home, five young people also in recovery were waiting to help me. They knew what I would be going through. They picked me up and took me everywhere. They showed me that building a support team and holding one another together is possible.

After graduating, I volunteered at the AIDS Coalition of Southern New Jersey and a summer camp for children of its clients. I enrolled at Montclair State University and continued attending mutual aid support groups.

I was worried about attending college and staying on track, and when voicing this, someone told me that the closer I was to the administration of the University, the lower my chances were of falling back into old behaviors. So, I secured various leadership and service positions for the university including, Resident Assistant, Desk Assistant, and a Peer Leader. I excelled academically and socially in college and made the dean's list on various occasions. On a fun note, I had a blast in college—traveling, attending concerts, and touring the country.

Afterwards, and partly because of Ed Hogan's influence, I enrolled in Rutgers University Camden School of Law. There, I excelled academically, professionally, and personally. I made the first-year honors list and the dean's list. I participated in the Moot Court Competition and even made it through a few rounds. I was awarded leadership positions. I traveled to represent the law school at the South African Constitutional Court. I served as a volunteer for various Pro Bono projects at the school. I interned for judges whom I formerly stood in front of as a juvenile in the very same courtrooms. I was afforded the opportunity to intern at the Children's Justice Clinic at the law school. I could not have dreamed up such a circle of events.

After passing the bar examination, I sat in a hearing before a group of lawyers and explained how a therapeutic placement turned my life around and laid a foundation upon which I could build a good life. I was admitted to the practice of law shortly thereafter by a judge I stood before several times as a juvenile. I am honored to now call him a friend.

Personal Recovery Story

Throughout all of college, law school, and all times in between I have focused on personal growth through continuously attending mutual aid support groups, sharing my experience, strength, and hope with other similarly situated young persons.

Today, I love what I do. I get to use my experiences in the recovery and therapeutic programming industry, in combination with the practice of law to provide families with guidance through the scary and often overlooked pitfalls in the recovery process. I serve people who are in my mother's situation every day.



Rudy is dedicated to serving clients and families in navigating the recovery process. The benefit of his experience in the recovery and therapeutic industry, in combination with the understanding of an attorney, allows for appropriate and effective guidance. Rudy has built relationships with countless mental health, therapeutic, and addiction programs and clinicians with varied specialties. Rudy is a certified Interventionist (CIP), serves on the Alumni Council of NATSAP, and as a Legislative Advocate for NCADD-NJ.

"As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them." - JFK

Addiction on Campus

The college years, while intended to be a time of learning and growth, can be profoundly damaged, even destroyed, due to alcohol or drug addiction.

Today, 65% of college students use and abuse alcohol; often this comes in the form of extreme binge drinking. Approximately 21% of college students abuse drugs, and though marijuana remains the most common drug of choice, other drugs frequently used in college include:

- Cocaine
- Flunitrazepam (Rohypnol, roofies)
- Gamma-hydroxybutyrate (GHB, liquid ecstasy)

Just as in the general public, prescription drug abuse in the college population is also on the rise. This is due to two factors: availability and the misperception that anything provided by a doctor is safe.

Millions of prescriptions for pain relievers, anti-anxiety medications, ADHD drugs and sleeping pills are written every year. Therefore, college students know that drug acquisition is as close as the nearest medicine cabinet, classroom acquaintance or dorm friend.

OxyContin and Adderall are frequently abused—the former to get high, the latter to facilitate study and lose weight. One in five college students admits to using Adderall without an ADHD diagnosis, according to the National Institute on Drug Abuse.

Assessment in a College Counseling Center

The initial assessment process in a counseling center should include a thorough review of the patient's history, current symptoms, physical status, risk factors, family history and other psychiatric issues or disorders.

Counseling center directors can utilize trusted evidence-based screening tools such as The CAGE and CAGE-AID Questionnaires, which are easy to use and available at no charge. These inventories ask several questions about alcohol consumption and drug usage; the latter refers to both illegal and prescription drug use. (CAGE can identify alcohol problems over the lifetime).

The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors, and alcohol-related problems. There is both a clinician-administered and self-report version of the AUDIT; both have been validated across genders and in a wide range of racial/ethnic groups.

Treatment Options

If the drug or alcohol use disorder is determined to be mild in severity and the student is highly motivated to recover, outpatient or intensive outpatient treatment with a counselor and/or addiction specialist may prove successful.

Addiction on Campus

If the addiction is severe, there are co-morbid medical or psychiatric conditions, or if outpatient therapy has failed, residential or inpatient treatment is recommended. This may be necessary with less severe addiction when co-occurring illnesses are present, such as disordered eating behaviors, trauma or severe depression. Residential programs provide an option for students who require the structure and medical monitoring available with 24-hour care. This level of care is generally reserved for those who have been hospitalized on several occasions, but have not been able to reach a significant degree of medical or psychological stability.

At any level, therapy should be comprehensive; it is not enough to simply stop the intake of drugs or alcohol. For a person to have sustainable recovery, he or she needs to learn new coping skills and tools to practice during and after treatment.

Dialectical Behavior Therapy and the 12-Step Facilitation are two very effective therapeutic approaches in addiction treatment, as are expressive therapies such as art and equine therapy. Addiction is referred to as a family disease, with all family members affected in some way by the illness. Family therapy is vital to healing the whole system and should engage as many family members as possible in the recovery process.

Finally, there are several evidence-based medications shown to be helpful as part of a comprehensive treatment plan. These should be used under the supervision and direction of a psychiatrist with addiction expertise or an addiction medicine doctor involved in the student's care.

Transitioning Back To Campus

Returning to college starts with a degree of decision-making. Recognizing that the previous environment may prove triggering, another college or university might be considered. Many colleges now have sober dorms with built-in support for those in recovery. Regardless of where a student elects to matriculate, a 12-step support community and sponsor are essential, in addition to a therapist who is well versed in treating substance use disorders.

There are many other practical recovery tools that a student might embrace after he or she returns to school. Group affiliation need not be confined to 12 step meetings; a person can join an environmental, political or church group – or perhaps volunteer at a local animal shelter. Personal time spent in prayer or meditation and/or journaling helps on every level. The key is to not isolate but stay connected.

Academic expectations might also require alteration. The student could take fewer classes in order to prioritize recovery, therapy, personal care and healthy pursuits. If a partying lifestyle figured prominently in the original college experience, returning to that world, especially in the early days of recovery, is a clear set up for potential relapse. Fortunately, most universities are rich with social/recreational options such as intramural sports, clubs and cultural events. Sober fun can be found in many new ways.

Kim Dennis, MD
CEO and Medical Director

[Timberline Knolls Residential Treatment Center](#)

Treating Students with Co-Occurring Disorders

The term *dual diagnosis*, or as it is more commonly called today, *co-occurring disorder*, refers to someone who is experiencing psychiatric symptoms and engaging in some form of substance abuse. Approximately a third of people suffering psychiatric symptoms also have a problem with substance abuse. And those numbers increase with the severity of their psychiatric problems: About one half of all people experiencing extreme psychiatric symptoms abuse substances.

While the link between mental health issues and substance abuse is strong, years of research on these co-occurring issues have produced little definitive understanding of the reason for the link. Compounding this lack of clarity is the fact that the symptoms of mental illness and the results of substance abuse can often mirror or mask each other. For example: Is a person's depression the result or the cause of his or her alcohol use? Is someone's mania a psychiatric issue, or behavior caused by his or her abuse of amphetamines? And—so prevalent these days—is someone having psychotic symptoms because of using marijuana, or are these symptoms the first signs of a psychotic disorder?

Faced with these kinds of questions, family, friends, teachers, and often clinicians, do not always know how to take the next step when faced with someone experiencing co-occurring problems.

Increasingly, we are seeing that a student's refusal to get help for substance abuse or mental health issues, or both, has more to do with *ambivalence* than with denial. Their ambivalence stems from a feeling that, despite its many downsides, they are benefiting in key ways from the behavior. So when they deny they have a problem, it is often because they honestly don't know if they want to relinquish the behavior and what they perceive as its rewards. The more confrontational you are with them, the more likely they are to deny having a problem. Viewed this way, denial is the result of feeling others are judging their behavior, and insisting they stop a behavior that might make some sense to them. This ambivalence is typically rather high in students suffering co-occurring issues.

Research has not clearly identified the roots of the prevalence of substance abuse among individuals experiencing psychiatric issues. One theory of the cause of co-occurring issues, however, makes immediate common sense, and can point providers in the right direction during the initial intervention process. It is called the "dysphoria theory" – *dysphoria* meaning a state of unease or general dissatisfaction with life. Typically, a person experiencing psychiatric symptoms is simultaneously experiencing a sense of unease and dissatisfaction due to these symptoms. He or she often feels broken, disordered, like a social outsider, and the potential target for stigma. It is easy to see how this person might seek out drugs and/or alcohol to quell the unease and find a way to fit in with others. It follows that he or she is probably quite ambivalent about giving up their use; *in using, they have found an efficient means to mask deep dysphoria, and to maintain a thread of connection to others.* Coupled with this ambivalence is likely a high sensitivity to being labeled as having a problem. This student is already feeling tainted and blemished by the stigmatizing mark of mental illness. The last thing they want to hear is that they have another problem, one of substance abuse.

With this in mind, how can we best support these students? First, note that confrontation is most likely the wrong approach. The more effective approach involves a thoughtful attempt at building a collaborative relationship with your students. Today, a large and diverse contingent of mental health, substance abuse and parenting theorists and practitioners suggests that collaboration, rather than confrontation, is the true fuel for motivation towards change.

Treating Students with Co-Occurring Disorders

Over the last few decades, these thinkers on partnering-towards-motivation have developed both the art and science of building collaborative relationships. Their recipes for collaboration have similar ingredients, a few of which are listed below:

- Come without judgment. The premise is that all kinds of seemingly problematic behaviors make sense to the people who engage in them. They have a rhyme and a reason. This perspective is quite different from seeing resistance to change as a matter of denial. In the denial view, the person in front of you is doing something that clearly makes no sense. His or her thinking is “hijacked” by addiction, or is contorted by mental illness, and you need to cut through pathological thinking with a strong confrontation. *In the ambivalence mode, you begin with acceptance that the behavior has its own logic.* You are approaching the person with a powerful therapeutic medicine: unconditional positive regard.
- Empathize with their plight. If you can listen without judgment, and try to understand the other’s point of view, you probably can also feel some empathy for him or her. You can walk in his or her shoes and see their world a bit through their eyes. Showing empathy without supplying answers or fixes goes a long way in building a partnership. In fact, immediately seeking a way to intervene in another’s problems—while understandable, and an act that most often comes from the heart—can feel to a person who is ambivalent about change as unempathetic, a message that their behavior is unacceptable.
- Weighing pros and cons. Offering a nonjudgmental approach and showing empathy lead to the possibility of having a conversation with the person about the pros and cons of their behavior. Now you are talking about their ambivalence toward change while remaining respectful of them as choosing agents in their lives.

In the world of addiction, an approach called “Motivational Interviewing” is key to the shift from confrontation to collaboration. *Motivational Interviewing: Preparing People for Change*, by Miller and Rollnick is not only the founding book on this topic, but an excellent guide for using the technique. In the area of mental health, Xavier Amador’s approach, called L.E.A.P. (Listen, Empathize, Agree, Partner) is another superb method for building collaboration. His book, *I Am Not Sick, I Don’t Need Help! How to Help Someone with Mental Illness Accept Treatment*, is easy to read and full of clear suggestions on building partnerships aimed at change.

Ross Ellenhorn, LICSW, Ph.D.
CEO and Co-Founder
[Prakash Ellenhorn](#)

Levels of Care

Addiction among college students continues to be a serious issue and has grown in recent years with nearly half of full-time college students drinking and/or abusing illegal and prescription drugs. Approximately 23 percent of all college students meet the medical definition of drug addiction, which is significantly higher than the 8.5 percent of the general public that is considered addicted to drugs, according to the National Center on Addiction and Substance Abuse (CASA) at Columbia University. There are many treatment options available from detoxification to Alcoholics Anonymous but knowing where to turn can often be stressful and confusing without the proper guidance. It is critical to reach out to a qualified professional or addiction center in order to receive an appropriate treatment recommendation.

Treatment Options:

12-Step Programs: Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, or Ala-Teen. These abundant, community-based treatments are very useful for students trying to achieve recovery, and also for family members affected by addiction. Research suggests that commitment to these types of programs is what often makes the difference in long-term sobriety.

Outpatient Level of Care: Includes individual counseling or group work that takes place in an office setting with a licensed professional who has training/experience with substance abuse. This may also include an Addictionologist or psychiatrist determining if medication may be helpful to achieve or maintain sobriety.

Intensive Outpatient Program (IOP): IOP is structured treatment that is designed for individuals who need additional support beyond outpatient treatment. This level of treatment usually meets 3-4 hours per day for 3-5 days a week. It is often used in combination with 12 step programs. Most IOP's are structured so the individual may continue to work or attend school. Treatment may also include case management, individual and/or group therapy.

Partial Hospitalization Program (PHP): PHP generally meets 5 to 7 days per week from 5 to 12 hours each day. Individuals may receive medical management, psychopharmacology, in addition to individual and/or group therapy. Individuals may also live in a sober living environment while receiving this level of care.

Residential: Residential facilities are medically monitored and therapeutic programs that provide 24-hour support as individuals recover from substance use disorders. Onsite medical care and counseling services, including individual, couples, group therapy and weekly family therapy are typically available.

Inpatient/Acute Hospitalization: This level of care offers 24-hour medically monitored supervision after detox is completed as well as providing medical management and counseling services including individual, group and family therapy.

Detoxification Hospitalization: Detox is the most intensive level of care offered to clients with 24-hour medically monitored supervision. At this level of care, the goal is to safely provide stabilization while an individual is getting off drugs. If not done properly, withdrawal can be life threatening; therefore, it is critical to have this appropriate level of care available to those who need it.

Kevin Wandler, MD
Chief Medical Officer
[Advanced Recovery Systems](#)

Transition Guide

It is with mixed emotions that recovering addicts return to college. Often, as a result of a student's substance use, they may have burnt bridges including school expulsion, legal issues, and failed relationships. Whether these students are attending a new or former college, going back to school can be both a blessing and a challenge. Although college offers structure and predictability to daily life, this environment is not generally associated with long-term sobriety unless students are able to reach out and take advantage of their campus' recovery community and other university resources.

Students should do their homework before returning to campus after leaving a recovery environment. Some colleges have a mandatory time frame from a few months to a year before students can request returning to their former school. And most schools also request a release from treatment providers before students are allowed to register for classes. Fortunately, almost all colleges now have recovery communities on their respective campus that can help with these re-admission requirements. In addition, it's also important for students to identify a sponsor and attend AA/ NA meetings - securing additional supports will greatly enhance one's ability to maintain their recovery.

In the past few years, many colleges have become Collegiate Recovery Campuses (CRC's). This exciting initiative refers to a national program that provides support to students that can include guidance finding local recovery groups, AA meetings, and/or a sober support network. And several colleges may even have sober living areas in their dormitories or off campus to further support a student's recovery.

The stress management skills students learned in rehab will certainly help them stay focused on recovery. If a student is returning to the same university, the rumor mill may have curious college friends digging for details about their absence. Counseling staff can help students decide in advance whom they will share their struggles with, if anyone, and how they might respond to the tough questions. Encourage them to reserve the personal information for their sponsor, therapist, and/or close personal friends as well as with on campus entities such as a Collegiate Recovery Campus support network.

Another very important factor for students to consider is evaluating their academic workload. If students are attending school full time, they should plan their schedule to ensure adequate rest and study time by selecting a favorable school schedule and lighter class load (12 academic credit hours versus 18) until a support network is in place and they have become comfortable with the balance of classes, homework and their recovery.

In addition, students must be prepared for the other tough questions and challenges that will arise when re-connected with certain peers, such as "Want to get high?" "Would you like to grab a couple of beers?" or "Your sponsor won't know." It's crucial to recognize these difficult situations and take action at the earliest signs of a potential relapse. Students are best served by always putting their recovery first. This means getting enough sleep, exercising regularly, leaning on friends, family members, their sponsor (and outpatient providers), while also adhering to a healthy diet - so they will have the energy to attend classes, study hard, and most importantly, manage the rest of their life as a recovered individual.

Kevin Wandler, MD
Chief Medical Officer
[Advanced Recovery Systems](#)

Family Support

Sending young adults to college in this age of addiction and excess can be frightening. Rigid rules about substance use seem draconian and unrealistic, yet an attitude that implies a complete flexibility about experimentation with substances is dangerous. Given the seriousness of the risks and the statistical prevalence of substance use disorders on college campuses, experts recommend families discuss the following topics before college:

- Moderate use of alcohol
- The potential risks of marijuana use and street drugs
- The dangers of prescription medication use and abuse
- Genetic predispositions
- What response they can expect from the family should a problem emerge
- Offer of professional help

Even with excellent proactive communication, there will still be a certain subset of college students who cross the line from substance use to substance abuse disorders. Parents of young adults struggling with substance use disorders often relay that there were “red flags,” that, when combined, often signaled the problem:

- Changes in appearance
- Change in friends
- Decline in grades
- Quitting extra-curricular activities
- Quitting/or being cut from athletic teams
- Isolation from family; fewer visits home
- Drinking/smoking more marijuana than their peers
- Drinking or smoking marijuana in isolation

Early intervention strategies can, however, head off future problems. Professional assistance can help families discern appropriate responses from fearful reactivity, aid in the difficult task of getting on the same page, develop a proactive strategy, and facilitate the difficult conversations with the struggling student.

Aided by a professional or not, careful thought must be given to whether on-campus and local services are appropriate to address the student’s needs or if it is time for the student to take a medical leave and seek more intensive treatment. Elements to consider are:

- Severity of use: daily use or binge/weekend use.
- Type of substance being abused; is there a need for medical detoxification?
- Length of time substance use has been an issue; a longstanding issue and previous treatment are factors indicative of a need for residential treatment.
- Legal and academic consequences facing the student; some schools and justice systems may require treatment. However, there might be some flexibility in regards to the type of treatment that is expected (i.e. inpatient or outpatient, length of stay, etc.).

Family Support

Conversations with addicted or impaired students are fraught with pitfalls. Students are often in denial of the problem and can be defensive around the subject. Preparation and perseverance are necessary. When raising the subject, the following guidelines are helpful:

- Pick a time when interruptions are unlikely
- Start the conversation with expressions of care and concern
- Explain the basis of your concern; what you have seen, heard and experienced
- Clarify the impact of that behavior on the student and others in the family
- Detail the consequences/healthy boundaries for continued use (i.e. reduction in allowance, removal of automobile, and/or refusal to continue paying tuition)
- Offer help

Refusals to accept offers of help are not uncommon. Parents are often met with stonewalling, bullying, and negotiating. The important thing to remember is to not give up. Addiction gets worse as a student's use continues and consequences will continue to mount. Professional intercession can be helpful in navigating next steps. It may be time for a professionally facilitated conversation, or interventions, to appropriately address the issue.

Should on-campus or community supports be considered adequate to address the needs of the student, they may still need parental assistance. Locating services and setting up the first appointment will expedite the process. Regardless of parental involvement in making the appointment, it is advisable that parents request or require the student to sign a release of information so that the treating professionals can speak to the parents. Absent a release, parents often remain in the dark about the professional's opinions and their recommendations for care.

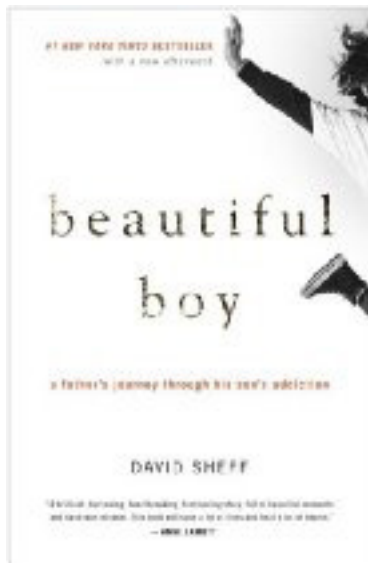
When those on-campus or community supports have proven to be inadequate in addressing the substance abuse and/or when residential treatment is recommended, finding the right program can be difficult to navigate. At this point in the process, it is important that parents talk to someone experienced with residential treatment placements. Conversations with addiction specialists and prior treatment program professionals (as well as parent groups in the community) can be helpful.

Treatment of any addictive disorders involves long term planning. A life in recovery involves changes in goals, friends, lifestyle, and personality. While there is a growing trend on campuses to provide stable sober housing and support systems for students in recovery, most college campuses are dangerous environments for those within the first few years of their recovery.

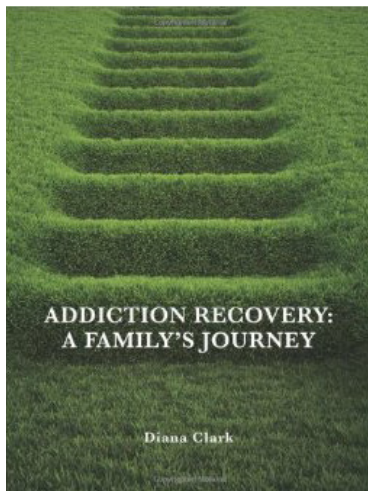
This does not mean that parents should give up hope that their young adult will be perpetually derailed. Addiction can be a launching pad. Healing brings addicts and alcoholics closer to living life with integrity and self-reflection and often, in service to others. An addicted loved one's progression from active addiction to recovery will almost always involve the parents.

Diana Clark, JD, MA
Chief of Clinical Operations
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Recommended Reading

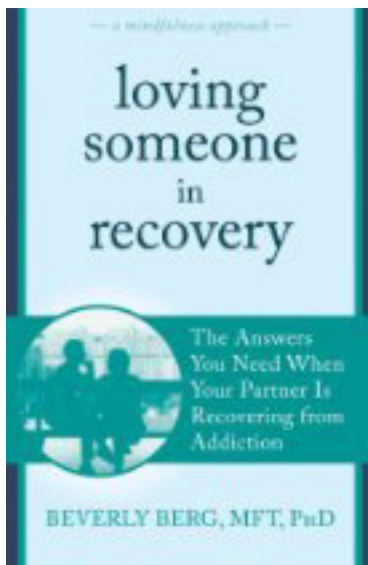


What had happened to my beautiful boy? To our family? What did I do wrong? Those are the wrenching questions that haunted every moment of David Sheff's journey through his son Nic's addiction to drugs and tentative steps toward recovery. Before Nic Sheff became addicted to crystal meth, he was a charming boy, joyous and funny, a varsity athlete and honor student adored by his two younger siblings. After meth, he was a trembling wraith who lied, stole, and lived on the streets. **Beautiful Boy** is a fiercely candid memoir that brings immediacy to the emotional rollercoaster of loving a child who seems beyond help.

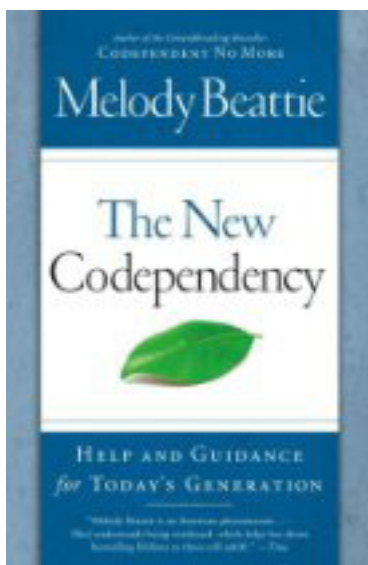


This journey from addict or alcoholic to fully functional adult is called recovery. Simply defined, recovery is the practice of behavioral, psychological and spiritual changes, beginning with abstinence, that encourage (and reflect) a healthy life. Your addicted loved one's progression from active addiction to recovery and their success in long-term recovery will almost always involve you. And, just as your loved one needs a path toward healing, you also need a path which will take you from denial, protecting, and codependent behavior, and the underlying fear, to surrender, forgiveness, and self-care. Although change does not happen overnight, this book, **Addiction Recovery: A Family's Journey** will help map out a path for your own personal journey.

Recommended Reading



Recovering addicts are faced with many challenges, and these challenges can often extend to their romantic partners. During the recovery period, couples often struggle with overcoming feelings of betrayal and frustration, and may have a hard time rebuilding trust and closeness. In **Loving Someone in Recovery**, therapist Beverly Berg offers powerful tools for the partners of recovering addicts. Based in mindfulness, attachment theory, and neurobiology, this book will help readers sustain emotional stability in their relationships, increase effective communication, establish boundaries, and take real steps toward reigniting intimacy. This book aims to help readers develop a new appreciation for one another and improve self-confidence and acceptance.

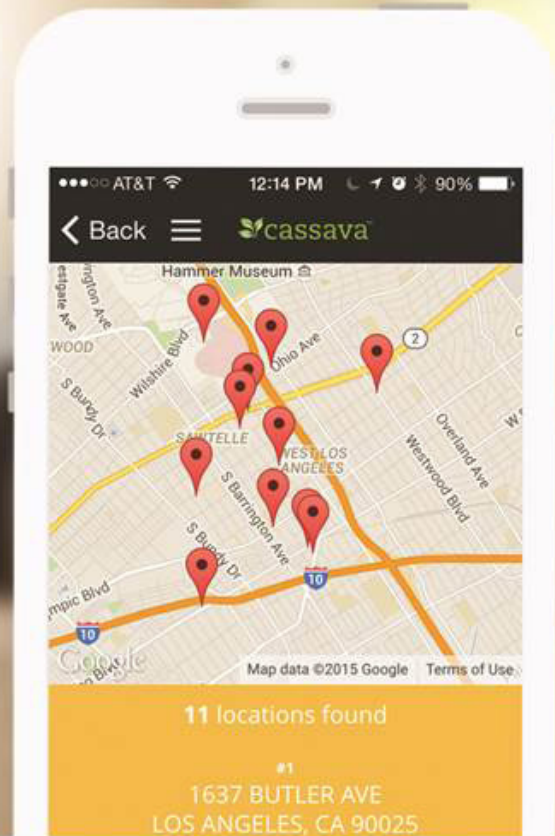


In **The New Codependency**, the author identifies how codependent behavior has changed, and provides readers with a road map to wellness. However, the question remains: What is and what is not codependency? Beattie shows us that codependency is not an illness, but rather a series of behaviors that once broken down and analyzed can be successfully combated.

Each section offers an overview of and a series of activities pertaining to a particular behavior — caretaking, controlling, manipulation, denial, repression, etc. — enabling us to personalize our own step-by-step guide to wellness.



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TIMBERLINE  KNOLLS

Our clinical staff possesses vast knowledge and expertise in addiction, eating disorders, co-occurring disorders, trauma, mood disorders and more. Much of this is routinely shared at professional conferences, educational events, online through webinars, and related speaking opportunities.

You Tube Our many webinars, videos and other learning tools can be accessed at any time on our YouTube Channel. Simply go to www.youtube.com/user/timberlineknolls.

If you'd like for us to conduct a clinical training for your staff or talk directly with your students, please contact Sally Sebastian, MA, LPC, Professional Outreach Representative, Northeast Region, Timberline Knolls, at 312.758.3259 or ssebastian@timberlineknolls.com.

TIMBERLINE KNOLLS RESIDENTIAL TREATMENT CENTER

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National Addiction Partner - Timberline Knolls



Addiction Treatment

While providing extended treatment for addiction—grounded in 12-step facilitation, DBT, expressive therapies, family systems and spirituality—Timberline Knolls places an emphasis on a holistic, medically informed approach of healing the mind, body and spirit.

Timberline Knolls treats addiction to the following substances: Illicit drugs (such as marijuana, cocaine, heroin, methamphetamines); Alcohol; Prescription drugs (such as Klonopin, Vicodin, Xanax, Oxycontin, Adderall); and Inhalants. Their integrated team of psychiatrists, nurses, addiction counselors and therapists have expertise in treating substance use disorders as well as co-occurring disorders—other emotional, psychological and medical conditions that occur simultaneously. At Timberline Knolls, group therapy is a large part of a resident’s treatment experience. In addition to working one-on-one with their dedicated multi-disciplinary treatment team, residents may also attend the following groups:

- **The Stages of Recovery** is a psycho-educational and experiential group that focuses on chemical dependency and process addictions, while also addressing the recovery process.
- **Recovery Principles**, introduces residents to the 12 Principles of Recovery with a goal of learning how to practice these principles in every area of life. Residents complete step worksheets, read literature, explore the concept of a Higher Power and engage in group discussions.
- **Big Book** helps residents understand the basic text for Alcoholics Anonymous (AA).
- **Moms in Recovery Group** helps mothers understand the impact of substance use, eating disorders and other addictive behaviors on their children.
- **Adult Children of Alcoholics (ACOA)** discusses issues that relate to a resident’s own upbringing and other aspects of intergenerational trauma.
- **Recovery Actions** is a daily therapeutic community forum for residents to reflect and share their successes and challenges of the day.
- **Recovery Stories** offers real opportunity for residents, alumnae or other members of a recovering community to share experiences, strength and hope with others.
- **The Interpersonal Relationship Group** addresses love and sex addiction, and co-dependency.
- **The Family Dynamics Group** focuses on the family system as its own entity. It explores how the family identifies, interprets and reacts to addiction and other internal/external stressors.
- **12-Step Groups** include: ten off-site AA meetings per week (Temporary sponsors are available at each AA meeting to Timberline residents), eight on-site meetings per week; and daily on-lodge 12 Step meetings for residents who aren’t able to attend off-lodge meetings. Additional meetings available include **Narcotics Anonymous, Overeaters Anonymous, Co-Dependents Anonymous, Al-Anon, Alateen** and **Families Anonymous**.

All loved ones of Timberline residents are encouraged to attend the on-campus Families Anonymous meeting each Saturday after visiting hours.

Contact: Beth Tesmond, MHS, CADC, MISA - Addictions Program Coordinator

Phone: (630) 257- 9600 x2397

E-mail: bttesmond@timberlineknolls.com

National Addiction Partner - Timberline Knolls



Eating Disorder Program and Meal Support

The staff at Timberline Knolls recognizes that each woman has a unique story, and her own distinctive strengths and challenges. With input from the individual, her loved ones, and their experts, staff will craft an individualized eating disorder treatment plan for each resident.

Meal Support and Nutrition: TK believes meal support is one of the most critical components to a resident's treatment. The role of the meal support team is to provide emotional and physical support during meal times. The Timberline Knolls Recovery Exchange System is based on the Diabetic Exchange System, focusing on a harm-reduction approach. Meal plans are an important prescription for a resident, each individualized to restore her back to health with nutrition.

Some of the Therapies Include:

- **Role modeling** – Staff eat balanced and nutritious meals prepared by Dining Hall services just like residents, modeling appropriate meals and eating behaviors.
- **Collaborating on eating disordered behaviors** – Staff support residents in present moment to challenge eating rituals and behaviors while coaching with positive feedback.
- **Normalizing meal experience** – Staff and residents work to normalize the eating experience through having non-food focus conversations and supportive peer socialization.
- **Sharing meal experiences** – This is an opportunity for residents to talk about their experiences during mealtime, share their struggles and successes with the meal, ask for help or share ideas on how to manage through urges after the meal.
- **Guided menu planning** – individualized meal planning is facilitated with the support of dietary staff through the practice of individual meal planning, daily food and ritual challenges, and restoring residents back to their natural hunger and fullness state.

Groups Address Challenges:

- **Body Image** – a psycho-educational group designed to address the concept of poor body/self-image.
- **Cooking Group** – an experiential group for residents to practice planning, cooking and eating meals according to their meal plans.
- **Nutrition Group** – provides basic nutrition education that will help residents understand recovery meal planning and ensure overall wellness.
- **Stages of Recovery Eating Disorder Specific** – a psycho-educational group intended to address the recovery process of residents struggling with eating disorders.
- **Expressive Therapies** – Dance/movement and yoga therapy are offered to support the expression through one's body, structured and non-structured movements, and group experientials to facilitate the psychotherapeutic process.

Contact: Amy M. Klimek, MA, LPC - Eating Disorder Program Coordinator

Phone: (630) 257-9600

E-mail: aklimek@timberlineknolls.com

National Addiction Partner - Timberline Knolls



Mood Disorders Treatment

More than 90% of women and adolescent girls enter treatment at Timberline Knolls with co-occurring disorders. This often includes a mood disorder such as major depression, anxiety, post-traumatic stress disorder, bipolar disorder, obsessive compulsive disorder (OCD) and/or a personality disorder. This is why the clinical staff at Timberline Knolls takes an individualized and holistic look at each individual's history, symptoms, and obstacles to recovery when creating a treatment plan.

Treatment Approach

The core components of Timberline Knolls' program are Dialectical Behavior Therapy (DBT), Trauma Treatment, Medication Management, 12-Step Recovery, Expressive Therapies, Spirituality, Family Systems, and Nutrition Counseling. Additionally, the treatment program at Timberline Knolls is rich in the diversity of psycho-educational groups. To meet the unique recovery needs of its mood disorder residents, the following are offered:

DBT Groups: DBT combines acceptance and change strategies to help create "a life worth living." Timberline Knolls clinicians teach skills to decrease emotional suffering while increasing interpersonal skills and emotional regulation. Each resident participates in two groups weekly to learn and practice new skills. When clinically indicated, additional sessions with a DBT specialist are scheduled.

Stages of Recovery—Mood Specific: Each resident participates in two psycho-educational groups per week to address the recovery process from mood disorders.

Anxiety Reduction: Focuses on severe levels of anxiety, OCD, Trichotillomania, and skin picking.

Emotions Anonymous Meetings: This group, based on the 12-Step Principles of Recovery, helps residents discover the value of a support group in their recovery process. They also learn the importance of a sponsor and how to integrate the Principles of Recovery into their lives.

Mood Specialists

To support its mood program, Timberline Knolls has a mood specialist on each of its five lodges to further the healing and exploration process for a resident with a mood disorder. The support is offered through group therapy and 1:1 work with a mood specialist to focus on individual treatment goals.

Family Services

Timberline Knolls believes strongly that family involvement is critical to a positive outcome. Individual family sessions are offered weekly, as well as multifamily group meetings and a family dynamic psycho-educational curriculum.

Contact: Rachel Wagner-Cantine, LCPC, BC-DMT - Mood Program Coordinator

Phone: (630) 343-2496

E-mail: rwagner@timberlineknolls.com

Detox Affiliate / Orlando Recovery Center



Located just minutes from Downtown Orlando on beautiful Lake Ellenor, Orlando Recovery Center is a private treatment facility operated by Advanced Recovery Systems. ORC provides a full continuum of care for men and women struggling with addiction, substance abuse, eating disorders and co-occurring mental health issues. Their 93 bed facility offers 36 acute medical detox beds and a 14 bed eating disorders' unit for co-occurring patients to be safely stabilized and treated in a dedicated area with highly trained staff. In addition, they offer specialty programs for impaired professionals including physicians, nurses, lawyers and pilots.

Each patient treated at an ARS facility has the opportunity to benefit from a unique 10/10 Therapeutic Experience. Once clinically and medically appropriate, their patients will receive 10 individualized sessions within 10 days. By quickly identifying faulty cognitions that produce maladaptive behaviors, they are able to tailor each patient's unique treatment plan. ARS employs evidence-based, therapeutic approaches, including cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT) and eye movement desensitization and reprocessing (EMDR). Patients and their families participate in individual sessions and psycho-educational groups to assist them in understanding their co-occurring conditions and symptomology throughout their treatment episode and during Family Weekends. In addition, their patients enjoy the benefits of massage and yoga therapy during their time at Orlando Recovery Center.

Continued support following treatment is critical to recovery. During treatment, staff will work with each patient's referring providers, or through their relationship network to plan for aftercare services. Each patient has a comprehensive discharge plan prior to departure, including appointments with his or her primary care provider, psychiatrist and outpatient therapist, as well as other necessary aftercare services.

Orlando Recovery Center makes the referral process easy for busy physicians and mental health professionals. Most insurances are accepted, although self-pay rates are available if requested. In addition, ORC offers 24/7 expedited admissions and if needed, discreet transportation services to their facility.

Contact Information:

Orlando Recovery Center
6000 Lake Ellenor Drive
Orlando, FL 32809

Admissions: (844) 308-8242

E-mail: awalsh@advancedrecovery.com

Website: www.orlandorecovery.com

Massachusetts Treatment Directory



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The content of this guide is for informational purposes only. Hynes Recovery Services does not recommend or endorse any of the treatment resources included in this directory. It is not intended to be a substitute for professional medical advice, diagnosis, or treatment, and we do not warrant or represent in any way the accuracy or medical approval of any of these treatment resources. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a suspected or actual medical condition and its treatment.

Psychologist / Consultant / Supervisor



Rick M. Wilson, Psy.D.

554 Washington Street
Suite 12

Wellesley, MA 02482

Email: rmwpsych@mac.com

Telephone: (781) 237-1379

Fax: (781) 237-2879

Private Practice Information

Years in Practice: 12

License Number in MA: 8423

Session Fees: \$180 for Initial Consultation; \$150 for 50 minute session

Sliding Scale: Yes.

Accepted Insurance Plans: BCBS of MA

Payment Information: Session fees may be paid by cash, check or credit card.

Session Availability: Normal business hours Monday through Friday. During the summer, provider is available Monday through Thursday.

Clinical Information

Treat Males / Females (or both): Both

Treat Adolescents / Adults (or both): Adolescents (High School age) and Adults

Do you provide Family Therapy services? Yes; provider also offers couples counseling.

Treatment Orientation: Psychodynamic, Relational, Cognitive-Therapy Interventions, Supportive Therapy, Positive Psychology, and Music Therapy.

Specialty Areas: Adolescent Treatment, Addiction, Trauma, Anxiety, Depression, Eating Disorders, Grief and Loss, Spirituality in Treatment and Parenting Issues.

Biography

Dr. Wilson has been working as a therapist for the past 12 years, helping clients with a wide variety of emotional and psychological issues, including addiction, a specialty of this clinician. He also has great expertise in treating students with both anxiety and depression. In addition, Dr. Wilson works as the consulting psychologist for The Noble and Greenough School, a boarding school located in Dedham, Massachusetts.

Dr. Wilson is a theologically trained clinician and holds a Master's Degree in Theology from Fuller Theological Seminary. This additional training frequently becomes a relevant lens through which to explore healing in people's lives. Many clients bring a religious or faith tradition as an integral part of their story and Dr. Wilson is very comfortable with integrating a healthy spirituality into treatment when a client finds that perspective helpful to their recovery. He has a warm, authentic, and collaborative style, with a knack for appropriately using humor during the course of treatment.

Dr. Wilson has years of experience providing consultation services to families and clinicians involving complex clinical issues, and also offers supervision to both novice and experienced outpatient providers.

Alcoholics Anonymous / Al-Anon



Alcoholics Anonymous is a fellowship of individuals who share their experience, strength and hope with each other, so that they may solve their common problem and help others to recover from Alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership – it is self-supporting through their own contributions.

Contact Information:

General Service Committee of Eastern Massachusetts

P.O. Box 51411

Boston, MA 02205

E-mail: info@aaemass.org

Website: www.aaemass.org/area30

Western Mass Intergroup Office

474 Pleasant Street

Holyoke, MA 01040

E-mail: intergro4@aol.com

Website: www.westernmassaa.org

On-line Support: <http://aa-intergroup.org>



If you are bothered by someone's drinking, **Al-Anon and Alateen** may be able to help. This organization is a fellowship of individuals who share their experience, strength and hope in order to solve common problems. Alateen is part of Al-Anon and is for young people affected by another's drinking. Al-Anon's program of recovery is based on the Twelve Steps and Twelve Traditions as adapted from Alcoholics Anonymous (AA). The primary purpose of Al-Anon/Alateen is to help families and friends of alcoholics.

Al-Anon/Alateen Family Groups of Massachusetts

Literature Distribution Center

57 East Main Street, Suite 109

Westborough, MA 01581

E-mail: ldcofma@aol.com

Website: <http://ma-al-anon-alateen.org>

Family Support Organization



Learn to Cope is a non-profit, peer-led support network for families dealing with addiction and recovery. Learn to Cope offers peer support, education, resources and hope for parents and family members coping with a loved one addicted to opiates or other drugs. It has become a nationally recognized model for peer support and prevention programming.

Meetings:

Every chapter of Learn to Cope holds weekly meetings run by experienced peer facilitators. Meetings offer a safe place for members to share their experiences, ask questions, learn about addiction and listen to guest speakers who are either in long-term recovery or professionals in the field. Overdose education and Narcan training is also available at every chapter in Massachusetts.

Forum:

Learn to Cope hosts a private, online support forum for thousands of members to access 24/7 support. This forum requires registration and is moderated.

Contact Information:

Learn to Cope
4 Court Street, Suite 110
Taunton, MA 02780

Office: (508) 738-5148

Peer Recovery Specialist: (508) 801-3247

Website: www.learn2cope.org

Behavioral Health Navigation Service



O'Connor Professional Group

O'Connor Professional Group (OPG) offers home and community based behavioral health services to individuals, families, employers and advisors. Their areas of focus include addiction, eating, mood and personality disorders, and mental health issues, as well as failure to launch services for young adults. Staff guide families through the behavioral health industry, provide concierge services to identify suitable treatment and aftercare options, and assist in creating and implementing sustainable recovery plans.

Consultations - All Diagnoses: Individuals and families interested in their services begin with a consultation with one or more team members. OPG team members meet with clients and their families, when appropriate, to gather the following information: history of symptoms and behaviors, previous treatment, family history, risk level, and level of functioning. If the client has existing clinical providers or is leaving residential treatment, team members will request documentation and information. They will then generate a list of recommendations, assign OPG professional(s) and price services for the family and/or individual to review.

Diagnostic Assessments: A diagnostic assessment does not presume a client's interest in OPG's services, but instead serves as an independent tool to determine the level of severity of the presenting behavioral health issue. Diagnostic assessments comprise the following: In-depth interview addressing past behavioral patterns, full bio-psychosocial history, family dynamics and co-occurring issues; 2-4 assessment questionnaires, chosen specifically for the individual; and discussion with previous clinical providers and family members when relevant. The accompanying detailed report will make appropriate recommendations for the client, based on severity, functional or health impairments, lifestyle, family dynamics, co-occurring issues, available resources and the client's interests and strengths.

Multi-Disciplinary Team Clinical Consultations: For clients presenting with several co-occurring behavioral health issues, OPG offers a comprehensive team consultation. Initial information from family members and clinical providers (past or present) will be gathered and the OPG team will select relevant specialists to participate in a thorough evaluation. The consultation will result in a detailed report with recommendations for appropriate treatment services, resources and providers for the individual or family in their local area.

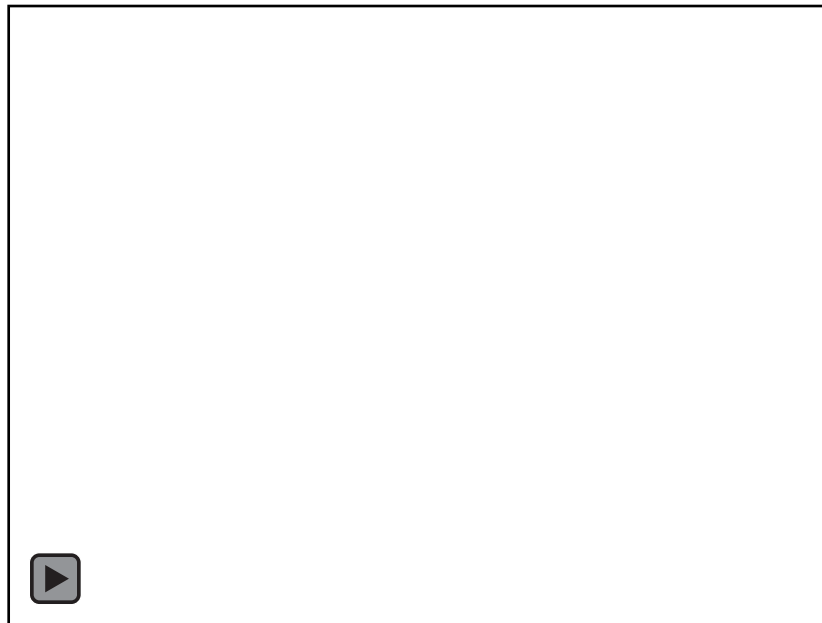
Treatment Placement Consultations: Given the strong presence of web advertising and many choices in behavioral health programs and providers, it can be difficult to discern the most appropriate and reputable treatment choices. OPG remains current on changes in the field by visiting treatment centers and utilizing their extensive network of professionals, allowing them to connect clients to clinically appropriate, high-quality residential options.

Behavioral Health Navigation Service

Interventions - All Diagnoses: When an individual is unable or refuses to address a pattern of unhealthy behavior, family members, advisors or employers may reach a point where they require professional help to facilitate a conversation. Interventions can be used for a wide array of diagnoses to achieve the desired outcomes (e.g., inpatient treatment, outpatient supports or behavioral change). Interventions comprise the following steps: Determination of the type of intervention that best fits the situation (e.g. ARISE, an invitational model or the Johnson Model, a surprise model); selection of an appropriate interventionist or intervention team, with expertise in the particular diagnosis of the individual; and preparatory discussions with family members, employers or advisors about points of leverage and what boundaries can be set if the individual declines the support offered.

Substance Use and Addiction Services: Outcome studies reflect that individuals who reach one year of continuous sobriety have the highest chances for long-term, sustained recovery. To reach this milestone, individuals with addiction-related behaviors require a cohesive plan with vetted, high quality resources and tailored services to address their specific needs. OPG Case Managers work to organize information from disparate parties on treatment teams, and centralize that information for all relevant parties. This process ensures that decisions around a client's care are made collectively in an informed manner. Case management and care coordination services can be offered in person or remotely. These services also include drug and alcohol testing, alcohol monitoring, and/or recovery coaching.

OPG's CEO Arden O'Connor recently gave a presentation on how their case management services have helped clients with eating disorders and co-occurring substance abuse issues.



Contact Information:

O'Connor Professional Group
65 Sprague Street
West Lobby B
Hyde Park, MA 02136

Website: www.oconnorprofessionalgroup.com

Arden O'Connor, MBA
Founder, CEO

Office: (617) 910-3940 x300

E-mail: aoconnor@oconnorpg.com

Group Practice

Commonwealth Psychology Associates Boston's Behavioral Health Specialists

Commonwealth Psychology Associates is a unique, multi-disciplinary psychological counseling and behavioral health specialty center with over 30 doctoral-level psychologists, neuropsychologists and psychiatrists who offer excellent credentials, extensive clinical experience, and knowledge of the most effective therapeutic and assessment techniques.

At CPA, they offer a comprehensive range of specialty services, including: psychotherapy and counseling, behavioral medicine and health promotion, neuropsychological testing and evaluation, psychological testing, educational and learning disability evaluations, medication consultation and management, and career assessment and counseling. Clients who see a clinician in any one of their specialty areas can be assured of a comprehensive review of their needs and appropriate referrals to follow-up services, if needed. CPA's multi-disciplinary team approach assures that each client's care is highly personalized to meet his or her individual goals.

Each clinician at CPA has been selected for the unique, specialty knowledge and experience that he or she brings to client care. Their staff of doctoral-level psychologists and psychopharmacologists offers a wide range of expertise, extensive clinical experience, and knowledge of state of the art, evidence-based therapeutic and assessment approaches. Most staff members have completed formal post-doctoral fellowships in their respective specialty area and many have held or hold academic affiliations with highly regarded academic institutions including Brown University, Harvard University, Dartmouth University, and Boston University.

Contact Information:

Website: www.commpsy.com

Locations:

Back Bay, Boston

160 Commonwealth Ave, Suite U-3

Boston, MA 02116

Phone: (617) 259-1895

Financial District/Downtown

185 Devonshire Street, Suite 901

Boston, MA 02110

Phone: (617) 830-1780

Newton Corner

313 Washington Street, Suite 402

Newton, MA 02458

Phone: (617) 332-4500

College Mental Health Program



College Mental Health Program
McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE

The McLean College Mental Health Program (CMHP), established in 2008, is designed to help college students with mental illness and adjustment issues live more productive lives by providing the highest level of psychiatric care. By working closely with college students, their families, and their institutions of higher education, the program works to ensure the greatest probability of academic success.

The CMHP accomplishes its mission through a range of consultation services to college and university administrators, student affairs professionals, and mental health providers. As institutions of higher education seek to address campus mental health challenges in preventive and innovative ways, the CMHP offers guidance regarding effective resources, programming, policies and practices.

SAMPLE CONSULTATION TOPICS:

SYSTEMIC:

Evaluation of campus mental health services for existing strengths and weaknesses; coordinating campus- and community-based services and communication on behalf of students with mental illness; strategic design, placement, and integration of mental health educational resources; decreasing campus stigma and increasing campus dialogue; integrating multicultural variables into campus mental health outreach, prevention, and intervention.

STUDENT-FOCUSED:

Supporting enrolled students and students returning from medical leave; effective collaboration with student mental health organizations; engaging student media for responsible coverage of campus suicide and prevention efforts; working more effectively with unique student populations (e.g., international students and their families, GLBTQIA community, student athletes, Greek students, and first-year students).

PROGRAMMATIC:

Strategies for effective academic and mental health advocacy within the context of confidentiality, right to privacy, and fear of stigma; workshops on mental illness as a silent disability; helping to establish a “stigma-free” zone in the Dean of Students office; implementing an effective mental health withdrawal and readmission process and policy.

Contact Information:

College Mental Health Program
Stephanie Pinder-Amaker, PhD: Director
McLean Hospital
115 Mill Street
Belmont, MA 02458
Phone: (617) 855-2921

E-mail: spinder-amaker@partners.org

Website: www.mcleanhospital.org/education-training/CMHP

Addiction Treatment Programs



McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE

McLean's Alcohol and Drug Addiction Treatment Programs provide world-class care for individuals 18 and older with substance use disorders.

Their highly skilled clinical teams partner with patients and their families to provide the best possible treatment. Understanding that each person's situation is unique, they start with an in-depth assessment and develop a treatment plan that is personalized and comprehensive.

Dedicated to developing flexible strategies for achieving treatment goals, both clinical care and self-help approaches are integrated into their treatment model, drawing upon both substance use disorder expertise as well as the comprehensive mental health services of the hospital.

McLean's Signature Recovery Residential Programs include **Fernside**, a restored historic inn, located near Wachusett Mountain in scenic Princeton, Massachusetts and **Borden Cottage**, located in Camden, Maine, offers discreet care in serene settings. Each location is beautifully furnished throughout and all rooms are private and include full baths.

Ambulatory Treatment Center at Naukeag offers residential and partial hospital care for substance use disorders in Ashburnham, Massachusetts. In-depth individual assessment, personalized and comprehensive treatment, group therapy, case management, and ongoing support and education are included in the program.

McLean's Inpatient Detoxification Unit provides a secure environment for adults with substance abuse disorders. The average length of stay is between three and five days. A **Partial Hospitalization Program** is also available to help individuals who need intensive treatment, but do not require the security or structure of inpatient care. Participants attend structured programs of group and individual psychotherapy at McLean for extended blocks of day or evening time, spending their nights at home.

Adult Outpatient Clinic provides short-term individual therapy focusing on substance abuse, including related family and vocational issues, relapse triggers and coping skills. Outpatient recovery groups include a dual-diagnosis group, early recovery groups and individual women and men's groups, and longer-term recovery groups that focus on relapse prevention, interpersonal problems, and other potential issues. To complement these services and encourage individuals' initiatives in their own recovery, there are many self-help groups hosted by McLean: Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, SMART Recovery and AI-Anon.

Programs within the Division of Alcohol and Drug Abuse are staffed by: psychiatrists, psychologists, social workers, public health specialists, nurses and addiction counselors. The staff is committed to working with referring physicians, as well as with mental health and addiction professionals.

Contact Information:

Intake Line: (800) 906-9531

Website: <http://www.mcleanhospital.org/programs/alcohol-and-drug-abuse-treatment-program>

Addiction Treatment Programs



Prakash Ellenhorn provides an alternative and proven therapeutic model that keeps college students on track, their dreams and futures intact. They are a national leader in fully implementing Integrated Dual Disorder Treatment (IDDT), the only treatment model for co-occurring disorders designated as evidence-based by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Prakash Ellenhorn recognizes that developing a sense of purpose and meaning is an integral part of addiction recovery. That is why their multidisciplinary teams of experts deliver personalized therapeutic services to students living on campus or in the community. This unique wrap-around support aims to keep students functioning in college while receiving treatment; or when they are ready, to return to college with every possible individualized support in place. The very fact that Prakash Ellenhorn clients are empowered to continue moving forward with their lives while receiving treatment is a major component of their recovery.

Aligned with the evidence-based IDDT model, Prakash Ellenhorn treats substance abuse and psychiatric problems simultaneously, as part of one syndrome, using an integrated approach. Teams provide whole-person care through the coordinated services of psychiatrists, nurses, licensed therapists, vocational and educational counselors and personal trainers. Clients receive, as needed: psychiatric treatment; substance abuse counseling; academic tutoring; help with organization; multiple therapies to help reduce stress; mindfulness coaching; help building relationship skills for navigating campus social life; health, wellness and nutritional support; family support; and 24-hour crisis support.

Prakash Ellenhorn mobile teams deliver most care right where their clients are. Team clinicians often meet students for coffee before class, and/or check in with them between classes. Many Prakash Ellenhorn clients are currently taking classes, and others have graduated. The program gives each student all the resources they need to accomplish what they want to, as successfully as possible.

Contact Information:

Prakash Ellenhorn, LLC
406 Massachusetts Avenue
Arlington, MA 02474

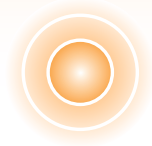
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Rooted in the principles of recovery, Timberline Knolls combines clinical services, education and expressive therapies to enhance the continuum of life-changing care. Striving to provide the most effective and highest quality individually tailored treatment, Timberline Knolls gives its residents hope again.

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