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Starting a Recovery School: An Interview with *Rebecca Bonner* January 2012

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Introduction

The recovery school movement in both secondary and post-secondary education has grown significantly since the first such recovery programs were founded in the late 1970s and 1980s. Most of what is written on specialized recovery supports in educational settings comes in retrospective reports from well-established programs. To explore the experience of starting such a program during its earliest stages of conception and development, the author interviewed Rebecca Bonner of the Bridge Way School—Philadelphia’s recovery high school. In this wide-ranging discussion, Rebecca Bonner reveals the level of commitment required to successfully launch such a project and many lessons learned along the way. Join us in this engaging review of the Bridge Way experience.

The Seeds of Bridge Way School

Bill White: How did you first get involved in the effort to create a recovery high school in Philadelphia?

Rebecca Bonner: It was a very personal journey, actually. I am an educator, and I’ve taught for about 15 years. When my youngest daughter was a freshman in high school, she developed an opiate addiction and went to Caron Treatment Center for nearly 5 months during the second part of her freshman year. She came out the summer before her sophomore year in high school. While she was in treatment, her dad, stepmother, and I were frantically looking for what to do next to support her recovery. We knew the recovery prognosis for the kids who go back to their previous high school is not a good one.

So I googled “sober high schools, recovery high schools.” I didn’t know that such a thing existed, but I stumbled across a number of recovery schools around the country. Unfortunately, there were none in

the Philadelphia area. The closest was Boston, and that distance just wasn't going to work for us. Today, my daughter is doing very well one day at a time as a sophomore in college. It really was the lack of a good option for her coming out of treatment that spurred me to start a recovery school for the Philadelphia area. I didn't want other parents facing the same lack of resources that our family faced.

Bill White: Describe the early history of the development of Bridge Way School.

Rebecca Bonner: At my last teaching job, I spent my spring break talking to everybody I could about why we might not have a recovery high school in Philadelphia. I couldn't believe that they existed in other parts of the country but that no such resource existed in a city with the size and vibrancy of Philadelphia. I wanted to make sure that there were no legal or educational reasons why one couldn't exist here. I talked to 25 to 30 people locally and around the country, and it became clear to me that there wasn't any reason why we didn't have one. It just hadn't been tried. Everybody I talked to in the treatment and educational worlds responded very positively to the idea of such a school. So I left my teaching job at the end of that academic year and started working full-time in the summer of 2009 laying the groundwork for Bridge Way School.

First, some like-minded people came together and we formed a board, founded a non-profit corporation—the Greater Philadelphia Association for Recovery Education (GPARE)—and started doing the work necessary to start the school. I don't think any of us realized that the time was going to be so overwhelming. None of us expected it to take as long as it did. But we just kept plugging away at it, you know? We had to go through zoning hoops for the City of Philadelphia. We had to go through an accreditation and licensing process with the state of Pennsylvania. It took about two years from the start of the process to opening our doors, which to me seemed like an enormously long time. I've talked to

others who have said, "No, that's actually pretty quick."

Bill White: What people and organizations were most helpful to you during this early development stage?

Rebecca Bonner: There were a number of individuals and organizations that were very generous with their time. The Association of Recovery Schools (ARS) in Minnesota was particularly helpful. They're a great clearinghouse of information about both secondary and post-secondary recovery school programs. They were a fiscal sponsor when we were seeking our non-profit status—a step important for anyone starting a recovery school, even if it is done as a charter school. That step is critical to the process of raising funds.

The ARS was helpful in very concrete organizational ways, but there were members of ARS who were just enormously generous with their time and support for us. Andy Finch, who started a recovery school and was on the board of ARS at the time, was particularly helpful. He had started a recovery school in Tennessee and is now on the faculty at Vanderbilt University. He had a lot to share that prevented us from reinventing the wheel. His dissertation was *Starting a Recovery School*. This was our bible, and I strongly recommend to anyone interested in this process that they get a copy (published by Hazleden Press).

Caron Treatment Centers, which is a Pennsylvania-based addiction treatment facility for both adolescents and adults, helped us design the therapeutic structure of Bridge Way School. I knew about academic programs in schools, but I didn't know the kind of therapeutic and support structures that we would need for a recovery school. Caron staff were very helpful to us in this area.

Bill White: Philadelphia is known for its vibrant recovery movement and the increased recovery orientation of the City's treatment system under the leadership of Dr. Arthur Evans and the Department of Behavioral Health and Intellectual disability

Services. Was it easier to create Bridge Way School within that kind of community climate?

Rebecca Bonner: Yes, Arthur Evans and Roland Lamb have been enormously helpful and supportive through this entire process. Once we became aware of each other, Roland was very, very encouraging, and he helped connect me with others in the community who were interested in strengthening the continuum of adolescent treatment and recovery support.

Overview of the Bridge Way School Program

Bill White: Could you describe how the Bridge Way School is structured in terms of its governance and staffing?

Rebecca Bonner: We are run by GPARE's board of directors. We are licensed as an accredited independent day school by the state of Pennsylvania. We are currently looking to expand the board to increase parental representation, and our first student representatives are making a report at our next board meeting. All of our teachers are state-certified. We also have a clinical director who is in charge of running our recovery support program. At present, we have two full-time and six part-time staff.

Bill White: And how many students do you serve?

Rebecca Bonner: Right now, we are serving 7 students. Our year one capacity is 12 students, and we are building our student population incrementally over this first year. This is to assure that we give ourselves adequate time to build and refine the program and assure our financial sustainability. We're about a month behind in our projections, but we expect to slowly build our student base. Recovery schools tend to be small. Most of them average in size between 30 to 40 students, which we anticipate reaching by Year 3. There are recovery schools as small as 10 and schools

as large as 150, but the average is somewhere between 40 to 50 students.

Bill White: How is Bridge Way funded?

Rebecca Bonner: We operate and are under the umbrella of GPARE. So we're funded by donations and tuition entirely. Many recovery schools like ours exist in a limbo world between educational funding and addiction treatment funding—not totally fitting within either category makes it difficult to procure public funding to support recovery schools. In most communities, there is a big gap between what is available to support recovery for adults versus what is available to support adolescents in recovery. Recovery schools seek to bridge that gap, but they fill a niche that falls outside many traditional public funding streams.

The major downside to being a private school is that we're not going to be able to serve everybody who could benefit from what we have to offer. Being a charter school would make it easier to serve a wider population of adolescents and their families. The School District of Philadelphia has not granted a new charter since 2008. We plan to look into this option if and when the political landscape as it relates to education changes. As we grow, it may also be possible for us to align with an already existing charter school. Ideally, our program should be available to all adolescents who need it.

Bill White: Of the 7 students you have at this time, how did they get to you?

Rebecca Bonner: To date, we have three sources of referrals: parents, treatment centers, and school districts that pay Bridge Way School to provide special services not otherwise available.

We now have two school districts that are paying for 3 students to attend Bridge Way. These districts want to help stop the ping-pong effect of kids going to treatment, going back to school, relapsing, going back to treatment, and on and on. Without specialized recovery supports in the community and in the school setting, school

administrators are beginning to feel like only sending kids to treatment is a set-up for failure. I think more referrals will come to us through this realization, and we think this is a funding model that can work.

Profile of Bridge Way Students

Bill White: Could you provide a profile of the students you currently have at Bridge Way School?

Rebecca Bonner: Yes. We were told early on from treatment providers that the median age would probably be somewhere around 16, and we've found that to be true. Maybe a little bit older, even. They said most of our students would be juniors and seniors, and that has been true. Of the 7 students we have, 4 are seniors, 1 is a junior, 1 is a sophomore, and 1 is a freshman. They come from diverse socioeconomic backgrounds, but at present, all of our students are white. We would achieve greater diversity if we were a charter school, or if we found sources to support tuition for students from lower income families. We are currently exploring grants from foundations that provide scholarships for students based upon financial need.

Bill White: Have all of the students been in treatment before?

Rebecca Bonner: Two have not been and five of them have been through one or more treatment episodes. The two without treatment heard about us from other people they met at AA and NA meetings. It's the freshman and sophomore who we have picked up very early who learned of us through conversations in the rooms. They were very frustrated with their past school experiences—exposure to drug-using peers, teachers who didn't get what it meant to be in recovery, social isolation. They were looking for alternatives to that and found us.

Academic Program

Bill White: I'm interested in the academic program at Bridge Way. Is it similar to other

high schools, or are there distinctive features of the academic program?

Rebecca Bonner: There are a couple of things I think are distinctive from a traditional high school. First, is our small size. We will cap admissions at 50 students. Second, we start the day at 9:00 a.m., and we end the day at 4:00 p.m. This better reflects the biological clock of teenagers and cuts into that danger zone that has been identified between 3:00 p.m. and 6:00 p.m.

With that schedule, most of our kids leave school and go to IOP (intensive outpatient programs) and therapy appointments, go home, have dinner, and then head to a 12-step meeting. As a result, we have no homework. One of the things we really stress here is being in the present moment, and when you're at school, being very much engaged in what you're doing at school. The other reason for no homework is that we want the kids to be doing life work—to be working on their recovery and repairing their relationships that were broken during their days of active use. We also expect kids who are in early recovery to attend 90 recovery support meetings in 90 days.

Our core classes look very much like any high school: English, history, math, and science classes. We do have a hybrid program in math and science because of our small classes. It's a one-room schoolhouse model, so the students take their classes with each other, which means that, say in math, they're taking everything from remedial middle school math through calculus. So we have an online component for instruction, and we have a math teacher in the room who provides alternate ways to solve problems and helps students if they get stuck. It's the same thing for science.

We're able to differentiate more in our seminar-style classes in English and history. We have PE everyday, which is a difference from most schools because kids in recovery need the endorphins raised because we've taken away the things that were artificially increasing their endorphins. We have art and music classes several times a week because kids in recovery need a lot of vehicles for self-expression. I'm an English teacher, and

I love words, but we've discovered that often students find words scary as they work through things. Art and music provide non-verbal ways for response and reflection.

And, of course, the major difference between Bridge Way and a traditional high school is that we have recovery supports in place.

Bill White: One of the things people ask a lot is, "What makes a school a recovery school?" Other than the changes you've described in your academic program, what are some of these recovery support services you provide?

Rebecca Bonner: Some of the recovery support activities are built into the day, and some are just there because we know that kids in early recovery need a lot of attention. So, there's formal and informal support. On the formal side, each day starts with a morning check-in and meditation. We read from the AA Big Book or a 12-Step meditation book, and the kids are given a chance to report on the day before or anything they experienced on the way to school. So before school even starts, they get to identify whether there's anything that's going to get in the way of their learning that day. For instance, this past week, a young woman came in and had gotten some disturbing news in a phone call on her way to school. Without that morning check-in, this particular young woman probably would have had multiple outbursts during the day. But with this check-in process, she was able to talk through what had happened and get herself centered for the school day. She went forward with the rest of her day quite well.

Four times a week, the kids have group, which looks like any other process-oriented group therapy. And at the end of the day, kids also have a check-out session to articulate what their plans are for the rest of the evening, such as treatment or meeting activities. We know that when kids verbalize their plans, the follow-through is much more likely to happen. This also provides us a sense of how the kid is ending his school day. For example, two of our students had a

rather rocky encounter toward the end of a recent day. One student was in a particularly bad place and he was headed home. We were able to call home and give the parents a heads up on what had happened and how they could best respond to it.

Family Involvement

Bill White: That's a good bridge to my next question. How are families involved in the school process?

Rebecca Bonner: Families are very much involved—from having meetings with our Clinical Director, weekly or as needed, and frequent communication between home and school. We really communicate a lot with parents about what's going on here with their son or daughter both academically and in terms of their recovery process. We talked early on about having a family meeting night once a week, but we discovered that given the number of our families who are already involved in intensive outpatient (IOP) treatment activities, we found it hasn't yet been necessary. That may change as our kids step down from IOP and their families step down from that level of care. So we plan to look at offering that down the road.

Observed Outcomes to Date

Bill White: In the early evaluations of recovery schools, both post-secondary and secondary recovery schools are reporting very low relapse rates of students and markedly improved academic performance. Has that been your experience so far at Bridge Way?

Rebecca Bonner: Absolutely. We do random and frequent drug-testing of our students, and we have not yet had a positive screen. We know that will not always be the case, but to date, the level of recovery stability is unexpectedly high.

Bill White: That is remarkable.

Rebecca Bonner: It is. When I showed my Clinical Director, who's been in adolescent

treatment for 15 years before he came to do this job, the stats out of the Archway Academy in Houston, he was in awe of their findings that 87% of their students stayed sober the entire school year. That contrasts with the common statistic of 8 out of 10 kids relapsing during the first 6 months following addiction treatment. In fact, he did not believe those numbers! And then he met the people from Archway, and he learned more about their program. And this is the kind of success we are also seeing. Much of that success comes from the kids supporting each other. They call each other on stuff in a way that is much more effective than the adults around them could ever do.

So when a kid comes in reporting that they're thinking of picking up, the kids are right there with "Why and what's that gonna solve?" Somebody was just saying, "You know, I hung out this weekend with some friends who I used to use with." And one of the kids said, "Did you pick up," and the kid said, "No, I didn't pick up." And the kid said, "Well, you know if you hang out in the barber shop long enough, you're gonna get a haircut." Those are the kind of things they say to each other that is so much more powerful than anything we say. They do a really good job of supporting and challenging each other.

Bill White: Has your experience also been that the academic performances have improved over what the students were doing in mainstream schools?

Rebecca Bonner: Yes, there's no question of that. A lot of these kids hid in their mainstream schools. You can't hide when there are so few students. Often when kids enter, there hasn't been a lot of school success. As the kids get stronger in their recovery, they tend to become engaged in their academics and want to do well.

Further Reflections on Bridge Way's Distinctiveness

Bill White: Are there any parts to the program that we haven't referenced that would be important for our readers to know?

Rebecca Bonner: I don't know how to put this, but part of what makes Bridge Way different than a mainstream school is that kids are given a chance to process. Let me give you an example. There was a kid who came to school one day during his first week and reported that he stopped on the sidewalk in front of his dealer's house but did not go in and instead got back into his car and came to school. We were able to say, "Well, first what triggered you to go and secondly, what made you turn around?" We were able to process what had happened right when it happened. There's no way that would have happened in a mainstream school. Either the kid never would have processed that, or the kid would have gone into his guidance counselor's office and would have been sent for more treatment. He might have been whisked away to isolation instead of being supported by others in recovery. Every time a kid describes cravings or impulses to use, it's not the time to stick him in the car and run him back to treatment. Kids need to recover in the context of community, not in isolation from it.

Community Response

Bill White: What has been the general response of the community to Bridge Way School?

Rebecca Bonner: The response has been phenomenal. Everywhere we go, people express their appreciation that the school is available as a resource. It's not a school that people plan to send their kids to, but when their kid needs such a resource, they are very happy to have it as an option. The community that we're located in—we had to talk to 3 different community groups because of where our school is located—expressed a bit of resistance at the outset until people learned that our students were not in active drug use. And during these meetings with the community, we heard all kinds of reports about this person's uncle and that person's aunt who was in recovery and shared they were glad we were here.

Bill White: Was there anything you did that, as you reflect back on it, helped that transition to positive community acceptance?

Rebecca Bonner: Well, the zoning process forced us into it, but I think it was a really, really good idea to talk to the community groups close to where our school is located. That helped to allay any possible fears about addicts being in the neighborhood and helped de-stigmatize the disease. People left saying that this problem could happen to anybody or things like, “Well, it’s been all through my family, and I wish my niece Sara would have had this option.”

Lessons Learned

Bill White: Rebecca, someone may be reading this who has the vision of creating a recovery school in their own community. What are some of the early lessons you’ve learned about the development of a recovery school?

Rebecca Bonner: I would first pass on what Jim McWilliams, who started a recovery school in Houston, shared with me. He said, “This is going to be hard and some days you’re going to wonder why you’re doing it. Just keep the faith.” And there are a lot of days I still tell myself that.

Sasha McClain, who is head of the Archway Academy in Houston came and talked to our board and said, “You’re gonna have to realize that the first three years are going to be financially frightening. You’ve got to get through that period one day at a time and keep the faith.” And that’s what I’m doing, and what I’d encourage others to do.

Bill White: In terms of the financial stability during this early period, were there any sources of private money or patronage that have been particularly important for you?

Rebecca Bonner: We have received very strong support from Philadelphia’s recovery community even before our doors were open, and we have developed a pretty solid

base of private donors. It won’t be enough to sustain us but it’s been a godsend in getting us started. We are applying for grants but supporting kids in recovery does not seem high on the priority lists.

There was one grant in which we were a finalist and the explanation for why we were not awarded funds was, “Well, you know, we really focus our funding on health issues.” How could someone in 2012 suggest that addiction was not a health issue?! There’s still that perception to overcome.

Bill White: What is your personal vision for the future of Bridge Way School?

Rebecca Bonner: My hope is that we get aligned with a charter school or get our own charter so that we can make our services more available to all the young people and families who need us. I hope there will be a change in the political landscape that will allow that to happen. There’s a school in Houston, Archway Academy, that started out as a private school and as they grew became part of a charter school in Houston. I hope that will happen here in Philadelphia. I think it would just make us a lot more financially sustainable. In the meantime, we will continue to develop a solid base of private donors.

Bill White: Do you see Bridge Way playing an important role in the development of a youth-focused culture of recovery in the Philadelphia area?

Rebecca Bonner: I’d like to see this. I think that our kids are good recovery ambassadors, and it would be great to see social activities for kids in recovery. I would like to see something along those lines developing. I keep harkening back to Houston, but they are a mecca of recovery down there. They have “alternative peer groups” that provide a network of after-school social and treatment-oriented components that just strengthen the overall recovery community for adolescents. I think it’s one of the reasons why the schools there have been so successful, and I’d like to see APGs in Philadelphia.

Bill White: Do you envision a day where there would be students in recovery from the mainstream schools participating in after school social activities with the Bridge Way students?

Rebecca Bonner: Absolutely. I don't see any reason why that kind of thing couldn't be happening in Philadelphia.

Bill White: Rebecca, this has been wonderful. Thank you for agreeing to do this interview, and thank you for all you do for youth and families in recovery.

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