

The Rose Haven “Re-Integration” Home

A Project to Address Substance Abuse and PTSD in Female Veterans through Social Resilience

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“... it is written that when you do not have hope, you look for it in the face of your friend.”



¹ J. Gordon. “For Gaza psychologist, hope amid despair,” *New York Times* (January 13), 2011, p. D7.

ABSTRACT

Pamlico Rose Institute for Sustainable Communities (PRISC) will buy, rehabilitate and open Rose Haven, a re-integration (sober) living house and environment for female Veterans with substance abuse in a house in the Washington, NC historic district. Rose Haven is scheduled for opening in 2018. In addition, a program in social resilience will be developed for the residents. Initial research has begun on defining and explicating social resilience competences that will lend value to Rose Haven as a program and benefit to residents in promoting their recovery. The house and associated program will uniquely serve female veterans who qualify for residence by completing recognized rehab and recovery programs and can meet the financial requirements for residence. PRISC anticipates there will be opportunity to aid residents in meeting some of their financial need. Potential residents will need to agree to the general rules and guidelines associated with sober house living, based on those featured in Oxford Houses that offers a look at these guidelines.² Furthermore, potential residents will agree to participating in and helping develop efforts and activities associated with a social resilience program. Rose Haven will feature a live-in house “coordinator” that will manage the re-integration experience for the residents and will also be considered as an equal voice when it comes to house governance.

². <http://www.oxfordhouse.org/userfiles/file/>

Rose Haven

"In times of crisis, different people react in different ways. Some might try to escape. Others might attempt to batten down the hatches and ride out the storm in a safe haven."

The background

Female veterans experience the same negative impacts related to their military service as males, but also different kind of impacts than their male counterparts. Female veterans experience greater stress during their term of service rooted in a military culture still not comfortable with female service. "Women are not always trained for combat. Yet they often take part in stressful and dangerous combat or combat-support missions. More women are receiving hostile fire, returning fire, and seeing themselves or others getting hurt."⁴ More generally, the more prominent health care needs women experience, "are a variety of mental health conditions, including PTSD, generalized anxiety disorders,

TRAUMA ASSOCIATED WITH WAR-RELATED STRESS AND FACTORS SUCH AS MST CAN OFTEN RESULT IN SELF-MEDICATION AND SUBSTANCE ABUSE

³ Cullen Bund, https://www.brainyquote.com/quotes/quotes/c/cullenbunn749316.html?src=t_safe_haven.

⁴ "PTSD: National Center for PTSD," Veterans Affairs, <http://www.ptsd.va.gov/public/ptsd-overview/women/traumatic-stress-female-vets.asp>.

⁵ "Women Veterans: The Long Journey Home," DAV, p. 9, <https://www.dav.org/wp-content/uploads/women-veterans-study.pdf>.

⁶ Katherine Middleton and Carlton David Craig. "A Systematic Literature Review of PTSD Among Female Veterans From 1990 to 2010," *Social Work in Mental Health*, (10) 2012, p. 233.

⁷ PTSD: National Center for PTSD, Veterans Affairs.

⁸ There can be confusion over the concepts of military sexual trauma and sexual assault. MST is defined as: "Psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature,

depression, suicide, substance abuse and sleep disorders."⁵

Literature over the last two decades have identified sexual trauma, pre-military sexual trauma, combat exposure, substance misuse, and gender difference in the development of PTSD among female veterans from the Gulf War to the current conflicts.⁶ Statistics are telling. For example, among women who were not active in combat, 27% of female Veterans of the conflicts in Iraq and have been diagnosed with PTSD in their lifetime compared to 31% of males.⁷

Military Sexual Trauma (MST)⁸ is a major determinant of experiencing and reporting PTSD. The VA found that 1 out of 4, or about 23% of who received care through the VA reported MST, and 55% reported sexual harassment, both rates at a much higher rate than males, although with the greater number of males in the military, there were more males reporting MST.⁹ "While only constituting 14.6% of the military, women account for 95% of reported sex crime victims."¹⁰ Thus, female veterans experience post-traumatic stress disorder (PTSD) at greater rates than their male counterparts and are more likely to experience PTSD specifically tied to MST, although it is not the only behavioral affliction that can result from MST. Recent studies indicate those women who experience MST were nine times more at risk for PTSD.¹¹ "VA medical record data indicate that in addition to PTSD, the diagnoses most frequently associated with MST among users of VA health care are

battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training (Title 38 U.S. Code 1720D)." Sexual assault is defined as "the criminal offense of rape, sexual assault, aggravated sexual contact, abusive sexual contact, and non-consensual sodomy (UCMJ Articles 120 and 125, and attempts in Article 80)." MST can result from sexual harassment as well as sexual assault. Residents of Rose Haven will likely have or continue to experience PTSD, which could be due to experiencing MST. Sexual assault and sexual harassment in the DoD are two distinct acts, but each can lead to MST and be expressed through PTSD.

⁹ "Homeless Female Veterans," National Coalition for Homeless Veterans, p. 1

<http://www.nchv.org/images/uploads/HFV%20paper.pdf>.

¹⁰ Ibid

¹¹ Ibid

depression and other mood disorders, and substance use disorders.”¹² Further impacts of sexual assault and sexual harassment reflected in MST “... can have a negative impact on veterans’ health and functioning, even years or decades later.”¹³

Among Veterans, substance abuse is the highest among women. “Alcohol use has been linked to symptoms of PTSD, alcohol expectancies, and coping skills. Regarding PTSD, higher levels of PTSD symptoms have frequently been linked to increased alcohol misuse in a variety of populations, including women veterans. Military sexual trauma (MST), which may or may not result in PTSD, is also prevalent in women veterans and is associated with substance use and mental health problems.”¹⁴ Therefore, drug treatment programs that would most benefit female veterans would address not only the physical addiction issues but the emotional and mental issues associated with military service and addiction as well.¹⁵

The rate of homelessness in female Veterans have increased with the increase of females in the military and can be tied in part to increases of MST and PTSD. “Because those who experience personal violence, including rape, are 6.5 times more likely to experience homelessness, women veterans who have experienced MST are at a greater risk for experiencing homelessness, especially when compounded by PTSD.”¹⁶ Substance abuse is also a contributing factor for women Veterans becoming and remaining homeless.¹⁷

¹² “PTSD: National Center for PTSD,” Veterans Affairs.

¹³ Margret E. Bell, Jessica A. Turchick and Julie A. Karpenko. “Impact of Gender on Reactions to Military Sexual Assault and Harassment,” *Health & Social Work*, 39 (1), February 2014.

¹⁴ Suzannah K. Creech and Brian Borsari. “Alcohol use, military sexual trauma, expectancies, and coping skills in women veterans presenting to primary care,” *Addictive Behaviors* 39 (2014), p. 379.

¹⁵ “Female Veterans and Substance Abuse,” *Alcoholic Soccer Mom*, <http://www.alcoholicsoccermom.com/female-veterans-and-substance-abuse>

¹⁶ *Homeless Female Veterans*, National Coalition for Homeless Veterans, p. 1.

¹⁷ *Ibid*

¹⁸ “Suicide Among Veterans and Other Americans 2001–2014,” Office of Suicide Prevention, (August 3), 2016, p.11

Finally, PTSD, and other variables discussed in this section can lead to suicide. “Overall, suicide rates are highest among patients with mental health and substance use disorder diagnoses.”¹⁸ Despite having lower rates of suicide when compared to men in the general population, rates of suicide increased more among women than among men during the study period “... rates of suicide have remained relatively stable among male patients between 2001 and 2014 and increased among female VHA patients during that same time period.”¹⁹ More generally, “female military veterans commit suicide at nearly six times the rate of other women, a startling finding that experts say poses disturbing questions about the backgrounds and experiences of women who serve in the armed forces.”²⁰ The greatest rates of suicide among female Veterans were among those between 18 and 29 years of age.²¹

Traditionally, women Veterans have not received the support services they need to adjust back to civilian life. “Women are currently the fastest growing population in both the military and veteran communities, and their numbers have been growing steadily since the 1970s.”²² Despite this growth in numbers and representation in more roles and functions in combat and growing opportunity in leadership, “... veteran services and benefits often treat them as second-class veterans.”²³ With the DoD opening combat posts to women, more women will be attracted to serve, but obstacles and roadblocks to a positive experience for Veterans will

¹⁹ *Ibid*

²⁰ Alan Zarembo. “Suicide rate of female military veterans is called ‘staggering.’” *Los Angeles Times* (June 8) 2015, <http://www.latimes.com/nation/la-na-female-veteran-suicide-20150608-story.html>

²¹ *Ibid*, p. 41.

²² Statistics: “Women currently comprise nearly 20 percent of new recruits, 15 percent of the 1.4 million active duty force, 18 percent of the 850,000-reserve component and there is one female officer for every 4.2 female enlisted personnel, compared to one male officer for every 4.8 male enlisted. To date, 280,000 women have served in Iraq and Afghanistan. In 2001, women were estimated to make up about six percent of the veteran population. By 2020, it’s estimated they’ll represent 11 percent.” (“Fully Recognize and Improve and Improve Services for Female Veterans,” IAVA, <https://iava.org/fully-recognize-and-improve-services-for-women-vets/>)

²³ *Ibid*

continue, "... many deterrents remain, including a culture that often doesn't recognize their contribution or veteran status, and a system that was designed without their particular needs and experiences in mind."²⁴ More research and understanding of the unique military experience is needed to discover reasons and look for answers to reverse behaviors toward women and develop programs to consider and treat women Veterans or those currently serving, "... Veteran's mental health research has traditionally focused on men, creating disparity in knowledge about women."²⁵

Programs to treat women Veterans with mental health issues have to consider a myriad of behaviors to include mental health issues, including PTSD, MST, substance abuse, depression, homelessness and suicide. Studies point to the need to plus up services and resource personnel at VA facilities that can help treat the behavioral manifestations of PTSD, MST and others. This effort will "... require establishing clear standards, training VA staff to meet these standards, and investing in appropriate facilities, women practitioners and doctors who specialize in women's health. Facilities and providers must regularly be evaluated to ensure they meet the standards our veterans deserve."²⁶

The VA is a critical cog in meeting the needs of female Veterans who experience mental health issues and promoting research and direction to exploring critical areas of concern. With regard to in-service trauma, for example, MST, the DoD is developing a robust program in response, reporting, building a culture to overcome sexual assault. There is an active safety net of non-profits and foundations funding developing and resourcing programs to promote recovery, rehabilitation and increased well-being, but indicators of the depth of need can be seen in the high percentages /rates of substance abuse, homelessness and suicide among female Veterans. Homeless shelters for female Veterans and their families

can be found, ad-hoc or informal organizations also address issues and offer support to members and out-patient services are offered by the VA. With such a need to treat various concerns, different approaches and models can be applied, consistent with funding and resources.

It must be noted that Rose Haven will not offer substance abuse counseling or other social service programs that residents would be engaged in to continue their recovery. Rose Haven will however through PRISC and its staff provide support to residents to identify and coordinate services in the community that will be useful for residents continued recovery.

The Rose Haven Concept

PRISC OFFERS A MODEL OF A PROGRAM AND LIVING ENVIRONMENT TO ADDRESS SUBSTANCE ABUSE IN FEMALE VETERANS WHILE ALSO PROVIDING A COMMUNITY-BASED APPROACH OF SOCIAL RESILIENCE TO HELP FACILITATE ONGOING RECOVERY.

Rose Haven is a sober living environment for female Veterans with substance abuse. Given those female Veterans who experience substance abuse, it is highly likely that several of potential residents will also experience PTSD and have experienced MST. The idea of Rose Haven is to offer a landing place in a community for those who have gone through in-residence treatment and recovery programs, but still need the next phase of lower level support to facilitate full and positive re-integration. It is a unique sober house in terms of maintaining a singular population – female veterans.

²⁴ Ibid

²⁵ Shawna L. Carroll Chapman and Li-Tzy Wu. "Suicide and Substance Use among Female Veterans: a Need for Research," *Drug and Alcohol Dependency*, (Nov 20), 2013.

²⁶ IAVA

There are programs and recovery “houses” that see to male and female veterans with substance abuse, those Veterans who are homeless, those who suffer from PTSD and those who also have experienced MST.²⁷ However, few programs or sober houses exist uniquely for female Veterans in recovery from substance abuse and none exist that promote a program of social resilience.

PRISC will own Rose Haven after seeing to its rehabilitation. The house will be located within the Washington, NC historic district. Additionally, Rose Haven will follow Oxford House model, incorporating the house rules and guidelines established by Oxford House in terms of self-governance and residence. Those individuals interested in Rose Haven will go through a selection process that includes review by a selection board comprised of PRISC and Rose Haven staff, medical and clinical resources, and house officers.

One unique aspect of all the uniqueness of Rose Haven will be an in-residence re-integration coordinator. This individual will act to manage the house social resilience efforts within the overall program of Rose Haven. The coordinator will also serve to help residents locate and sustain within the local and surrounding community their individual counseling needs. The coordinator will also record the actions that are essential to continued participation in Rose Haven, weekly drug testing, meeting attendance, prompt payment to cover residence expense, and report out to the weekly house “governance” meetings. The coordinator may also suggest action or response to issues that arise, although will not be a final decision-maker.

The Social Resilience Program

Individual and Social Resilience

PRISC believes that building social resilience capability in individuals that have undergone adverse experiences can better facilitate personal recovery.

²⁷ See for a list of programs and houses for female Veterans: <http://vavnet.org/sc/services-available-female-veterans-and-service-members>

RESILIENCE MORE GENERALLY, IS
THE ABILITY TO ADAPT WELL IN THE
FACE OF CHALLENGE AND
PERSEVERE.

Effecting resilience includes overcoming “... adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means “bouncing back” from difficult experiences.”²⁸ Social resilience is different than individual resilience; “... individual resilience emphasizes an individual’s capacity to find opportunities in tragedy and to turn adversity to advantage. Social resilience emphasizes an individual’s capacity to work with others to achieve these endpoints and, consequently, the group’s capacity to do so as well.”²⁹

Components of Social Resilience

More recently, there has been an active research focus on resilience in the US military; however, this focus has not provided equal emphasis on social resilience. Social resilience warrants more attention as both social wellness and fitness are part of the discussion around promoting overall resilience in military members and families. The importance of elements of social resilience in combating PTSD was highlighted in Sebastian Junger’s book, *Tribes*.³⁰ Studies indicate that those who suffer from PTSD are also likely to abuse alcohol and drugs. The population of Rose Haven will likely suffer from PTSD or other traumatic stressors. Studies also indicate that in homeless female Veterans and those who suffer from substance abuse were also victims of sexual assault.

Cacioppo, et al identify nine competences that influence social resilience. The competences focus around three sets of characteristics that involve both individual and group capacities:

²⁸ “The Road to Resilience.” *American Psychological Association*, <http://www.apa.org/helpcenter/road-resilience.aspx>

²⁹ Cacioppo, et al, p. 44.

³⁰ Sebastian Junger. *Tribes*. Twelve, 2016.

- ways of relating (e.g., agreeableness, trustworthiness, fairness; compassion, humility, generosity, openness);
- interpersonal and cross-cultural resources and capacities (e.g., sharing, attentive listening, perceiving others accurately and empathically, communicating care and respect for others, responsiveness to the needs of others, compassion for and forgiveness of others);
- collective resources and capacities (e.g., group identity, centrality, cohesiveness, tolerance, openness, rules for governance).³¹

SOCIAL RESILIENCE IS CRITICAL FOR THE SIMPLE BUT PERVASIVE REASON THAT INDIVIDUALS, BOTH ADDICTS AND ALL OTHERS, EXIST WITHIN WEBS OF SOCIAL AND CULTURE GROUPS DURING THEIR DAYS AND LIVES THAT CAN BE SOCIALLY BOUNDED BY A LARGER COMMUNITY.

Programs focusing on and developing elements of social resilience benefit recovery programs and a re-integration experience that can augment or follow successful individual rehabilitation.

In other words, resilience can be parsed into a constellation of individual traits and a group of more social traits cultivated in both individuals and groups that ultimately support individual and community level social resilience. Military efforts, like most recovery and treatment programs, focus on developing resilience in the individual. Though military training and preparation certainly involves efforts into developing unit cohesion, teamwork and a collective sense of identity, programs specific to social resilience or programs that engage the concept of social resilience into the military experience. Accessing and developing meaningful and useful relationships with individuals and also the varied groups within a greater community strengthens the recovery process. Individuals work together to reach group end

states while the community supports the individual through the many relationships that make up a community. Social resilience draws on those behaviors that promote the utility of integrated and reciprocal levels of identity, starting with the re-integration home and folding in programs across the many different social and cultural groups that make up a vibrant community.

Military efforts, like most recovery and treatment programs, focus on developing resilience in the individual. Though military training and preparation certainly involves efforts into developing unit cohesion, teamwork and a collective sense of identity, programs specific to social resilience or programs that engage the concept of social resilience into the military experience are not found.

Programs focusing on and developing elements of social resilience benefit recovery programs and a re-integration experience that can augment or follow successful individual rehabilitation. Social resilience is critical for the simple but pervasive reason that individuals, both addicts and all others, exist within webs of social and culture groups during their days and lives that can be socially bounded by a larger community. Accessing and developing meaningful and useful relationships with individuals and also the varied groups within a greater community strengthens the recovery process. Individuals work together to reach group end states while the community supports the individual through the many relationships that make up a community. Social resilience draws on those behaviors that promote the utility of integrated and reciprocal levels of identity, starting with the re-integration home and folding in programs across the many different social and cultural groups that make up a vibrant community.

PTSD and Resilience in the military

In the case of Rose Haven and its Vet population, as in all Vet populations, the military experience involves a plethora of adversity and challenge and one of the possible results of these experiences is Post-Traumatic Stress Syndrome (PTSD).

³¹ Cacioppo et al, p. 44.

Enduring combat and living and working in uncertain and risk-filled environments can present individual moments of trauma or long-term accumulations of constant anxiety that debilitate a life away from the military service. Recent statistics reveal almost an epidemic rate of expression. According to official figures, and just in the Army, between 11 percent and 20 percent of soldiers who fought in Iraq and Afghanistan between 2001 and 2010 experience PTSD in any given year.³²

However, statistics and real-life stories collude to tell us that PTSD in women Vets occur at higher percentages than men and present at even higher rates among women Vets who also experience substance abuse, are homeless, or attempt to take their own lives. Reasons for PTSD in female Veterans can extend beyond the combat zone

THE RISK FOR EXPERIENCING PTSD IS GREAT AND CAN BE DEBILITATING, IMPACTING THE TRANSITION FROM ACTIVE DUTY TO BECOMING PART OF SOCIETY ONCE AGAIN.

to military sexual trauma, sexual assault before or after service, or other experiences females undergo when serving in a male-dominated institution. PTSD can lead to a bevy of behavioral problems that may last for years after leaving the military such as substance abuse, depression, and direct effect on family life (including suicide).

Recovery programs for Veterans experiencing substance abuse from PTSD or other stress-related variables involve a personal and introspective rehab and recovery journey. Those who commit to a sober/re-integration experience can also benefit from programs and an environment that aid in building or strengthening social resilience. The notion of social resilience rests on an

active engagement of individuals, families/kin and communities to confront external or internally-inspired agency that can threaten or create adversity across these social entities. “Social resilience is about the abilities of social entities to tolerate, absorb, cope with and adjust to social threat,”³³to include risk and uncertainty, of those in the past, ongoing or those in the future. More specifically, “Social resilience is the capacity to foster, engage in, and sustain positive relationships and to endure and recover from life stressors and social isolation. Its unique signature is the transformation of adversity into personal, relational, and collective growth through strengthening existing social engagements, and developing new relationships, with creative collective actions.”³⁴ Developing social resilience depends on the activation and sustainment of social capital and the engagement of social networks by community members to build capacity. In social resilience, the community member must recognize the benefit of community and build/rebuild and strengthen individual capacities that promote active integration, while the community, and its diversity of social groupings, must actively engage in behaviors and practices that encourage integration.

Research

PRISC is engaged in a research program that will capture the critical competences that facilitate social resilience for populations like female Veterans and then apply them to help build a program tailored to Rose Haven’s residents and Rose Haven’s integration experience in Washington, NC. Research stages will consist of 1) ethnographic and in-depth interviewing and an analysis of female Veterans program. This research will uncover and capture basic themes commonly-held meanings of resilience, exploration of behaviors and past experience that were engaged by female Veterans to promote individual and social resilience that are useful for defining and understanding social resilience. Effectively, the first stage of research is to establish a needs assessment – what is it

³² Simon Parkin. “How Virtual Reality Is Helping Heal Soldiers With PTSD.” *NBC News.com* (March 16), 2017, <http://www.nbcnews.com/mach/features/how-virtual-reality-helping-heal-soldiers-ptsd-n733816>

³³ Patrick Sakdapolrak. “What is social resilience?” *Connecting the Dots:Transpire.com*, April 25, 2015, <http://www.transre.org/en/blog/what-social-resilience/>

³⁴ Cacioppo et al, p. 44.

that is missing in the reintegration process, how can a place like Rose Haven meet this need, and who is likely to want to join such a house.

Stage 1 – Interview female vets – needs assessment and lead in to stage 2

Stage 2 – Provide a formative research program to discover component of social resilience

Stage 3 - Outline a core intervention model for building social resilience

Stage 4 - Adapt core program to female vets specifically who have MST and SA for a program similar to Rose Haven

The Program at Rose Haven

Humans are a social species, and by definition social species create emergent structures that extend beyond the individual. Whales swim in pods, wolves hunt in packs, penguins share warmth in huddles, fish swim in schools, and birds migrate in flocks. The emergent social structures created by humans are more abstract, flexible, and variable than those in other species. These structures range from dyads and families to nations, international alliances, and virtual global communities.¹

RECOGNIZING THE IMPORTANCE OF
COMMUNITY AND BUILDING THE
CAPACITY TO DEVELOP POSITIVE
AND AFFIRMING RELATIONSHIPS CAN
ONLY PROMISE GREATER CHANCES
OF RECOVERY AND SUCCESS POST-
ROSE HAVEN.

PRISC looks to develop a program of social resilience for Rose Haven, and perhaps a model for other sober living arrangements. The underlying foundation of Rose Haven as a sober living experience is based on evidence-based models such as the Oxford House. Beyond that, based on research and existing models of sober living,

and the initial Rose Haven population, PRISC will advance a program to make social resilience a greater part of the Rose Haven experience that will potentially provide a basis for additional progress and less likelihood of relapse. In addition, this research and program development will also offer potential needs and adaption specific to factors such as PTSD and other stress in female Vets related to MST and sexual assault outside of the military experience. Resilience, and more specifically social resilience, generally is not a personality trait found in some people and not in others. “Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts and actions that can be learned and developed in anyone.”³⁵

We have labeled Rose Haven a social re-integration living experience to accommodate the importance of social resilience in individual recovery. Sober homes are places of residences that self-impose rules and guidelines that help facilitate being sober and stretching the residents’ recovery legs into the community. Rose Haven will tailor the experience to females Veterans who share common experiences of the military. Rose Haven will integrate efforts that synergize the expanding levels of community from house to overall community to help promote social resilience. The social resilience program as engaged may be unique to residents, but the US military experience common to all will have included training and experience in some of the foundational competences that make up social resilience. Social resilience involves elements of “team work”, cooperation, etc., a vital part of building unit cohesion in the military.

In the development of a capacity-building program, coping, adaptive and transformative sets of skill-based competences must be introduced to Rose Haven residents and then social channels be “grooved” to allow experience in strengthening competence and expanding capacity. Rose Haven represents one such example of community while also being embedded in the surrounding neighborhoods within the historic district as

³⁵ “What is Resilience?” Project Rebirth,
<http://www.projectrebirth.org/resilience/>.

well as the larger Washington, NC community. These “layers” also contain communities of faith, arts, civic engagement, and social groups to facilitate recovery, and many others reflective of a diversity of social and cultural identities. “Certainly, and simply, social resilience considers the ability to hold ground under adverse conditions; the ability to even grow and prosper under these conditions. But to be truly resilient, you do not do it alone.”³⁶

As Rose Haven is slated to open in Spring of 2018, initial research will provide insight into social resilience competences that are specific to female Veterans with substance abuse and possible PTSD from combat and/or MST or other stressors. Using these competences, a preliminary program will be advanced for the first population of residents. PRISC, the Rose Haven staff and residents will continue to evolve the social resilience program. Rose Haven will also partner with programs and organizations within the local Washington and with state and nation-wide organizations to reinforce efforts to meet individual and house community needs. Examples of these possibilities include the Arts of the Pamlico, the local community theater who offers a variety of art and culture programs to the community.

The Program at Rose Haven will have the following characteristics:

It will feature elements of the nation-wide non-profit Oxford House and other similar “sober home” efforts but it will be unique for focusing on female Veterans and providing a social resilience program.

Prospective residents will have completed a recognized drug and alcohol rehabilitation program and they will be expected to continue their recovery through attending twelve-step meetings and utilizing needed social services programs in the Washington, NC and Beaufort County. Rose Haven is not a treatment program in the medical or therapeutic/counseling approach to recovery.

Potential residents will undergo an application process that includes written application, telephone interviews with PRISC staff and Rose Haven residents.

Documentation of prior successful recovery program completion within 6 months and reference check with that program will be necessary. Residents will pay a weekly “boarding” fee to stay at and be involved with Rose Haven; a sliding scale will be applied to the fee to accommodate the resident’s financial situation

Rose Haven will be a democratically self-governed house and will follow a distinct set of “house” rules that apply to all facets of house administration. In addition, residents will also agree to play an active role in the social resilience program.

PRISC and Rose Haven will fund an in-residence “house” coordinator to oversee the social resilience program and other community-based efforts and be the liaison with PRISC. The coordinator will also be on the “convening” board that that considers applicants.

Rose Haven and its house coordinator will identify and provide assistance to the residents to avail themselves to learning programs that could include college classes, adult education, and assistance in preparing for the job market. Rose Haven through the coordinator will also provide assistance in finding part-time work for the residents in the Washington, NC area

An innovative ongoing psychological “screening” program will be a part of the re-integration living experience at Rose Haven. This program will alert PRISC staff to a change in emotional well-being of the resident and the re-integration/house coordinator can intervene to direct the resident to community services for counseling or more advanced therapy.

Rose Haven residents will be responsible for the community gardens on the house grounds and in adjacent lots. During growing seasons, gardens will provide fruit and vegetables for the house as well as excess will be given to local shelters and programs that administer to at-risk populations.

³⁶ Cacioppo et al, p. 44.

The Rose Haven Home and Area

PRISC will purchase an endangered home in Washington, NC's historic district to serve as Rose Haven. Funding programs for purchase and follow-on rehabilitation of the house is underway. The house will be set-up to accommodate 5-6 residents with common kitchen and living areas. The rehabilitation will be governed by the local historic commission's guidelines that maintain historic continuity throughout the historic district. The house will be rehabilitated specifically for re-integration living and will feature environmentally-friendly customizations.

Washington, NC is in eastern North Carolina and is also home to Beaufort County Social Services. A VA clinic is located in Greenville, NC, 20 minutes away and there are several major military installations within a 2-hour radius of Rose Haven, Ft. Bragg, Seymour-Johnson AFB, Camp Lejeune, Cherry Point, and several installations in the Norfolk/Virginia Beach area.

The Project

The sober re-integration home and affiliated programs, or "Rose Haven," consists of several interlocking efforts necessary to its "opening." The following stages will most likely occur in somewhat of parallel paths.

- Purchase and rehabilitation of a historic home in Washington, NC
 - Fundraising for purchase
 - Meeting planning, zoning and city/county ordinances and permitting
 - Rehabilitating living space and surrounding landscape
 - Facilitating community acceptance
- The development of a social resilience program
 - Initial research in social resilience utilizing Develop white paper on social

resilience with application to Rose Haven prior to the opening of Rose Haven

- The development of a preliminary social resilience program based on results from stage 1.
- Monitor pilot social resilience program and work with residents to evolve efforts to refine and advance the program
- Develop program to outreach Rose Haven to potential partners with similar or complementary programs necessary for research, development, initiation and sustainment of Rose Haven
 - Organizations such as Oxford House, to help guide development of the administration of the house
 - Veterans' non-profit and foundations and advocacy groups
 - Historic Preservation and Community sustainability organizations
 - Government or other potential funding organizations, such as VA
- Develop administrative and staff protocols and processes to structure operations of Rose Haven Rose Haven
 - Develop "interview" process and board
 - Develop governance rules and guidelines
- Outreach Rose Haven and recruit first resident population



About:

PRISC is a North Carolina 501(c)(3) nonprofit institute, located in Washington, NC whose mission is to grow community by preserving history. PRISC promotes projects, programs, and research that feature historical preservation and reutilization as a primary means to help foster community development and sustainability. To learn more about PRISC, visit www.PamlicoRose.org; for more information contact Robert Greene Sands at robert@pamlicrose.org or 805-320-2967.

