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Current and Previous Residents of Self-Governed Recovery Homes: Characteristics of Long-Term Recovery

LEONARD A. JASON, PhD,

DePaul University, Center for Community Research

DARRIN M. AASE, MA,

DePaul University, Center for Community Research

DAVID G. MUELLER, PhD, and

DePaul University, Center for Community Research

JOSEPH R. FERRARI, PhD

DePaul University, Department of Psychology

Abstract

Environmental and social factors are increasingly recognized as critical aspects of recovery from alcohol/other drug abuse over the long-term. This study surveyed with quantitative and qualitative methodology current ($n = 79$) and previous (alumni) adult residents ($n = 29$) of self-governed, mutually supportive recovery homes for alcohol/other drug abuse. Both groups perceived their recovery environment positively, maintained stable employment, and experienced improvements in their family relationships since being in the recovery homes. Alumni and current residents tended to stay very involved in recovery activities. Alumni also were highly involved in their previous recovery communities, and were in more beneficial circumstances than current residents based on survey results. Implications for future research were discussed.

Keywords

recovery homes; Oxford House; abstinence; alcohol abuse; mutual help

Long term alcohol/other drug abuse recovery studies may provide important information about the sustained effectiveness of interventions as well as other aftercare activities. Several socio-environmental factors may be integral to maintaining long-term abstinence (e.g., Moos, 2007a), and identifying these processes might help to further improve aftercare environments such as long-term residential treatment settings. For example, some residential settings incorporating mutual support principles may help individuals in recovery to form new relationships and replace harmful habits with more constructive behaviors (Moos, 2007a). Indeed, it has been suggested that participating in mutual help activities (Valliant, 2003) and engaging residential treatment environments (Moos, 1994) are critical factors in maintaining long-term abstinence.

While there are several approaches to residential recovery such as Therapeutic Communities (e.g., DeLeon, 1995) and Sober Living Houses (e.g., Polcin & Henderson, 2008), a unique model is *Oxford House*, a network of over 1,300 recovery homes across the United States.

Oxford Houses provide an innovative abstinence-specific social support environment for long-term residential recovery. The primary difference between Oxford Houses and other recovery environments is that they are completely self-governed without any professional staff involvement. Furthermore, Oxford Houses do not have restrictions on how long a resident may remain in the House, which is different than more traditional recovery environments (Ferrari, Jason, Davis, Olson, & Alvarez, 2004). The basic rules are that residents must 1) remain abstinent; 2) pay their rent; and 3) complete their House duties and maintain employment (Ferrari, Jason, Sasser, Davis, & Olson, 2006; Oxford House Manual, 2006).

Previous research on the Oxford House aftercare model suggested that it is effective at least over a two-year period of time following inpatient treatment. For instance, multiple longitudinal studies reported reduced alcohol/other drug abuse recidivism rates relative to alternative aftercare options, in addition to beneficial outcomes for criminal activity and employment (Jason, Davis, Ferrari, & Anderson, 2007; Jason, Olson, Ferrari, & LoSasso, 2006). The Oxford House model of mutual help may increase abstinence-specific social support over time, thereby reducing alcohol and drug use in some individuals (Jason et al., 2007). Prior research has also suggested that a longer duration of residence in an Oxford House is beneficial for two-year alcohol/other drug use outcomes (e.g., Jason, Olson, Ferrari, Majer, et al., 2007). However, much remains to be understood about the socio-environmental mechanisms potentially influencing long-term sobriety.

The present study examined current Oxford House residents and Oxford House alumni who were living independently in the community for an average of 39 months. The two groups involved in the study provided a unique opportunity to examine both long-term recovery processes among alumni, as well as processes occurring for current residents of Oxford Houses. Our primary goal was to understand factors associated with successful long-term outcomes within the context of environmental variables and activities that support ongoing abstinence. Furthermore, we were interested in perceptions of Oxford Houses as residential recovery environments. We predicted that alumni of Oxford Houses would attribute their recovery to having lived in this abstinent support community, and current residents would identify support themes as key reasons for living in these settings.

Method

Participants

A total of 108 individuals (34 female, 72 male, 2 did not answer; average age 36.8 years) participated in the study. Of these participants, 79 were current Oxford House residents, while 29 were alumni of Oxford House who lived independently in the community. On average, participants had lived in an Oxford House for 16.06 months. Participants were recruited at an Oxford House conference in a Midwestern city in March, 2008. Other demographic characteristics of the participants are summarized in Table 1.

Procedure

At the Oxford House conference, participants were given information about the study and asked to participate voluntarily. During consent procedures, participants were told that they did not have to answer any question that they felt uncomfortable with, and that they may withdraw from the study at any time. Surveys were distributed and color-coded for alumni versus current residents. All data were collected anonymously without any identifying codes, and participants were thanked for their involvement. All of the questionnaires given were filled out, so we believe most if not all alumni and current resident attendees completed the survey.

Measures

Two questionnaires were developed specifically for the present study to determine characteristics and activities of alumni and current residents of Oxford House. The first survey was intended for Oxford House alumni and asked questions specific to their current situation and their perceptions of their time in Oxford House. The second questionnaire contained the same questions, but was completed by current residents of Oxford House. This version did not include post-Oxford House questions, and had slight wording changes for some items to be relevant to their current living situation. Both questionnaires assessed demographic characteristics, perceptions of Oxford Houses, activities that residents and alumni were involved in, 12-step involvement, and family relationships. A sample item from the alumni questionnaire was, "If you still have contact with the Oxford House organization, what is your connection?" A sample question from the current resident questionnaire was, "Since living in the Oxford House, has your relationship with your family improved?"

Results

Demographics

Alumni and current residents did not differ based on gender, ethnicity, religious status, level of education, or employment status. However, significant differences were found between the two groups with the Alumni being older, having more income, and more likely to be married than the current residents. See Table 1 for demographic and statistical details of the full sample and alumni compared to current residents.

Alumni had lived in an Oxford House for a significantly longer period of time ($M = 24.0$ months; $SD = 16.15$) than current residents ($M = 13.03$ months; $SD = 17.39$), $t(103) = 2.95$, $p = .004$. There were no significant differences in 12-step participation, and both groups had high levels of participation in AA or NA (96.6% of alumni; 97.5% of current residents). Both alumni ($M = 15.17$; $SD = 9.08$) and current residents ($M = 17.77$; $SD = 8.75$) attended a considerable number of meetings each month, with no significant difference between the two. Alumni also spent directionally more hours per week helping individuals in recovery ($M = 18.64$; $SD = 19.30$) than current residents ($M = 10.62$; $SD = 10.68$), $t(28.63) = 1.93$, $p = .064$ (significance became marginal when equal variances were not assumed due to a violation of Levene's Test). There was no significant difference between the number of hours that Alumni ($M = 3.59$; $SD = 8.71$) and current residents ($M = 3.92$; $SD = 9.12$) reported in helping in their community each week. Thus, the two groups were very similar in their activities, with the only significant difference in the total amount of time living in and Oxford House.

Additionally, while there was no significant difference between the groups based on how many people had children (58.6% of alumni; 60.8% of current residents), alumni with children were significantly more likely to have custody of their children who were minors (83.3%) compared to current residents (25.7%), $\chi^2(3, n = 63) = 12.46$, $p = .006$. Both alumni (93.1%) and current residents (92.4%) frequently reported having improved family relationships since being at an Oxford House.

Overall there was only one statistically significant difference between alumni and current residents regarding these perceptions of Oxford Houses: alumni were much more likely to endorse that Oxford House is cost-saving to society than current residents [72.4% of alumni; 48.1% of current residents; $\chi^2(1, n = 108) = 5.06$, $p = .02$]. There were no other significant differences between the two groups, with both groups reporting high levels of support while living in Oxford Houses. Descriptive data about participant perceptions of Oxford Houses are summarized in Table 2.

Alumni-Specific Items

Oxford House alumni participants were evaluated separately on items that were specific to their experience after leaving an Oxford House. For alumni, the average length of stay in an Oxford House was 24 months (Range = 3 to 78 months) with an average length of time of 39 months (Range = .7 to 180 months) since living in an Oxford House. After leaving the Oxford House, people went to their own apartment (27.6%), lived with family (6.9%), friend(s) (17.2%), or romantic partner/spouse (17.2%), with the remainder living in a variety of different settings.

The majority of alumni participants (62.1%) returned to an Oxford House for a visit since leaving. In addition, alumni visited Oxford Houses on average 7.69 times per month ($SD = 9.23$; Range = 0 to 30 visits per month). Alumni stayed in contact with Oxford House and visited for many reasons, including but not limited to: AA/NA meetings (93.1%), conventions (89.7%), attending House meetings (75.9%), fundraisers (75.9%), attending chapter meetings (72.4%), casual reasons (72.4%), acting as a mentor/House advisor (69.0%), OH presentations at treatment facilities (55.2%), and state-board meetings (51.7%).

Qualitative Responses

Table 3 details qualitative responses to questions that were open-ended. For the question: “Since leaving [or living in for current residents] the Oxford House, has your relationship with your family improved,” alumni were significantly more likely to report having increased responsibility (25.0% of alumni responses) than current residents (7.7%; $\chi^2(1, n = 89) = 4.85, p = .03$). No significant differences were found for the other themes that were mentioned: improved quality of relationships and time with family, increased trust, increased respect/pride from family, and reduced negative emotions from family members.

For the question “Since leaving [or living in for current residents] the Oxford House, has your relationship with your children improved,” there were no significant differences, with the following similar themes: increased time/involvement with children, increased trust/respect, improved relationship quality, and that children are supportive of their recovery efforts.

With regard to helping activities, current residents were significantly more likely to report giving practical assistance (e.g., rides to meetings; 29.4% of current resident responses) than alumni (8.0% of alumni responses; $\chi^2(1, n = 93) = 4.64, p = .03$). With regard to other helping activities, no significant differences between groups were found, but the most frequent responses for both alumni and current residents were: involvement in helping Oxford Houses, informal help (e.g., listening), and 12-step/sponsorship. Both alumni and current residents also reported a variety of formal and informal helping activities in their community outside of Oxford House. Both groups were also similarly likely to respond that they were involved in formal volunteer work in the community and also engaged in informal neighborhood helping such as clean-ups (See Table 3).

Alumni and current residents also were asked about whether there were things that they disliked about Oxford Houses, and alumni were significantly more likely (16.7% of alumni responses) than current residents (0.0% of current resident responses) to report disliking the long House meetings, $\chi^2(1, n = 41) = 5.08, p = .02$. Significant differences were not found on other themes between the groups, and the following themes were reported: drama, politics, or personal disputes, issues with long-term residents, and lack of personal space/parking at times.

In response to the question “Is there anything special that you would like us to know about Oxford Houses,” there were not significant differences between alumni and current residents, and both groups reported with high frequency that OHs save lives and/or help people in recovery, and both groups also responded that there is a need to expand and recommend OHs.

In addition to the survey given, process notes were also taken during the interactions at the Oxford House conference. In particular, attention was given to the topic of the role of alumni, benefits of involvement after leaving an Oxford House, how to engage alumni who have not stayed involved, and the possible development of an alumni association. Overall, discussions cited some barriers to communication and a lack of a formalized role in House and Chapter level activities as reasons for alumni not to remain involved (in cases where they do not). Some potential solutions that were discussed were creating an alumni position at the Chapter level, formally discussing alumni business at meetings, and keeping centralized contact information records for alumni. While some of these activities often occur naturally, it appeared that the conference participants were interested in developing a structured process for alumni to promote consistency in involvement.

Discussion

This exploratory study examined descriptive characteristics of both alumni and current residents of Oxford Houses. Moreover, we compared these two groups of adults in recovery based on perceptions of Oxford House, activities, and a number of other variables. Overall, both alumni and residents reported positive perceptions of Oxford House as a recovery environment. Based on one survey item, alumni stated they were more likely than continued residents to view Oxford Houses as cost-saving to society, which is perhaps an indication of their views developing over the course of long-term abstinence. Alumni also often reported returning to Oxford Houses to support residents in meetings, and being actively involved in 12 step service work. These findings are consistent with Moos' (2007b) research that suggests new activities and generativity towards others in recovery is a common characteristic of effective interventions. These activities are likely supportive of ongoing, long-term abstinence.

Additionally, participants reported being involved in a variety of formal and informal volunteer activities in their neighborhoods. Jason, Schober, and Olson (2008) found that residents who had lived in an Oxford House for longer tended to be more involved in the community. In the current study, alumni and current residents both tended to spend considerable time each week in neighborhood helping activities, suggesting that these habits may form earlier in recovery and continue once residents move on to another location. Results from the current study also suggest that alumni and current residents are engaging in processes of change, such as *helping relationships* (via mutual-help involvement) and *social-liberation* (via ongoing advocacy and community involvement) that are outlined in the transtheoretical model of change for addictive behaviors (Prochaska, Diclemente, & Norcross, 1992). These increased involvement activities in the broader community might elicit reciprocal support. For example, Jason, Roberts, and Olson (2005) found that neighbors living directly next to an Oxford House had positive attitudes towards recovery homes, and cited advantages to living in close proximity to them.

An interesting finding pertained to employment and income. While current residents and alumni did not differ on employment status (the vast majority were employed full time), alumni generally had higher incomes. It is possible that alumni were able to find better paying jobs, or were able to increase their earnings at current jobs over time after leaving an Oxford House. These findings are congruent with prior research that found most Oxford House residents were able to earn an adequate income and be consistently employed (Jason et al., 1997). Additionally, Jason et al. (2006) found that Oxford House residents had a higher income over time than individuals in traditional recovery settings. Taken together with the current study, alumni appear to continue to have increasingly positive outcomes upon leaving their Oxford House.

With regard to familial relations, nearly all current residents reported improved family relationships since being at an Oxford House, and often mentioned improved trust and spending more time with children and other family members. Moos (2007b) suggests that activities that

improve support networks and create alternative rewarding activities are effective, and it is likely that family reconciliation is a factor in maintaining abstinence over the long-term. Interestingly, alumni were more likely to have custody of their children. That finding is practical, as many individuals currently residing in a residential recovery setting lose custody of their children. It is possible alumni are able to demonstrate their ability to parent more effectively once they are living independently.

Alumni represent additional resources for the Oxford House community, as there are literally thousands of individuals who have been part of this organization over the past few decades. One of the themes of the conference addressed ways in which alumni might remain connected with the organization. The findings from this study suggest that there are important roles that alumni do serve within the Oxford House community. Actively involving former residents in the many duties that are needed for the continuing expansion of these self-help community based settings represents a challenge and important resource for the organization.

There are a number of limitations to this study. For instance, there may have been some self-selection bias involved. Both groups tended stayed in an Oxford House for at least one to two years, while generally the average length of stay in an Oxford House is one year (Oxford House Manual, 2006). Additionally, participants were attending a conference about Oxford Houses, which introduces bias in the sample. Furthermore, this study was cross-sectional and retrospective by design; ideally follow-up data would allow us to more rigorously test the processes and constructs under investigation. Finally, there was no control or comparison group that did not have an Oxford House experience.

However, despite these limitations, the present study assessed aspects of recovery from the vantage point of individuals currently in residential recovery settings, and those who have transitioned out of Oxford Houses and have been living independently for years. The majority of alumni who participated stayed connected with Oxford Houses in a number of supportive roles, and these activities may provide both a substitute for and also be protective against previously harmful behaviors. Vaillant (1988; 2005) suggested that social environments during recovery are critical factors for long-term abstinence. Oxford Houses might provide such environments for individuals in recovery. Given the high activity level of alumni in Oxford Houses after moving out, it is likely that they contribute to the mutually-supportive environment that Oxford Houses provide, and also benefit from their participation. Future research should continue to tease apart these processes in more detail to determine what environmental phenomena are successful in promoting resiliency among individuals struggling with addiction.

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Table 1

Demographic information

Demographic Characteristic	Total % or Mean (SD) (N = 108)	Alumni (n = 29)	Current Residents (n = 79)	Sig.
Age (in years)	36.8 (11.2)	41.0 (11.6)	35.3 (10.8)	*
Sex				
Male	66.7%	72.4%	64.6%	
Female	31.5%	22.2%	35.4%	
Ethnicity				
White	82.4%	75.9%	84.8%	
African American	9.3%	13.8%	7.7%	
Native American	3.7%	3.4%	3.8%	
Hispanic	1.9%	0.0%	2.5%	
Marital Status				*
Married	5.6%	13.8%	2.5%	
Divorced/Separated	40.7%	27.6%	45.6%	
Single/Other category	50.0%	51.7%	49.4%	
Religion				
Christian	63.9%	72.4%	60.8%	
Spiritual, not Religious	23.1%	10.3%	27.8%	
Agnostic	2.8%	3.4%	2.6%	
Other	5.6%	6.9%	5.3%	
Annual Income Range				*
\$0–15,000	25.0%	7.4%	31.6%	
\$15,000–30,000	47.2%	44.8%	48.1%	
\$30,000–45,000	20.4%	37.9%	13.9%	
\$45,000–60,000	0.9%	0.0%	1.3%	
\$60,000–75,000	1.9%	3.4%	1.3%	
\$75,000 or higher	1.9%	0.0%	2.5%	
Level of Education				
High School or GED	66.7%	75.9%	63.3%	
Certificate	9.3%	9.3%	11.4%	
Associate's Degree	11.1%	3.4%	12.7%	
Bachelor's Degree	8.3%	6.9%	8.9%	
Master's Degree	2.8%	6.9%	1.3%	

Note. Percentages do not add up to 100 when items were omitted by participants

* $p < .05$ comparing alumni and current residents using χ^2 analyses or a t -test

Table 2

Perceptions of Oxford Houses

Statement	% Alumni endorsing	% Residents endorsing	Sig.
Residents provide each other support	96.6	92.4	
OHS provide safe housing to vulnerable populations	96.6	89.9	
Residents provide each other companionship	96.6	87.3	
OHS help people to remain abstinent	93.1	88.6	
OH increase members' sense of responsibility	93.1	84.8	
OHS are affordable	93.1	78.5	
OH provide residents motivation	79.3	83.5	
OH provide residents independence	69.0	78.5	
OHS help people find and retain employment	62.1	51.9	
OHS reduce crime	58.6	59.2	
OH is cost-saving to society	72.4	48.1	*

* Note. $p < .05$ comparing frequency of alumni and resident responses using χ^2 analyses

Table 3

Qualitative Response Themes

Question	Alumni	Resident	Sig.
Has your family relationship improved?	24 responses	65 responses	
Improved relationship quality/amount of time spent	46.0%	42.0%	
Increased trust	33.3%	29.2%	
Increased responsibility	25.0%	7.7%	*
Increased respect/pride from family	8.3%	9.2%	
Reduced negative emotions from family	4.2%	12.3%	
Has your relationship with your children improved?	14 responses	32 responses	
Increased time/involvement	35.7%	37.5%	
Increased trust/respect	28.6%	12.5%	
Improved relationship quality	21.4%	12.5%	
Supportive of recovery efforts	0.0%	12.5%	
What types of activities do you do to help others in recovery?	25 responses	68 responses	
Oxford House involvement	56.0%	36.8%	
Informal help (such as listening)	48.0%	52.9%	
12 step/sponsorship	40.0%	45.6%	
Practical help (such as rides)	8.0%	29.4%	*
What types of activities do you do to help out in your neighborhood or community?	16 responses	28 responses	
Non-Oxford House activities	62.5%	67.9%	
Formal volunteer in community	31.3%	53.6%	
Informal neighborhood help (such as clean-ups)	31.3%	25.0%	
Are there any things that you don't like about Oxford House?	12 responses	29 responses	
Drama, politics, or personal disputes	33.3%	24.1%	
Long House meetings	16.7%	0.0%	*
Issues with long-term residents	0.0%	10.3%	
Lack of personal space/parking at times	0.0%	10.3%	
Is there anything special that you would like us to know about Oxford Houses?	17 responses	43 responses	
Saved life/help people in recovery	82.4%	72.1%	
Need to grow/recommend OHs	17.6%	11.6%	

Note. Some comments fit into multiple theme categories

* $p < .05$ comparing frequency of alumni and resident responses using χ^2 analyses