Published in final edited form as:

Ther Communities. 2014 ; 35(2): 42–47. doi:10.1108/TC-03-2014-0008.

Vocational Training and Employment Attainment among Substance Abuse Recovering Individuals within a Communal Living Environment

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Abstract

Purpose—The present study explored the effects of length of stay in an Oxford House (a sober living environment) with the number of days attended school/vocational training and days worked in the past 90 days with 292 women and 604 men.

Design/methodology/approach—This paper presents quantitative data.

Findings—Results indicated that number of days residing in these recovery homes was related to number of days attending school/vocational training and days worked.

Originality/value—The present study suggested that in addition to staying abstinent from alcohol and drugs, Oxford House residents may gain useful life skills through vocational education, training, and employment. This is an area of further exploration for the substance abuse recovery community.

Keywords

vocational rehabilitation and employment; substance abuse; recovery homes; Oxford House

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Currently in the United States, substance abuse and dependency negatively impact the lives of over 22.1 million persons 12 years of age or older (National Survey on Drug Use and Health [NSDUH], 2011). Moreover, dependence on alcohol and other drugs may be detrimental to an individual's overall well-being, particularly in major life areas pertaining to the continuation of their education or vocational rehabilitation, employment and daily medical care.

Substance use disorder rates also were related with an individual's education level and employment status. Specifically, those individuals that graduated from high school (8.3%) or college/university (7.3%) experienced lower rates of substance dependence or abuse than those persons who did not complete high school (10.2%) (NSDUH, 2011). Additionally, employment (defined as “paid work”) was a positive outcome of substance dependency treatment and recovery (Magura, 2003). Research consistently showed that being employed is a favorable factor in the retention and overall outcomes of treatment for individuals with

substance abuse disorders (Platt, 1995). More recently, individuals 18 years of age or older employed fulltime, part-time or had other employment income, had less illicit drug use rates compared to those individuals that were unemployed (NSDUH, 2011). Thus, further educational development as minimal as vocational training and employment might be important predictive factors of the recovery process of individuals' with alcohol and drug addictions.

Vocational rehabilitation has impacted the recovery developments and important life changes for people with substance use disorders. Hammer, Ravndal, and Vaglum (1985), for example, found a positive correlation between vocational training and later employment activity among young addicts who completed a vocational training program. They reported a significant relationship between vocational training and reduced substance abuse. Perhaps, the completion of vocational training might lead to more work activity resulting in positive life changing situations, which could be related to reduced substance abuse. Additionally, Taylor (2008) examined the integration of vocational services (intensive psycho-educational treatment, re-entry skills building and community reintegration) within a therapeutic community providing treatment for alcohol and other drugs. Results indicated positive outcomes with maintenance of stable employment, pro-social engagement, and the prevention of relapse. Vocational training and steady employment seem to contribute to lower relapse rates of individuals with alcohol and other drugs dependency.

Treatment programs for alcohol and other drugs that incorporate vocational services, such as vocational guidance, career identification, skills acquisition, and career counseling, are limited and underutilized throughout the U S even though such programs may be beneficial for many recovering addicts (Taylor, 2008). If and when employment counseling/training is available in treatment programs, however, these services seem under reported and their effectiveness is usually inadequately evaluated (Magura & Staines, 2004). For instance, Machlan, Brostrand, and Benshoff (2004) examined the utilization and referral of vocational services for individuals in treatment for substance use disorders. This study found that alcohol and other drug professionals believed vocational services were important for their clients' employment and recovery outcomes. However, there was a lack of referral and underutilization of vocational services for clients with substance abuse. In another study, employment and workplace accommodation outcomes were explored among people with a substance abuse disorder that received vocational rehabilitation services from state and federal programs in 1996, 2000, and 2004 (Walls, Batiste, Moore & Loy, 2009). Approximately half of the large sample of individuals with substance use disorders completed vocational rehabilitation and this group had much better employment outcomes overall. Taken together, these studies suggest there is a lack of emphasis on vocational rehabilitation utilization among recovery treatment programs and models.

Oxford House, Incorporated (OH) is the largest self-help, residential community based substance abuse recovery model in the United States (Jason & Ferrari, 2010). These homes are democratically self-run recovery dwellings where each resident is responsible for paying their monthly rent and helping with the chores of the house. In addition, residents must abide to the most important rule - to stay abstinent from substance use at all times (Oxford House Manual, 2008).

Oxford House and therapeutic community (TC) are models utilized for substance abuse recovery. Therapeutic communities are substance free residential settings for recovering individuals comprised of treatment staff members and peer community support as determining factors for change. (National Institute on Drug Abuse [NIDA], 2002). Unlike Oxford House, therapeutic communities utilize a daily structured treatment program lead by staff members and have a limited amount of time an individual can reside in the recovery environment (Doweiko, 2012).

The Oxford House model is an effective and inexpensive environment for individuals in recovery from alcohol and drugs (Jason & Ferrari, 2010; Lo Sasso, Byro, Jason, Ferrari, and Olson, 2012). Previous research suggested that living at least six months in an Oxford House is related to positive outcomes, particularly in regard to abstinence and self-efficacy (Jason, Davis, Ferrari, & Anderson, 2007). Additionally, a length of residency of six months or more in an Oxford House was related to higher number of days employed and higher overall income, compared to staying in an Oxford House for less than six months (Belyaev-Grantsman, Jason, & Ferrari, 2009). Other matters such as medical care and utilization and employment status of Oxford House residents have also been explored. For instance, Ponitz, Olson, Jason, Davis, and Ferrari (2006) found that those individuals that were unemployed needed and used more medical care compared to employed Oxford House residents. Thus, the length of stay an individual lives in an Oxford House seems to be a predictor of several positive outcomes during their recovery.

Past studies with Oxford House residents have not examined the relationship between educational or vocational attainment and length of time in these recovery homes. Longer residency time in a recovery process may be beneficial in obtaining employment but also in receiving more educational and vocational training. The present study then explored the effects of length of stay in Oxford Houses and the number of days attended school or vocational training in the past 90 days. Other factors, such as employment, were examined in relation to the residents' length of stay in Oxford Houses. It was predicted that those individuals residing in Oxford House compared to persons not living in such a communal residency for a longer period of time would on average attend more days of vocational training or education and have more days of paid work.

Method

Participants

Participants were part of a larger national study of more than 169 Oxford Houses funded by the National Institute on Drug Abuse (NIDA) from 2001 to 2006 (see Jason, Ferrari, Davis, & Olson, 2006; Jason et al., 2007). More specifically, we used a cross-sectional sample of 897 Oxford House residents (604 men, 293 women) from clustered areas of Washington and Oregon, Texas, Illinois, Pennsylvania and New Jersey and North Carolina. Participants were either recruited through a public announcement in the monthly Oxford House newsletter or at an annual Oxford House convention.

The participants' mean age was 38.4 years and the average time they lived in an Oxford House was 10.8 months. The racial/ethnic composition of our sample consisted of 58.4%

European Americans, 34% African Americans, 3.5% Hispanics/Latino, and 4% other ethnicities. On average, these participants had on average 12.6 years of education, and 69.3% had been full-time employed throughout their lifetime.

Measures

Instruments administered were the *90-Day Time-Line-Follow-Back* (TLFB), among many other questionnaires (see Jason et al., 2007, for the full set of measures administered). The TLFB is a structured assessment interview that examined drinking and related behaviors (Tonigan, Miller, & Brown, 1997). The variables derived from the TLFB were how many days in the last 90 days interviewees had attended school or vocational training and how many days they had worked. As a secondary more exploratory variable, we also examined how many days they had taken medication for a physical problem prescribed by a physician. The length of residency variable derived from the participants completing the *Addictions Severity Index* (ASI) Fifth edition. This instrument collected information on substance abuse usage history (McLellan, Kushner, Metzger, & Peters, 1992).

Days attending school or vocational training, days paid for work, and days taking medication for a physical problem measured the participants' activity in the last 90 days or 3 months. Additionally, the *length of Oxford House residency* for participants was examined for seven time periods: less than three months, three to five months, six to eight months, nine to 11 months, 12 to 14 months, 15 to 17 months, and 18 or more months residing in Oxford House.

For the purpose of this study, the length of stay in an Oxford House was tested in intervals of three months, because the variables examined were referring to the participants' activity in the last 90 days. Previous research compared participants' length of stay in Oxford House at two time points (i.e. less than six months and six months or more). Examining three month length of stay allowed us in the present study to ascertain a better understanding of the activities pertaining to school/training and employment activities of the participants.

Results

A one-way analysis of variance (ANOVA) was conducted for each of the three variables examined (i.e. days of school or training in the last 90 days, days worked in the last 90 days, and taking medication for a physical problem in the last 90 days) and the length of residency of participants in an Oxford House in intervals of three months. The days of school or vocational training attended in the last 90 days differed significantly across the seven time points of Oxford House length of stay, $F(6, 854) = 6.30, p < 0.001$ (See Figure 1). Tukey post-hoc comparisons of the seven time points indicate that the mean score of days attended school or vocational training of those living in an Oxford House less than 3 months ($M = 0.97, SD = 5.36$) was significantly lower than length of stay in Oxford House for 9 to 11 months ($M = 10.55, SD = 24.93, p = 0.000$), 15 to 17 months ($M = 12.95, SD = 28.56, p = 0.000$) and 18 or more months ($M = 6.45, SD = 20.05, p = 0.013$).

There was also a significant effect of length of stay on days worked in the last 90 days worked across the seven time points, $F(6, 849) = 16.090, p < 0.001$ (See Figure 2). Tukey post-

hoc comparisons demonstrate that the mean score of days worked residents living in an Oxford House less than 3 months ($M=28.27$, $SD=27.36$) was significantly lower than the mean of days worked for those individuals living in an Oxford House for 3 to 5 months ($M=46.91$, $SD=27.41$, $p=0.000$), 6 to 8 months ($M=47.89$, $SD=25.99$, $p=0.000$), 9 to 11 months ($M=51.04$, $SD=28.42$, $p=0.000$), 12 to 14 months ($M=51.90$, $SD=26.46$, $p=0.000$), 15 to 17 months ($M=45.18$, $SD=31.44$, $p=0.007$), and 18 or more months ($M=47.51$, $SD=27.61$, $p=0.000$).

Finally, we examined days taking medication from a physician for a physical problem in the last 90 days. A one-way omnibus ANOVA test showed there was no significant effect $F(6,870) = 1.55$, $p=0.159$ of the mean days taking medication for a physical problem across the seven time points. Using a Tukey test, there were no significant differences across the time periods. However, using a Least Significant Difference multiple comparison test, we found that those that had a length of stay of period of 15 to 17 months ($M=34.44$, $SD=42.60$) had more days taking medication for a physical problem than those individuals living in Oxford House less than three months ($M=19.12$, $SD=33.80$, $p=0.013$) and three to five months ($M=20.20$, $SD=36.06$, $p=0.027$) and 12 to 15 months ($M=15$, $SD=32.64$, $p=0.011$).

Discussion

The present study suggested that Oxford House residents may benefit from their stay in this sober living environment in a several ways. In addition to staying abstinent from alcohol and drugs, Oxford House residents may improve gain useful life skills through vocational education, training, and employment. When examining attendance for school or vocational training, we found that during the first three months of staying in an Oxford House, there was minimal attendance at school or vocational training programs. On average, individuals that were living in an Oxford House less than three months attended less days of school or training when compared to those residents with length of stays of 9 to 11 months and between 15 to 17 months.

It appeared that residents living in an Oxford House between 15 to 17 months had the highest mean days attending school or training, when focusing on a three month time frame. Perhaps, during the first three months in an Oxford House, residents focused on finding a job and maintaining sobriety (Jason & Ferrari, 2010). It seems that the longer time an individual spends in an Oxford House, the more education or vocational training he/she may obtain during their stay—suggesting that individuals are much more likely to want to pursue more education or vocational training once they are further along in their recovery process. This finding seems important. Individuals in recovery from alcohol and other drugs generally may find accessing vocational services a challenged because of schedule conflicts and transportation at sites without treatment programs for alcohol and other drugs (Magura & Staines, 2004). Ultimately, more education or vocational training may improve their opportunities for employment in the future.

In regards to employment, the average days paid for work in the last 90 days for individuals living in an Oxford House less than three months was significantly lower than those living in Oxford House three months or more. After three or more months of Oxford House

residency, there is a consistency in the average amount of days paid for work. This was suggesting that after the first three months of living in an Oxford House, individuals had more employment days than those that have a length of stay less than three months. In part, this is because of the strong emphasis on obtaining a job during the first weeks of entering an Oxford House. It is in this democratic self-help recovery environment where they begin seeking their independence and learning about taking responsibility of themselves.

Of course, there are limitations in the present study. For example, the variable that examined the number of days attending school or training did not distinguish between “going” or “attending” an actual school or vocational training program. Oxford House residents may already be acquiring some sort of job training at their employment site, thus reflected in the low average in the number of days attending school or training programs. Furthermore, on our current sample, on average Oxford House residents had 12 years or more of education, suggesting that these individuals are seeking more job training vocational services in order to obtain and maintain employment rather than formal education. Nevertheless, as a more exploratory secondary aim, our results suggested that length of stay in Oxford House did not significantly affect the residents’ compliance with their medical needs (i.e. taking medication prescribed by a physician for a physical problem) than those new comers or those with less time in recovery. We found that those residents living in Oxford House between 15 to 17 months on average had directionally more days taking medication for a physical problem. Longer term follow-up data might be needed, and progress in their recovery and stable employment after staying in a sober living environment more time may allow individuals to work on improving other important issues such as proper medical care.

Acknowledgments

Gratitude is expressed to Paul Molloy, Leon Venable, and the many Oxford House members who collaborated with our team for the past 15 years. The authors appreciate the financial support from the National Institute on Alcohol Abuse and Alcoholism (NIAAA grant numbers AA12218 and AA16973).

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