

Summary of DePaul University's Oxford House Research and Answers to Frequently Asked Questions

For more than twenty-five years, a DePaul University-based research team has been involved in studying Oxford Houses in order to better understand the role they play in substance abuse recovery. Descriptions of our past and current research are found in this booklet.

How have the DePaul research team and the Oxford House worked together?

In our work, we have focused on building trust, sharing resources, and focusing on community strengths rather than weaknesses. One of our studies describes how seven individuals from the Oxford House worked with the DePaul research team to help with two large research studies. Three females and four males from the Oxford House were hired as recruiters to help us track and interview Oxford House residents for these studies, enter and manage the interview data, and attend weekly research meetings. The seven individuals from the Oxford House completed a “Process Questionnaire” to evaluate their experience working with the DePaul University research team. The feedback we received about the skills they gained included:

- Improved communication and sales skills
- Increased understanding of individual interests and future career directions
- The opportunity to gain knowledge about psychology
- A new understanding of those in recovery

These findings highlight some of the benefits Oxford House residents saw from participation with a university research team.

Davis, M. I., Olson, B. D., Jason, L. A., Alvarez, J., & Ferrari, J. R. (2006). Cultivating and maintaining effective action research partnerships: The DePaul and Oxford House collaborative. *Journal of Prevention Intervention in the Community, 31*, 3-12.

Jason, L. A., Davis, M. I., Olson, B. D., Ferrari, J. R., & Alvarez, J. (2006). Attitudes of community members as a function of participatory research with Oxford Houses. *Journal of Prevention & Intervention in the Community, 31*, 13-26.

How has Oxford House helped the DePaul team in our research?

Participating in our studies and providing us with data is only part of how Oxford House members contribute to our research. Input from Oxford House members gives us direction as to what our new studies should look at. We look forward to our weekly meetings when we have the opportunity to discuss current projects and receive feedback from Oxford House members. Following the suggestions of Oxford House members has helped us to understand new ideas that we wouldn't have thought to look at on our own.

Olson, B. D., & Jason, L. A. (2014). Participatory mixed methods research. In S.N. Hesse-Biber & R.B. Johnson (Eds.) *Oxford Handbook of Mixed and Multimethod Research*. New York: Oxford University Press.

What are characteristics of people living in Oxford Houses?

An important goal of this study was to examine whether Oxford House residents differed from people in other drug and alcohol recovery programs. The information for this study was collected by Oxford House, Inc. between 1988 and 1993. We found that:

- 53% of the residents were never married
- 58% of the residents were Caucasian
- 70% of the residents were male
- 71% of the residents had at least completed high school
- 69% were employed with an adequate income to live independently
- 53% used other drugs along with alcohol
- 64% had experienced homelessness.

What we found in this initial study is that Oxford House residents, in the late 1980's and early 1990's, were demographically similar to people in other recovery programs.

Jason L.A., Ferrari J.R., and Dvorchak P.A., Groessl E.J., Malloy, P.J. (1997). The characteristics of Alcoholics in self-help residential treatment settings: A multi-site study of Oxford House. *Alcoholism Treatment Quarterly*, 15, 53-63.

What are the reasons for living in Oxford Houses?

When the first Illinois Oxford House opened in 1992, our research group began assessing the characteristics of male Oxford House residents as they entered one of the eleven newly formed houses. During the course of eighteen months, we conducted face-to-face interviews with 134 men who had lived in Oxford Houses. Most men were employed (65.3%) and had an average monthly income of \$805.88. In addition, most men (74.2%) indicated that they used more than one substance, such as alcohol and at least one other drug.

Residents reported that their primary reason for choosing to reside in an Oxford House was the fellowship provided and the existence of a structured setting where avoidance of substance use was enforced. Moreover, they reported that the most important benefits of living in an Oxford House was the sense of community with similar others in a stable environment. In addition, they believed that Oxford House was unique in that it provided them with a self-paced recovery option and gave them sufficient time for personal psychological growth while avoiding the use of alcohol and other substances. Conclusively, they believed Oxford House differed from other recovery programs they had experienced because it allowed fellowship with similar others, stability in their lives, and sufficient time for change and personal growth.

Jason L.A., Ferrari J.R., Smith B., Marsh P., Dvorchak P.A., Groessl E.K., Pechota M.E., Curtin M., Bishop P.D., Knot E., & Bowden B.S. (1997). An exploratory study of male recovering substance abusers living in a self-help, self-governed setting. *Journal of Mental Health Administration*, 24, 332-339.

How effective is the Oxford House compared to living arrangements that do not include an Oxford House?

We recruited 150 people who are finishing substance abuse treatment at an alcohol and drug abuse facility in Illinois as part of a grant from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Half were assigned to live in an Oxford House while the other half received regular after-care services after leaving this facility. Each of these individuals were interviewed every six months for a two-year period of time. This study looked at the effects of Oxford House on recovering alcoholics' sobriety and their belief about their ability to maintain abstinence.

We found that participants assigned to a communal living Oxford House compared to usual care condition had significantly less substance use and criminal involvement and, significantly better employment outcomes. After tracking each group for 2 years, those in the Oxford House condition compared to the usual care condition had lower substance use (31.3% vs. 64.8%), higher monthly income (\$989.40 vs. \$440.00), and lower incarceration rates (3% vs. 9%). These findings suggest that there are significant public policy benefits for these types of lower cost, residential, non-medical, community-based care options, such as Oxford House, for individuals with substance abuse problems.

Jason, L. A., Olson, B., & Ferrari, J. R. (2006). An evaluation of communal housing settings for substance abuse recovery. *American Journal of Public Health*, 91, 1727-1729.

Does length of time living in an Oxford House make a difference?

At the 24 month follow-up for the study described on the preceding page (Jason, Olson, & Ferrari, 2006), there was less substance abuse for residents living in Oxford Houses for 6 or more months (15.6% usage prevalence) compared to participants with less than 6 months (45.7%) or to participants assigned to the usual after-care condition (64.8%). Findings from this study suggests that maintaining residency within an Oxford House for at least 6 months may be a critical factor in maintaining abstinence. One possible explanation of this might be that abstinent self-efficacy expectations stabilize after six months of abstinence; furthermore, adults in the recovery process might need to be in supportive environments for this critical period to experience positive long-term effects of abstinence.

Results also indicated that older residents and younger members living in a house for 6 or more months experienced the most effective outcomes in terms of substance use, employment, and self-regulation. As changes in self regulation have in the past been related to less alcohol abuse and better adjustment, these findings take on added theoretical significance. This significant increase in self regulation over time might be due to the Oxford House experience which, provides residents appropriate role models and other sources of support that allow them to better cope with interpersonal issues, maintain employment, not engage in criminal activity and remain abstinent.

Jason, L.A., Olson, B.D., Ferrari, J.R., Majer, J.M., Alvarez, J., & Stout, J. (2007). An examination of main and interactive effects of substance abuse recovery. *Addiction*, *102*, 1114-1121.

How do Oxford House residents change over the course of a year?

Another study, funded by a grant from the National Institute on Drug Abuse (NIDA), involved researching Oxford House residents across the country. Approximately 900 participants were interviewed at four-month intervals, four times (Jason, Davis, Ferrari, Anderson, 2007). In this large, national study, we examined how a sample of Oxford House members changed during the course of a year. We also examined how their sense of confidence in staying abstinent changed, and how they do when they leave Oxford Houses. These studies gave us a unique perspective for better understanding the many benefits of living in Oxford Houses. At the fourth interview we found:

- Only 13.5% of participants reported using either alcohol or drugs, and of those who had left the OH, only 18.5% indicated using any substances.
- Employment income significantly increased over time from \$794 to \$942 per month, and 80% of participants reported being employed by the last assessment.
- The percentage of incarceration remained at low levels throughout the study (less than 5% were incarcerated by the last assessment).

Our results supported the original notion that staying in OH at least 6 months was related to increased self-efficacy and maintaining abstinence.

Also using this data set, Gómez, Jason, Contreras, DiGangi, and Ferrari (2014) explored the effects of length of stay in an Oxford House (a sober living environment) with the number of days attending school/vocational training and number of days worked in the past 90 days with 292 women and 604 men. Results indicated that number of days

residing in these recovery homes was related to number of days attending school/vocational training and days worked. This study suggests 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.

In another study with this data set, Harvey, Jason, and Ferrari (2016) used survival analysis to examine risk factors for substance abuse relapse. They found higher risk for relapse with more severe substance use disorders and psychiatric problems. Increases in alcohol (but not drug) abstinence self-efficacy significantly affected risk of relapse. Results suggested that Oxford House recovery homes may reduce relapse by providing closer monitoring and referring additional services to new residents with more severe prior addiction severity. Risk for relapse may also be reduced by enhancing abstinence self-efficacy for alcohol regardless of drug of choice.

Jason, L.A., Davis, M.I., Joseph R. Ferrari, J.R., Anderson, E. (2007). The need for substance abuse after-care: Longitudinal analysis of Oxford House. *Addictive Behaviors* (32), 802-818.

Gómez, D., Jason, L.A., Contreras, R., DiGangi, J., & Ferrari, J.R. (2014). Vocational training and employment attainment among substance abuse recovering individuals within a communal living environment. *Therapeutic Communities: The International Journal of Therapeutic Communities*, 35, 42 – 47. PMID: PMC4089100

Harvey, R., Jason, L. A., & Ferrari, J. (2016). Substance abuse relapse in Oxford House recovery homes: A survival analysis evaluation. *Substance Abuse*, 37, 281-285. doi:10.1080/08897077.2015.10

How does Oxford House relate to the criminal justice system?

Forty-six Oxford House residents were compared to a sample of 46 clients from traditional inpatient programs. Few significant differences were found between Oxford House residents and the traditional inpatient sample. After examining such factors as education, job history, criminal history, and drug use, the study suggests that the only significant difference between the two groups is the greater amount of lifetime cannabis use within the Oxford House sample. The average lifetime incarceration in the non-Oxford House group was higher than the average for Oxford House. This was likely due to two extreme non-Oxford House participants, where the participants reported unusually longer periods of time incarcerated. Due to the lack of a large number of differences between the two groups studied, Oxford House could be a justifiable alternative to inpatient treatment and incarceration.

The next study investigated crime rates in areas surrounding 42 Oxford Houses and 42 control houses in a large city in the Northwestern United States. A city-run Global Information Systems (GIS) website was used to gather crime data including assault, arson, burglary, larceny, robbery, sexual assault, homicide, and vehicle theft over a calendar year. Findings indicated that there were no significant differences between the crime rates around Oxford Houses and the control houses. These results suggest that well-managed and governed recovery homes pose minimal criminal risks to neighbors.

Oleniczak, J.T., Olabode-Dada, O., Viola, J.J., Davis, M.I., Olson B.D., Ferrari, J.R., & Jason, L.A. (2002, May). A comparison of past criminal activity in a community-based vs. a traditional approach to substance abuse recovery. A poster presented at the Society for Community Research and Action annual meeting of the Midwestern Psychological Association, Chicago, IL.

Deaner, J., Jason, L.A., Aase, D.M., & Mueller, D. (2009). The relationship between neighborhood criminal behavior and Oxford Houses. *Therapeutic Communities*, 30, 89-93.

What are the effects of living in an Oxford House on criminal and aggressive behaviors?

Criminal and aggressive behaviors are frequently observed among substance abusers. A United States national sample of residents in self-governed, communal living substance abuse recovery homes, Oxford Houses, participated in a one-year longitudinal study. Participants completed initial and follow-up measures of self-reported criminal and aggressive behavior. Results, at the one-year follow-up, indicated that a length of stay in an Oxford House of six months or longer is associated with lower levels of criminal and aggressive behaviors.

Aase, D.M., Jason, L.A., Olson, B.D., Majer, J.M., Ferrari, J.R., Davis, M.I., & Virtue, S.M. (2009). A longitudinal analysis of criminal and aggressive behaviors among a national sample of adults in mutual-help recovery homes. In L.A. Jason, & J.R. Ferrari (Eds.). *Recovery from addiction in communal living settings: The Oxford House model [Special Issue]*. *Journal of Groups in Addiction & Recovery*, 4, 82-91.

How do Oxford Houses compare to Therapeutic Communities for ex-offenders?

This study examined the role played by aftercare following (mainly) inpatient community-based treatment in the outcomes of criminal ex-offenders with substance use disorders (Jason, Olson, & Harvey, R. 2015). Two hundred and seventy individuals who had been released from the criminal justice system were randomly assigned to either a Therapeutic Community (TC), recovery homes called Oxford Houses (OHs), or usual care settings (UA). The OHs and TCs are residential settings that emphasized socialization and abstinence from drugs and alcohol, but OHs do not include the formal therapeutic change interventions common to TCs, nor did they include any on-site access to drug abuse or health care professionals. UA involved what occurred naturally after completing treatment, which included staying with friends or family members, their own house or apartment, homeless shelters, or other settings. Longer lengths of stay in either the TCs or OHs were associated with increased employment, and reduced alcohol and drug use. Those assigned to the OH condition received more money from employment, worked more days, achieved higher continuous alcohol sobriety rates, and had more favorable cost-benefit ratios.

Using data from the above study, Majer, Chapman, & Jason (in press) Participants randomly assigned to residential conditions reported significant reductions in psychiatric severity whereas those assigned to the usual care condition reported significant increases. There were no significant differences in psychiatric severity levels between residential conditions (Oxford Houses and the Therapeutic Community). Findings suggest that cost-effective, self-run residential settings such as Oxford Houses provide benefits comparable to professionally run residential integrated treatments for

justice involved persons who have dual diagnoses. Results support the utilization of low-cost, community-based treatments for a highly marginalized population.

Jason, L.A., Olson, B.D., & Harvey, R. (2015). Evaluating alternative aftercare models for ex-offenders. *Journal of Drug Issues, 45*(1) 53–68. PMID: PMC4307799

Majer, J. M., Chapman, H. M., & Jason, L. A. (in press). Abstinence self-efficacy and substance use at two years: The moderating effects of residential treatment conditions, *Alcoholism Treatment Quarterly, 33*(4).

Has the DePaul team conducted interventions for justice-involved, high-risk African-American women?

It is critical to evaluate gender-specific residential post-release programs that provide at-risk women with supports that serve to increase abstinence from substance use, reduce HIV risk behaviors, reduce psychological symptoms, decrease recidivism, and help attain better health outcomes. It is important to identify the types of settings or interventions that might promote health service utilization and more positive health outcomes following release from jail. With funding from the National Center on Minority Health and Health Disparities, we examined the potentially different roles of abstinence-specific and general social support for African-American women who are exiting the criminal justice system. Two hundred women who had been involved with the criminal justice system within the preceding 2 years were recruited from multiple sites in metropolitan Chicago. These women were assigned to either 1 of 2 conditions: Oxford House (OH) recovery homes or usual aftercare (UA). Those with longer stays in OH (6 months or more) had better outcomes in terms of alcohol and drug use, employment, and self-efficacy than those with shorter stays. Outcomes for those who stayed in OH were not appreciably different than the UA condition on substance use and employment, but fewer deaths occurred for those in the OH condition. Findings suggest that length of stay of 6 or more months is critical for those in recovery homes, but it is important for us to better understand the processes through which longer stays influence better outcomes.

Jason, L.A., Salina, D. & Ram, D. (2016). Oxford Recovery Housing: Length of stay correlated with improved outcomes for women previously involved with the criminal justice system. *Substance Abuse*, 37, 248-254. doi: 10.1080/08897077.2015.1037946

What are some of the economic costs associated with opening an Oxford House?

In efforts to understand the cost of an Oxford House, a study was conducted on the economic costs of the Oxford House, which was compared to the costs of inpatient treatment and those of incarceration. The study found that costs associated with the Oxford House program were relatively low. Costs associated with inpatient and incarceration history prior to entering Oxford Houses were high.

Another study looked at the impact of an Oxford House outreach worker in opening new houses. The funding of outreach workers has come from a state loan fund that has recently been terminated. In this study, we wanted to understand the impact of having an outreach worker to help open new houses. The study examined over 500 Oxford Houses and found that there are significantly more houses opened in states that employ an outreach worker to provide technical assistance than in those states that do not. The outreach workers slightly helped the opening of men's houses and significantly helped the opening of women's houses.

Jason, L. A., Braciszewski, J. M., Olson, B. D., & Ferrari, J. R. (2005). Increasing the number of mutual help recovery homes for substance abusers: Effects of government policy and funding assistance. *Behavior and Social Issues, 14*, 71-79.

Braciszewski, J. M., Olson, B. D., Jason, L. A., & Ferrari, J. R. (2006). The influence of policy on the differential expansion of male and female self-run recovery settings. *Journal of Prevention & Intervention in the Community, 31*, 51-62.

Olson, B. D., Viola, J. J., Jason, L. A., Davis, M. I., Ferrari, J. R., & Rabin- Belyaev, O. (2006). Economic costs of Oxford House inpatient treatment and incarceration: A preliminary report. *Journal of Prevention & Intervention in the Community, 31*, 63-74.

Are there economic benefits of living in Oxford Houses?

We used data from a randomized controlled study of Oxford House to conduct a cost-benefit analysis of the program. Following substance abuse treatment, individuals that were assigned to an OH condition ($n = 75$) were compared to individuals assigned to a usual care condition ($n = 75$) (Lo Sasso, Byro, Jason, Ferrari, & Olson, 2012). Results suggest that OH compared quite favorably to usual care: the net benefit of OH stay was estimated to be over \$23,000 per person on average. Costs were incrementally higher under OH, but the benefits in terms of reduced illegal activity, incarceration and substance use substantially outweighed the costs. The positive net benefit for Oxford House is primarily driven by a large difference in illegal activity between OH and usual care participants. Using a sensitivity analysis, we estimated the net benefits under a more conservative approach and still arrived at a net benefit favorable to OH of \$13,136 per person. Conversely, if we considered the public payer perspective rather than the societal perspective, given that OH residents pay the rent and expenses associated with the treatment modality out of their own pocket, the net benefit would be an even more favorable \$31,043 per person.

Callahan, Jason, and Robinson (2016) used a nationwide sample of 136 women living in Oxford Houses in an analysis with length of stay in Oxford House predicting employment wages, and moderated by criminal history. There was a positive relationship between length of stay and wages. Criminal history modified the association between length of stay and wages, and length of stay had a significantly greater impact on wages for women with criminal convictions. The findings provide a contribution to alcohol and

drug abuse and economic literature by identifying a setting that decreases economic disparities for women who were formerly incarcerated.

Lo Sasso, A.T., Byro, E., Jason, L.A., Ferrari, J.R., & Olson, B. (2012). Benefits and costs associated with mutual-help community-based recovery homes: The Oxford House model. *Evaluation and Program Planning, 35*(1):47-53. PMID: 22054524

Callahan, S., Jason, L.A., Robinson, W. (2016). Reducing economic disparities in female offenders: The Oxford House model. *Alcoholism Treatment Quarterly, 34*, 292-302.

What do Oxford House members say are their most important goals?

According to the participants, growth vs. stagnation (or regression) referred specifically to an increased feeling of social connectedness, a greater personal sense of community, and a new tolerance for others different from oneself. This discussion in fact helped us become interested in how Oxford House may reduce various prejudices in residents, leading to study on the topic. One of our hypothesized constructs “sobriety vs. using” came in only eighth place. Therefore we were somewhat surprised for this primary outcome-related topic like abstinence or the ability to stop using drugs to stand so far behind this personal and interpersonal form of “growth” that emerged as the most central Oxford House process. The second top bipolar construct is *accountability vs. irresponsibility*, which received 19% of the vote. Despite the communal, liberating, non-institutional nature of Oxford House, no house is a loosely run, laissez-faire setting. It is a place of *accountability*. Through the rules and structure of the house, there is an internal, organizational structure is about mutual accountability for non-drug use or behavior that can put it at risk. *Irresponsibility* in this case is not about treatment settings, but life while using drugs and alcohol. The lower voted bipolar construct of *structure vs. chaos* provides a similar message.

Olson, B.D., & Jason, L.A. (2011). The community narration (CN) approach: Understanding a group's identity and cognitive constructs through personal and community narratives. *Global Journal of Community Psychology Practice*, 2(1), 1-7. Retrieved June 10, 2011, from <http://www.gjcpp.org/>.

What promotes wisdom in Recovery?

Research investigations on twelve-step groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) have addressed a number of resources associated with 12-step recovery. However, little is known about the role of wisdom, and whether aspects of 12-step participation might increase this resource among 12-step members. An exploratory analysis revealed that participants who reported having a “spiritual awakening” and considered themselves “members” of 12-step groups reported significantly higher levels of wisdom. Twelve-step meeting attendance was not significantly related to wisdom scores. Findings suggest certain aspects of 12-step involvement are associated with wisdom and may play a role in substance abuse recovery.

DiGangi, J., Majer, J., Mendoza, L., Droege, J., Jason, L. A., & Contreras, R. (2014). What promotes wisdom in 12-step recovery? *Journal of Groups in Addiction & Recovery*, 9, 31–39.

Does a woman's wisdom affect her abstinence?

For this study, we wanted to find a way to define wisdom and to see how wisdom impacts the recovery of women in Oxford Houses. We interviewed 116 women from Oxford Houses and from an Oxford House convention. We asked questions written to capture the construct of wisdom and questions about the women's confidence in her ability to remain abstinent (abstinence self-efficacy).

We found that wisdom could be thought of in terms of three different, interrelated factors: using one's intelligence to solve problems; having belief in God/spirituality; and being connected with nature and with others. Women who demonstrated any one of these factors were more likely to demonstrate one of the other factors. In addition, we found that women who had more wisdom overall had more confidence in their ability to stay abstinent. These results indicate that we could potentially learn a lot about recovery in Oxford Houses by continuing to study wisdom in relation to positive recovery outcomes.

DiGangi, J.A., Jason, L.A., Mendoza, L., Miller, S.A., & Contreras, R. (2013). The relationship between wisdom and abstinence behaviors in women in recovery from substance abuse. *American Journal of Drug and Alcohol Abuse*, 39(1), 33-37. PMID: 22924585

What do we know about self-help group attendance and spirituality among Oxford House members?

We conducted interviews with the male Oxford House participants in Illinois in order to further explore self-help group attendance and issues of spirituality in these Oxford House residents. We found:

- 76% reported current involvement with an Alcoholics Anonymous 12-step recovery program
- 53% claimed fellowship with other AA members was important
- 11% indicated their sense of spirituality increased from the AA experience
- 24% prayed regularly
- 16% read the Bible regularly
- 8% attended formal religious ceremonies

These findings indicate that during recovery, many people in Oxford Houses shift from being dependent on alcohol and drugs to depending on peers, which may be helpful in maintaining sobriety. Furthermore, this study suggests that AA spirituality is important for some people in recovery who live in self-help communal settings.

Therefore, the spirituality components of AA and the fellowship provided by such programs are important for helping some Oxford House recovering substance abusers remain sober.

Nealon-Woods, M.A., Ferrari, J.R., & Jason, L.A. (1995). Twelve-step program use among Oxford House residents: Spirituality or social support in sobriety? *Journal of Substance Abuse, 7*, 311-318.

Do changes in tolerance occur as a function of living In Oxford Houses?

Changes in tolerance toward others (i.e., universality/diversity measure) among 150 participants (93 women, 57 men) discharged from inpatient treatment centers randomly assigned to either a self-help, communal living setting or usual after-care and interviewed every 6 months for a 24 month period was explored. Hierarchical Linear Modeling examined the effect of condition (Therapeutic Communal Living versus Usual Care) and other moderator variables on wave trajectories of tolerance attitudes (i.e., universality/diversity scores). Over time, residents of the communal living recovery model showed significantly greater tolerance trajectories than usual care participants.

Results supported the claim that residents of communal living settings unit around super-ordinate goals of overcoming substance abuse problems. Also, older compared to younger residents living in a house for 6 or more months experienced the greatest increases in tolerance. Theories regarding these differential increases in tolerance, such as social contact theory and transtheoretical processes of change, are discussed in the article.

Olson, B.D., Jason, L.A., Davidson, M., & Ferrari, J.R. (2009). Increases in tolerance within naturalistic, self-help recovery homes. *American Journal of Community Psychology*, *44*, 188–195.

What type of people are most likely to help Oxford House residents in their recovery?

We interviewed 132 male residents from 11 Oxford Houses in Illinois to determine how the people they have relationships with have influenced their substance use and their recovery. We found that only children have a positive effect on helping Oxford House residents with their substance use. However, parents, significant others, children, friends, and co-workers all had a positive effect on helping substance abusers recovery.

In a separate study we wanted to understand how living in the Oxford House and participating in Narcotics Anonymous affected who African Americans counted on for support in their recovery. We found that both living in the Oxford House and participating in NA had a strong effect on who African Americans turned to for support. We also found that 44% of the people who could be counted on for support were family members. Among family members, siblings and family members other than spouses, children or parents were the biggest help for staying sober.

Kim, K. L., Davis, M. I., Jason, L. A., & Ferrari, J. R. (2006). Structural social support: Impact on adult substance use and recovery attempts. *Journal of Prevention & Intervention in the Community, 31*, 85-94.

Flynn, A. M., Alvarez, J., Jason, L. A., Olson, B. D., Ferrari, J. R., & Davis, M. I. (2006). African American Oxford Houses residents: Sources of abstinent social networks. *Journal of Prevention & Intervention in the Community, 31*, 111-120.

What do we know about differences between Oxford House residents and those who just attend AA?

In another study, we compared 42 Oxford House members to 42 members of AA self-help groups. For individuals with less than 180 days abstinent, Oxford House residents had higher levels of optimism and were more likely to believe they could remain abstinent than those in the self-help groups. Eighty-three percent of Oxford House members reported a history of serving time in jail whereas the rate was only 55% for the 12-step members. Twelve-step members who had one or more convictions reported lower optimism and were less confident that they could remain abstinent than those without one or more convictions; however, for the Oxford House members, those with and without convictions had similar levels of optimism and beliefs regarding their ability to remain abstinent. These findings suggest that the Oxford House model, in comparison to a 12-step model, might be effective in empowering residents in their ongoing abstinence as it enhances the perception of control in their lives, particularly for those with criminal histories.

Majer, J.M., Jason, L.A., & Olson, B.D. (2004). Optimism, abstinence self-efficacy, and self-mastery among Oxford House residents: A comparative analysis of personal resources. *Assessment, 11*, 57-63.

How does utilization of both NA/AA and Oxford House contribute to members' recovery?

This study examined the combined effects of AA and Oxford House residence on abstinence over a 24-month period with 150 individuals randomly assigned to either an Oxford House or to usual after-care. Among individuals with high 12-step involvement, the addition of Oxford House residence significantly increased the odds of abstinence (88% vs. 53%). Results suggested that the joint effectiveness of these mutual-help programs promote very high levels of abstinence. A combination of these two mutual-help programs might have produced the best outcomes for OH residents because of the joint emphasis on positive social support, strict rules, abstinent living, and self-direction. These two programs offered adults in recovery settings the opportunity to develop a strong sense of community with similar others who share common abstinence goals. Receiving support for abstinence, guidance, and information from others committed to maintaining long-term recovery may enable addicts to avoid relapse.

Groh, D.R., Jason, L.A., Ferrari, J.R., & Davis, M.I. (2009). Oxford House and Alcoholics Anonymous: The impact of two mutual-help models on abstinence. In L.A. Jason, & J.R. Ferrari (Eds.). *Recovery from addiction in communal living settings: The Oxford House model [Special Issue]*. *Journal of Groups in Addiction & Recovery*, 4, 23-31.

Does the practice of 12-step activities increase recovery resources?

The study investigated the benefits of categorical 12-step involvement for 100 individuals living in recovery homes that is, if active involvement in 12-step activities, not meeting attendance, was effective in providing resources. Those individuals who were active in 12-step processes or, who were practicing the steps, reported significantly higher levels of recovery resources compared to those who were not actively involved with the practice of the steps. 12-step involvement was also indicative of a longer stay in an Oxford House. Meeting attendance was significantly and negatively related to self-efficacy for abstinence and meaning in life. Previous research most likely explains this as it has been shown that self-efficacy and meaning are developed later in an individual's recovery. The results suggest the active involvement with the 12-steps helps equip recovering alcoholics/addicts with resources for their recovery.

Majer, J., Droege, J., & Jason, L.A. (2010). A categorical assessment of twelve-step involvement in relation to recovery resources. *Journal of Groups in Addiction & Recovery*, 5, 155-167.

How does 12-Step involvement affect abstinence?

Categorical involvement is a set of 12-step activities (i.e., having a sponsor, reading 12-step literature, doing service work, and calling other members for help) and was examined in relation to abstinence and self-efficacy for abstinence. Participants who were categorically involved in all 12-step activities reported significantly higher levels of abstinence and self-efficacy for abstinence at 1 year compared with those who were less involved, whereas averaged summary scores of involvement were not a significant predictor of abstinence. Participants' number of days in Oxford Houses, but not rates of 12-step meeting attendance, was significantly related to increased abstinence. Findings suggest that categorical involvement in a number of 12-step activities equip persons with substance use disorders with resources for ongoing recovery.

A longitudinal analysis of 12-step involvement was conducted among a U.S. sample of patients exiting treatment for substance dependence. Categorical involvement in a set of 12-step activities and summary scores of involvement from the *Alcoholics Anonymous Affiliation Scale* were examined in relation to continuous abstinence and aftercare (Oxford House or usual care) condition. Participants who were categorically involved in 12-step activities were significantly more likely to maintain continuous abstinence at two years compared to those who were less involved, whereas summary scores of involvement were not significantly related to abstinence.

Majer, J.M., Jason, Aase, D. M., L.A., Droegge, J.R., & Ferrari, J.R. (2013). Categorical 12-step involvement and continuous abstinence at two-years. *Journal of Substance Abuse Treatment*, 44, 46–51. PMID: PMC3398184.

Majer, J.M., Jason, L.A., Ferrari, J.R., & Miller, S.A. (2011). Twelve-step involvement among a U.S. national sample of Oxford House residents. *Journal of Substance Abuse Treatment*, 41, 37–44. PMID: PMC3110568

What is the role of mentors in Oxford House?

We interviewed focus groups of Chicago Oxford House members to hear what they had to say about mentoring. We were interested in how being mentored influenced recovery. We specifically were trying to examine the relationship between mentorship activities, recovery-oriented helping behavior, and how much social support a person has. We found that participating in mentorship activities made people more likely to engage in recovery-oriented helping behavior, like providing support and encouragement for housemates.

We were also interested in the difference between a mentor/mentee relationship and a sponsor/sponsee relationship. Participants explained that relationships with sponsors are usually more formal than relationships with mentors. Participants said that sponsors are there to help guide through the recovery process, while mentors provided support for recovery and non-recovery issues. Mentors might give advice, share experiences, or go to events with mentees. It appears that residents can benefit from settings like Oxford House, where they have opportunities to develop natural mentorship relationships.

Lawlor, J. A., Hunter, B. A. & Jason, L. A. (2014). Natural mentoring in Oxford House recovery homes: A preliminary analysis. *Journal of Groups in Addiction Recovery*, 9, 126-142.

What is the role of sponsors in recovery?

Qualitative results suggest effective sponsors are currently engaged in the program on a personal level, are trustworthy, and are available although a wide variety of attributes were cited. In a choice and ranking exercise, 12-Step engagement and qualities of character were also most often ranked highly.

We also studied levels of experience, knowledge, availability, confidentiality, and goal-setting. Confidentiality had the greatest overall possible impact on utility and sponsor knowledge had the least. These findings suggest qualitative differences in sponsors may impact their effectiveness.

Stevens, E.B., & Jason, L.A. (2015). An exploratory investigation of important qualities and characteristics of Alcoholics Anonymous sponsors. *Alcoholism Treatment Quarterly*, 33,367-384. doi:10.1080/07347324.2015.1077632

Stevens, E. B. & Jason, L.A. (2015). Evaluating Alcoholics Anonymous sponsor attributes using conjoint analysis. *Addictive Behaviors*, 51, 12-17. doi:10.1016/j.addbeh.2015.06.043

What influences how long people stay in Oxford Houses?

In this study, we were interested in finding out what factors are related to the length of time people stay in an Oxford House. From the information collected from the 134 men in the earlier studies elaborated on in the two previous pages, we found that older men were more likely to remain in an Oxford House for a longer period of time than younger men. Older men had a length of stay approximately 196 days, while younger residents stayed approximately 156 days. In addition, we discovered that those who were pessimistic about the future stayed in Oxford Houses for a shorter period of time. Most importantly, we found that 69% of those interviewed either remained in the house or left on good terms, thus indicating that Oxford House residency was a positive experience for most residents.

Further, we were interested in finding out how members of Oxford Houses felt about their community of peers in their home. In this study, we created a scale to measure the psychological sense of community. Our scale, the Perceived Sense of Community Scale, was given to 133 males with substance abuse problems. We found that residents who stayed in Oxford Houses for longer periods of time experienced increases in their sense of community. These findings support suggestions that Oxford Houses provide residents with a strong sense of fellowship with similar others in a supportive, abstinent setting.

Bishop, P.D., Jason, L.A., Ferrari, J.R., Huang, C.F. (1998). A survival analysis of communal-living self-help, addiction recovery participants. *American Journal of Community Psychology*, 26, 803-821.

Bishop, P.D., Chertok, F., Jason, L.A. (1997). Measuring sense of community: Beyond local boundaries. *Journal of Primary Prevention*, 18 (2), 193-212.

Ferrari, J.R., Jason, L.A., Olson, B.D., Davis, M.I., & Alvarez, J. (2002). Sense of community among Oxford House residents recovering from substance abuse: Making a house a home. In A. Fischer (Ed). *Psychological Sense of Community*. (pp. 109-122). New York: Kluger/Plenum, Inc.

What factors are related to harmony among members of Oxford Houses?

We explored the experience of psychological sense of community and the setting-level variables of age and income amongst participants from our national sample of Oxford Houses. Houses with wider age and income ranges reported a higher level of harmony. A possible interpretation of this finding is that the presence of one or two high-earning individuals in the house positively influenced the sense of harmony members felt in the house. Perhaps, the presence of members who were established financially and professionally provided positive role modeling for other members trying to readjust in society after years of addiction. This finding was consistent with some previous OH research (Ferrari et al., 2002), and supports the notion that diverse groups may experience a high sense of harmony when united around a common purpose.

Graham, B.C., Jason, L.A., & Ferrari, J.F. (2009). Sense of community within recovery housing: Impact of resident age and income. In L.A. Jason, & J.R. Ferrari (Eds.). *Recovery from addiction in communal living settings: The Oxford House model [Special Issue]*. *Journal of Groups in Addiction & Recovery*, 4, 62-70.

Does sense of community affect an individual's belief in his/her ability to maintain abstinence?

Past research has shown that abstinence-specific self-efficacy or, an individual's beliefs regarding his/her ability to remain abstinent from alcohol and/or drugs, is predictive of the likelihood of relapse. The next study explored the influence of sense of community within an Oxford House on abstinence-specific self-efficacy. A significant positive relationship between house level sense of community and self-efficacy was observed; houses that reported greater levels of mutual support corresponded with individual residents who felt more confident in their ability to remain abstinent. This suggests that Oxford Houses are a valuable recovery resource for individuals recovering from substance abuse.

Stevens, E.B., Jason, L.A., Ferrari, J.R., & Hunter, B. (2010). Self-efficacy and sense of community among adults recovering from substance abuse. *North American Journal of Psychology*, 12, 255-264.

Does sense of community in women's Oxford Houses affect residents' success in recovery?

In this study, we were interested in how the sense of community within an Oxford House affected women's success in recovery. We interviewed 292 women from 65 different Oxford Houses. We assessed sense of community by asking about how the goals of an Oxford House compared to the goals of its residents, reciprocal responsibility (the idea that members both provide and receive resources and responses to individual needs) in the Oxford House, and residents' positive views of the house.

We found that women in Oxford Houses with a stronger sense of community experienced better outcomes in recovery. Women who reported higher reciprocal responsibility had more days where they received money from employment. Women with more Oxford House members in their important people network tended to have longer stays. From our results, it appears that women who are able to develop social networks and create a sense of community in their homes experienced significant benefits from their time in Oxford House.

Brereton, K. L., Alvarez, J., Jason, L. A., Stevens, E. B., Dyson, V. B., McNeilly, C., & Ferrari, J.R. (2014). Perceived sense of community and social support among women in recovery. *International Journal of Self-Help & Self-Care*, 8, 239-257.

Has the DePaul team conducted other work with Sense of Community?

Other studies by our group have also been published in this area, and they include:

Stevens, E.B., Jason, L.A., Ferrari, J.R., Olson, B., & Legler, R. (2012). Sense of community among individuals in substance abuse recovery. *Journal of Groups in Addiction and Recovery*, 7, 15–28.

Stevens, E.B., Jason, L.A., Ferrari, J.R., Olson, B., & Legler, R. (2012). Sense of community among individuals in substance abuse recovery. *Journal of Groups in Addiction & Recovery*, 7, 15-28.

Stevens, E.B., Jason, L.A., & Ferrari, J.R. (2011). Measurement performance of the Sense of Community Index in substance abuse recovery communal housing. *Australian Community Psychologist*, 23, 135-147.

We have also developed a new scale to measure Sense of Community:

Jason, L.A., Stevens, E., & Light, J.M. (2016). The relationship of sense of community and trust to hope. *Journal of Community Psychology*, 44, 334–341.

Jason, L.A., Stevens, E., & Ram, D. (2015). Development of a three-factor psychological sense of community scale. *Journal of Community Psychology*, 43, 973-985.

How do social networks affect recovery?

In this study we were interested in finding how the social support received from a person's social network and how the people in the network influenced an individual's recovery. We asked 31 Oxford House residents about the social support they received, their confidence in their ability to stay abstinent, and how much stress they experienced. We included sense of community and AA affiliation as additional types of social support. We also asked participants to list people who were important to them and describe some of their characteristics. Of those characteristics, we were interested most in the presence of other AA members in our participants' social networks.

We found that having more general social support increased participants' confidence in their ability to stay abstinent, the sense of community they felt in their Oxford House, and how much they affiliated with AA. We also found that having more AA members in a social network decreased the amount of stress felt and increased AA affiliation. Finally, we also found that how much a person's housemates affiliated with AA affected that person's own affiliation with AA.

Stevens, E., Jason, L.A., Ram, D., & Light, J. (2015). Investigating social support and network relationships in substance use disorder recovery. *Substance Abuse*. 36, 396-399.
doi:10.1080/08897077.2014.965870

Are changes in social networks the key to success?

Although evidence exists that substance abuse abstinence is enhanced when individuals in recovery are embedded in social networks that are cohesive, few studies examined the network structures underlying recovery home support systems. In two studies, we investigated the mechanisms through which social environments affect health outcomes among two samples of adult residents of recovery homes. Findings from Study 1 ($n = 150$) indicated that network size and the presence of relationships with other Oxford House (OH) residents both predicted future abstinence. Study 2 ($n = 490$) included individuals who lived in an OH residence for up to 6 months, and their personal relationship with other house residents predicted future abstinence.

Jason, L.A., Stevens, E., Ferrari, J.R., Thompson, E., & Legler, R. (2012). Social networks among residents in recovery homes. *Advances in Psychology Study, 1*, 4-12.

How do social networks change in recovery?

We looked at the social networks of Oxford House members and of other people in recovery. We were interested in finding how the change in Oxford House members' networks differed from the change in the networks of those recovering in other programs. We found that the networks of Oxford House residents changed in ways consistent with the goal of abstinence. Oxford House residents tended to have more people in their social networks, they had more recovering alcoholics in their networks, and they had a lower ratio of drinkers to non-drinkers. Non-members actually had the number of heavy drinkers in their network increase over time.

We also wanted to look at who our participants named as important people at one point, and which of those important people were named again, six months later. We found that network members with certain characteristics were more likely to be retained as important people. If an important person is a family member, he/she is more likely to stay in the network. A person is also more likely to stay in the network if he/she is abstinent from drugs. Being in more frequent contact also increased the likelihood of remaining in a network. If a participant has a smaller social network, each network member is more likely to be named again in six months. We did not find any differences based on whether or not important people drank or had criminal histories.

Mueller, D.G. & Jason, L.A. (2014). Sober-living houses and changes in the personal networks of individuals in recovery. *Health Psychology Research*, 2, 5-10. doi: <http://dx.doi.org/10.4081/hpr.2014.988>

Stone, A., Jason, L.A., Stevens, E., & Light, J. M. (2014). Factors affecting the stability of social networks during early recovery in ex-offenders. *American Journal of Drug and Alcohol Abuse*, 40 (3), 187-191.

What do we know about the impact that social support has on individuals in Oxford House?

This study investigated the relationship between general and alcohol-specific social support from family versus friends on alcohol use in Oxford House residents. Overall, results demonstrated that out of the different types of social support, general social support provided by friends had the greatest impact on drinking behaviors in this sample. General support from friends was the strongest predictor of fewer days consuming alcohol. Friends who provide general support may offer a great asset to recovery, especially in the Oxford House setting. The impact of friends in this sample is consistent with the fact that Oxford House residents live with friends instead of family members. This finding is similar to other research (Jason et al., 1997) showing that Oxford House residents considered “fellowship with similar peers,” the single most important aspect of the Oxford House living experience.

Groh, D.R., Jason, L.A., Davis, M.I., Olson, B.D., & Ferrari, J.R. (2007). Friends, family, and Alcohol Abuse: An examination of General and alcohol-specific social support. *The American Journal on Addictions*, 16, 49-55.

Groh, D., Olson, B.D., Jason, L.A., Ferrari, J.F., & Davis, M.I. (2007). A factor analysis of the Important People Inventory. *Alcohol and Alcoholism*, 42, 347-353.

Groh, D., Jason, L.A., Ferrari, J., & Halpert, J. (2011). A longitudinal investigation of the predictability of the three-factor model of the Important People Inventory. *The American Journal of Drug and Alcohol Abuse*, 37(4), 259-63. PMID: 21702726

Do Oxford House residents trust and confide in each other?

We asked 31 members from five different Oxford Houses about their relationships with their housemates and about their affiliation with AA. We interviewed them again three months later. We were interested to see who Oxford Members trusted in their house, and who they confided in. We found that the more an Oxford House adopted AA attitudes and behaviors, the more the members of that house were likely to trust each other. We also found that the more an individual participated in 12-step activities, the more likely he/she was to trust other residents. If a participant indicated that he/she trusted another resident at the first interview, he/she was more likely to name that resident as a confidant three months later. We were interested to find that confidant relationships were not usually reciprocal. The confider and confidant did not tend to switch roles. We also found that a resident was less likely to add an additional confidant at the second interview if he/she had named a confidant three months earlier. Our results lead us to believe that confidant is a specialized role, rather one that can be filled by any one at a given time.

Jason, L.A., Light, J.M., Stevens, E.B., & Beers, K. (2014). Dynamic social networks in recovery homes. *American Journal of Community Psychology*, 53, 324-334.

Light, J. M., Jason, L. A., Stevens, E. B., Callahan, S., & Stone, A. (2016). A mathematical framework for the complex system approach to group dynamics: The case of recovery house social integration. *Group Dynamics: Theory, Research and Practice*, 20(1), 51-64.

Jason, L.A., Light, J., & Callahan, S. (2016). Dynamic social networks. In L. A. Jason & D. S. Glenwick (Eds). *Handbook of methodological approaches to community-based research: Qualitative, quantitative, and mixed methods*. (pp. 219-229). New York, NY: Oxford University Press.

Are there gender differences within Oxford Houses?

Our research team studied African-American women and men residing in Midwest Oxford Houses for an average of four months. We found that women were more likely than men to:

- report sexual abuse as an adult (24.6% of women, 10.7% of men)
- be diagnosed with an eating disorder (10.7% of women, 1.5% of men)
- engage in writing bad checks prior to recovery (32.3% of women, 16.9% of men).

We found that men, on the other hand, were more likely to:

- have engaged in drug sales (44.6% of men, 23.1% of women)
- have engaged in residential theft prior to recovery (15.4% of men, 3.1% of women).

In another study, we compared men and women with and without children in Oxford Houses in the Midwest. We found that:

- All groups reported they felt Oxford House would provide them a safe and sober setting in which to rebuild their lives.
- Men were hospitalized for their recovery more often than women with and without children.
- Women without children were the youngest residents.
- Women without children reported that they were least likely to share in communal living processes.

Ferrari, J.R., Curtin, M., Dvorchak P., Jason, L.A. (1997). Recovering from alcoholism in communal living settings: Exploring the characteristics of African-American men and women. *Journal of Substance Abuse, 9*, 77-87.

Ferrari, J.R., Jason, L.A., Nelson, R., Curtin-Davis, M., Marsh, P., & Smith, B. (1999). An exploratory analysis of women and men within a self-help, communal-living recovery setting: A new beginning in a new house. *American Journal of Drug and Alcohol Abuse, 25*, 305-317.

What other issues are related to substance abuse in women?

There is a high percentage of women who suffer from substance abuse and eating disorders and past research has shown that many of these women have past experiences with physical, sexual, and emotional abuse. Sixty female Oxford House residents from across the United States were interviewed (Curtis, Jason, Olson, & Ferrari, 2005). We found that over 90% of those interviewed had suffered past physical, sexual, or emotional abuse. Furthermore, the rates for these types of abuse were even higher for women who also reported disordered eating. In general, having disordered eating coupled with trauma seems to affect one's experiences when recovering from substance abuse problems. However, it is important to note that women with disordered eating and/or traumatic experiences were able to experience a very good sense of community, and this suggests that the Oxford House setting can be beneficial for the substance abuse recovery of these women.

Ponziano, Stecker, Beasley, Jason, and Ferrari. (2016) found that those who had experienced child sexual assault showed greater alcohol use and abuse, dependence, and problems; however, contrary to hypotheses, no differences were found in relation to other these outcomes for other drugs. Child sexual assault was associated with alcohol outcomes only for women.

Curtis, C., Jason, L.A., Olson, B.D., & Ferrari, J.R. (2005). Disordered eating, trauma, and sense of community: Examining women in substance abuse recovery homes. *Women and Health, 41*, 87-100.

Ponziano, F., Stecker, E., Beasley, C., Jason, L.A. & Ferrari, J. (2016). Relationships between childhood sexual abuse and substance use among women. *Substance Abuse and Aftercare*. Hauppauge, NY: Nova Science Publishers.

Do some women have eating disorders in Oxford House?

This study used multiple methods to evaluate eating behaviors and attitudes among women in Oxford Houses. Interviews were conducted by phone to administer diagnostic interviews for eating disorders, experiencing an eating disorder as a potential substitute addiction, scales for self-efficacy, and qualitative questions about the types of support that individuals receive in Oxford Houses relevant to these issues. The present study evaluated the prevalence of eating disorders among 31 women residing in self-governed recovery homes for substance abuse using common diagnostic indicators while also exploring eating-related self-efficacy.

Results indicated that a high percentage of women in the study met criteria for eating disorders (predominantly binge eating disorder), and that differential findings were evident for eating-related self-efficacy measures depending on the time lived in the mutual help setting. Qualitative findings suggested that most women received social support for their body image problems in their recovery setting.

Czarlinski, J.A., Aase, D.M., & Jason, L.A. (2012). Eating disorders, normative eating self-efficacy and body image self-efficacy: Women in recovery homes. *European Eating Disorders Review*, 20, 190-195.

Why do some women get into romantic relationships that put them at risk after release from jail or prison?

We often heard stories from participants in Oxford House, where a woman would relapse or reoffend because of a romantic relationship she was involved in. We were interested in seeing how social support at time of reentry influenced women's romantic choices and how gender and power came into play. Women may be especially vulnerable to becoming romantically involved, because they have little social support when they leave jail or prison. Women might enter romantic relationships in an attempt to gain social support. When the power in a relationship is imbalanced, a woman is less likely to leave her power. She is also more likely to reoffend or to relapse with her partner. Empowerment may be a way to counteract the negative effects of an imbalanced relationship (Walt, Hunter, Salina, & Jason, 2014).

Barringer, Hunter, Salina, and Jason (2016) investigated resource knowledge, social support, and empowerment among 200 minority women in substance abuse recovery who had recent criminal justice involvement. Results indicated that resource knowledge was related to empowerment and belonging social support marginally moderated this relationship. In addition, education level increased and current involvement in the criminal justice system decreased empowerment.

Walt, L., Hunter, B. A., Salina, D.S. & Jason, L.A. (2014). Romance, recovery & community re-entry for criminal justice involved women: Conceptualizing and measuring intimate relationship factors and power. *Journal of Gender Studies*, 23, 409-421. PMID: PMC4349489

Barringer, A., Hunter, B. A., Salina, D. & Jason, L. A. (2016). Empowerment and social support: Implications for practice and programming among minority women with substance abuse and criminal justice histories. *Journal of Behavioral Health Services and Research*. doi 10.1007/s11414-016-9499-6

What are opportunities and barriers for women seeking jobs?

Nisle, Callahan, and Jason (2016) provided an exploratory analysis of a sample of 12 current women entrepreneurs with substance abuse and criminal justice histories. A phenomenological approach was used to analyze financial support. The sample of women who identified entrepreneurship as their form of employment experienced stable employment with sustainable salaries. We conclude that opportunity identification and “traditional” entrepreneurship has the potential to provide upward economic mobility for females with criminal justice and substance abuse histories.

Past research suggests that employment correlates with positive outcomes for people in recovery, yet women with substance dependence face barriers to finding jobs. Isler, Callahan, Nisle, and Jason (2016) examined career goals and barriers of women in recovery. We explored two qualitative questions: “If you could have any job/career what would it be?”, and “What has/is preventing you from obtaining this job/career?” Women reported that their career goals were in the fields of social services, medical, business, and skilled labor. Lack of education and experience, criminal history, money, addiction, and interpersonal conflict were all reported as barriers to employment.

Nisle, S., Callahan, S. & Jason, L.A. (2016). Women in recovery: An exploration of employment goals and barriers. In S. Callahan & L.A. Jason (Eds.). *Substance Abuse and Aftercare*. Hauppauge, NY: Nova Science Publishers.

Isler, B., Callahan, S., Nisle, S., & Jason, L.A. (2016). Varieties in treatment settings: A study of families in recovery housing. *Substance Abuse and Aftercare*. Hauppauge, NY: Nova Science Publishers.

What other gender and racial differences have been found among Oxford House residents?

We explored similarities and differences between women and men, particularly looking at their social support networks and their beliefs that they could remain abstinent from alcohol and drugs. Participants were 120 residents of Oxford Houses from several states. Findings revealed that both men and women were similar in terms of the size and strength of their social support networks and their beliefs about remaining abstinent. Also for both women and men, living in Oxford House was significantly related to increased social networks that emphasize abstinence. Interestingly, for women, social support networks were directly related to their confidence in remaining abstinent, whereas for men, social support seemed to play a smaller role in determining these beliefs. Findings suggest that social support plays a different role in women's recovery than it does in men's.

Belyaev-Glantsman, Jason, and Ferrari (2009) examined employment and sources of income for different genders and ethnic groups residing in our NIDA funded national Oxford House sample. Men compared to women, reported a significantly higher average income from employment as well as total income. African Americans compared to European Americans reported significantly more work in the past 30 days; however, the rate of pay between these two ethnic groups was not significantly different. Longer length of stay in an Oxford House was related to higher incomes.

Davis, M. I., & Jason, L. A. (2005). Sex differences in social support and self-efficacy within a recovery community. *American Journal of Community Psychology, 36*, 259-274.

Belyaev-Glantsman, O., Jason, L.A., & Ferrari, J.R. (2009). The relationship of gender and ethnicity to employment in recovery homes. In L.A. Jason, & J.R. Ferrari (Eds.). *Recovery from addiction in communal living settings: The Oxford House model [Special Issue]. Journal of Groups in Addiction Recovery, 4*, 92-99.

What do we know about traumatic events and psychological symptoms among Oxford House Residents?

In a national study of women and children Oxford Houses, our team examined the history of trauma, substance abuse, and psychiatric symptoms of residents (Olson et al., 2003). The sample was 50% African American and over 90% of the sample had used alcohol and cocaine for over 10 years. Among this sample, 66.7% had experienced depression at some point in their lives and 45.6% had attempted suicide. Roughly 95% had experienced some form of past trauma. It was found that women in Oxford House who had histories of adult physical abuse also had greater histories of depression, suicide attempts, and anxiety. Despite the severe past histories, the sample had among the highest sense of community scores of any group ever examined with this measure.

In a later study, Majer, Beasley, and Jason (2015) found that higher personal need for structure and prior psychiatric hospitalizations increased the likelihood of suicide attempts. Findings are consistent with a cognitive model for understanding suicide behavior, suggesting that persons with a high need for cognitive structures operate with persistent and rigid thought processes that contribute to their risk of suicide.

Salina, Figge, Ram, and Jason (2016) found traumatic experiences are highly prevalent in this recovery population and these experiences are associated with increased psychopathology, diagnostic comorbidity, and decreased self-esteem. The experience of a potentially traumatic events is not necessarily directly predictive of lowered self-esteem, but instead predicts posttraumatic stress symptoms which are directly predictive of factors relevant to maladaptation (in this case, self-esteem).

Olson, B. D., Curtis, C. E., Jason, L. A., Ferrari, E. V., Horin, E.V., Davis, M. I., Flynn, A. M., & Alvarez, J. (2003). Physical and sexual trauma, psychiatric symptoms, and sense of community among women in recovery: Toward a new model of shelter aftercare. *Journal of Intervention and Prevention in the Community*, 6, 67-80.

Majer, J. M., Beasley, C., & Jason, L. A. (2015). Suicide attempts and personal need for structure among ex-offenders. *International Journal of Offender Therapy and Comparative Criminology*, 1-15.

Salina, D., Figge, C., Ram, D., & Jason, L.A. (2016). Rates of traumatization and psychopathology in criminal-justice involved women. *Journal of Trauma & Dissociation*. doi: 10.1080/15299732.2016.1207745

What do we know about women's and women's with children Oxford Houses?

At a mini-conference for women's Oxford House residents, we surveyed 20 alumni and 20 residents of women's and women's and children Oxford Houses in efforts to better understand leadership in women's houses. We found that 41.2% of attendees desired more female leadership at the organizational, Chapter level.

We found that good leaders had the following qualities:

- Knowledge of rules
- Demonstration of role modeling skills without being overbearing or bossy
- Compassionate, open-minded, and listened to others making an effort to take action when conflicts arose.

In a separate study, we explored the sense of community within women and children's Oxford Houses to understand how the presence of children would affect the household. By interviewing residents, we found that the sense of community in women's and children's were the same for those who had been in the house for more than 3 months and those who had been there less. We also found that women in the houses might view children with a sense of responsibility, regardless of whether or not the child was their own. We also found that children tend to have a positive effect on every house member.

Droege, Stevens, and Jason (in press) found that perceptions of harming children demonstrated a significant impact on adults' substance use problem awareness and treatment optimism. Perceived harm caused to a child during periods of substance abuse was associated with increased substance use problem awareness and treatment optimism. Findings suggest that harming children as a consequence of adult substance abuse may play an impactful role on adults' recovery process.

D'Arlach, L., Olson, B. D., Jason, L. A., & Ferrari, J. R. (2006). Children, women, and substance abuse: A look at recovery in a communal setting. *Journal of Prevention & Intervention in the Community, 31*, 121-132.

Davis, M. I., Dziekan, M. M., Horin, E. V., Jason, L. A., Ferrari, J. R., & Olson, B. D. (2006). Women leadership in Oxford House: Examining their strengths and challenges. *Journal of Prevention & Intervention in the Community, 31*, 133-143.

Droege, J.R., Stevens, E.B., & Jason, L.A. (in press). Children's impact on adults' substance use problem awareness and treatment optimism: The role of harm. *The Journal of Drug Education: Substance Abuse Research and Prevention*.

What are leadership roles for women in Oxford House?

This qualitative study examined women assuming leadership roles in Oxford Houses, which are communal, democratically run recovery settings for substance use disorder. Semi-structured interviews were conducted with 10 women Oxford House leaders who shared their thoughts and experiences on leadership. Several themes emerged from qualitative data analysis, most notably that stepping up and accepting a leadership role in Oxford House had a positive effect on self-esteem, which is vital to women with a history of substance abuse. Barriers to leadership were also identified such as negative interpersonal relationships with other women. A number of methods mentioned to increase the number of women leaders included: developing workshops, providing positive encouragement, and accessing existing female role models. The implications of this study are discussed.

Timpo, P., Price, T., Salina, D., Witek, C., Pommer, N., & Jason, L.A. (2014). Women leaders in Oxford House. *Journal of Addictive Behaviors, Therapy & Rehabilitation*, 3:2. doi:10.4172/2324-9005.1000119

What do we know about Oxford Houses for men and their children?

Many people do not know that there are actually some Oxford Houses for men that allow their children to live there with them. We decided to study those houses. We found that men living with children reported better outcomes than men and women living without children such that they have more abstinent social support and have fewer users in their social networks.

Ortiz, E., Alvarez, J., Jason, L.A., Ferrari, J.R., & Groh, D. (2009). Abstinence social support: The impact of children in Oxford House. In L.A. Jason, & J.R. Ferrari (Eds.). *Recovery from addiction in communal living settings: The Oxford House model [Special Issue]*. *Journal of Groups in Addiction & Recovery*, 4, 71-81.

How do gender and ethnicity relate to available resources?

Participants from over 170 Oxford Houses completed a survey regarding the resources they have gained or lost dealing with substance abuse. Some resources on the survey included the support of family and friends as well as skills to cope with recovery. Women tended to gain more resources than men in recovery; however, men lost less resources during stressful situations. African Americans tended to gain more resources than European American as they entered recovery. There was no difference of resource loss between African American and European Americans. Finally, individuals with more than 6 months in the Oxford House reported significantly less resource loss than those with less than six months in the Oxford House. The results of this study show that the Oxford House model may be beneficial to all residents, regardless of their ethnicity or gender. It also shows that Oxford House may be an ideal recovery environment that allowed individuals sufficient time to stabilize their lives and gain valuable resources.

Brown, J. T., Davis, M. I., Jason, L. A., & Ferrari, J. R. (2006). Stress and coping: The roles of ethnicity and gender in substance abuse recovery. *Journal of Prevention & Intervention in the Community, 31*, 75-84.

Are there gender differences that occur among helping behaviors of OH members?

With a national U.S. sample of Oxford House members, we investigated whether members help others inside and/or outside their community. Women compared to men reported providing more help to housemates over the past six months, were more likely to report that they helped others maintain their abstinence as a result of OH, and reported engaging in more reciprocal help related to abstinence in their houses. In contrast, men reported greater rates of helping strangers and acquaintances who did not live in OH than women. In past research, women in OH have reported strong appreciation for the safe and supportive environment of Oxford Houses (Dvorchak, Grams, Tate, & Jason, 1995) and have reported psychological sense of community both when they enter the homes and after being there for sometime (d'Arlach, Curtis, Ferrari, Olson, & Jason, 2006). An increased sense of comfort may account for the greater helping tendency reported by women's Oxford Houses.

Viola, J.J., Ferrari, J.R., Davis, M.I., & Jason, L.A. (2009). Measuring in-group and out-group helping in communal living: Helping and substance abuse recovery. In L.A. Jason, & J.R. Ferrari (Eds.). *Recovery from addiction in communal living settings: The Oxford House model [Special Issue]*. *Journal of Groups in Addiction & Recovery*, 4, 110-128.

d'Arlach, L., Curtis, C.E., Ferrari, J.R., Olson, B.D., & Jason, L.A. (2006). Substance-abusing women and their children: A cost-effective treatment option. *Journal of Social Work Practice in the Addictions*, 6, 71-90.

Dvorchak, P.A., Grams, G., Tate, L. & Jason, L.A. (1995). Pregnant and postpartum women in recovery: Barriers to treatment and the role of Oxford House in the continuation of care. *Alcoholism Treatment Quarterly*, 13, 97-107.

What do we know about Latinos/Latinas and substance abuse?

Substance abuse prevalence rates for Latinos/as generally mirror those of the general U.S. population; however, a number of indicators of adaptation to U.S. culture as well as sociodemographic variables predict substance use and abuse among Latinas/os. Latino/a ethnicity predicts premature treatment exit rates and poorer outcomes among individuals in substance abuse treatment programs. Yet, there is no observed, empirical evidence that explains the problems these individuals experience in treatment, and there are few studies on the use and effectiveness of mutual help groups among this population. In the review article that our group has written, we made recommendations for future research including the need for substance abuse researchers to use multidimensional definitions of ethnicity that include place of birth, generation in the United States, racial/ethnic identity, behaviors and values, in addition to ethnic self-definition.

Alvarez, J., Jason, L.A., Olson, B.D., Ferrari, J.R., & Davis, M.I. (2007). Substance abuse prevalence and treatment among Latinas/os. *Journal of Ethnicity in Substance Abuse, 6*, 115-141.

Alvarez, J., Jason, L.A., Davis, M.I., Ferrari, J.R., & Olson, B.D. (2004). Latinos and Latinas in Oxford House: Perceptions of barriers and opportunities. *Journal of Ethnicity in Substance Abuse, 3*(4), 17-32.

Is there a theory to help us understand recovery for Latinos/Latinas?

Semi-structured interviews were conducted with 12 Latino/a residents of a mutual help residential recovery program in order to understand their theories of the program's therapeutic elements (Alvarez, Jason, Davis, Olson, & Ferrari, 2009). A model of recovery emerged from the analysis including several themes supported by existing literature: personal motivation and readiness to change, mutual help, sober environment, social support, and accountability. Consistent with a broad conceptualization of recovery, outcomes included abstinence, new life skills, and increased self-esteem/sense of purpose. Most participants were the only Latino/a in their houses; however, cultural differences did not emerge as significant issues. The study's findings highlight potential therapeutic aspects of mutual-help communal recovery programs and suggest that English-speaking, bicultural Latinos/as have positive experiences and may benefit from participating in these programs.

Lopez-Tamayo, DiGangi, Segovia, Leon, Alvarez, and Jason (2016) found that being more affiliated to the U.S. culture is associated with substance abuse, whereas years of formal education and longer full-time employment is associated with reduced anxiety in the immigrant group. Conversely, frequent contact with important people and affiliation to the U.S. culture are associated with fewer years of substance abuse, whereas longer full-time employment is associated with substance abuse in the U.S. born group. Anxiety and substance abuse was correlated only in the U.S. born group.

In another study, Lopez-Tamayo, Alvarez, and Jason (2016) found that Latinos with more Latino culture orientation, more U.S. culture orientation, and higher generational status (i.e., immigrant, U.S. born with immigrant parents, U.S. born with a

U.S. born parent) reported fewer days using alcohol in the past 180 days. These results expand on existing literature on alcohol use among community samples of Latinos. Higher affiliation to the Latino culture serves as a protective factor against alcohol use. However, other acculturation domains seemed to contribute to this association. It is plausible that the average length of Latino immigrants living in the U.S., which is 19 years, may explain the higher affiliation to the U.S. mainstream culture. This finding is also consistent with the immigrant paradox, which posits the longer Latino immigrants live in the U.S., the more they resemble their U.S. born counterparts in relation to substance abuse rates.

Lopez-Tamayo, Seda, and Jason (2016) found that participants with Latino and bicultural orientation who endorse average to high levels of Familismo (i.e., feelings of mutual obligation, reciprocity, and solidarity toward members of one's family group) have fewer years of substance abuse compared to those with US mainstream culture orientation and low Familismo. Findings illustrate the need to assess for family conflict and integrates cultural aspects to reduce substance use behavior on Latino males. .

Alvarez, J., Jason, L.A., Davis, M.I., Olson, B.D., & Ferrari, J.R. (2009). Latinos and Latinas in communal settings: A grounded theory of recovery. *International Journal of Environmental Research and Public Health*, 6, 1317-1334; doi:10.3390/ijerph6041317

Lopez-Tamayo, R., Alvarez, J., & Jason, L.A. (2016). Testing a Multidimensional Acculturation Model on Latinos who complete substance abuse treatment. *Journal of Drug Abuse*, 2(2), 1-8.

Lopez-Tamayo, R., Seda, A., & Jason, L.A. (2016). The role of familismo and acculturation as moderators of the association between family conflict and substance abuse on Latino adult males. *Public Health - Open Journal*. 48-56. doi: 10.17140/PHOJ-1- 110

Lopez-Tamayo, R., DiGangi, J., Segovia, G., Leon, G., Alvarez, J., & Jason, L.A. (2016). Psychosocial factors associated with substance abuse on immigrant and U. S. born Latinos. *Journal of Addiction & Prevention*, 4(1), 1-10.

What is the experience of recovery like for Latinos/Latinas in recovery homes?

The purpose of this study is to examine the house environment, particularly activities that may contribute to a positive recovery experience for Latinos living in OHs. Purposeful sampling was employed to select and survey 15 participants from ten OHs located in Texas. Results from the semi-structured questionnaires suggest that the democratic and collectivistic approach endorsed at participating OHs promoted an inviting environment for Latino residents working in their recovery.

Contreras, R., Gómez, D., López-Tamayo, R., Rodriguez, S., & Jason, L.A. (2016). Examination of the Living Environment of Oxford Houses with Latino Residents. *Substance Abuse and Aftercare*. Hauppauge, NY: Nova Science Publishers.

What are culturally-modified Oxford Houses?

In culturally-modified Oxford Houses, all residents are Hispanic/Latino, and participants have the option of speaking English, Spanish, or a mixture of both languages. Culturally-modified Oxford Houses may provide a more culturally-congruent experience by welcoming visits by extended family members and allowing for use. Culturally-congruent communication styles are characterized by an emphasis on relationships, downplaying direct conflict in relationships in order to preserve harmony and respect.

We compared the employment and substance use outcomes of Latinos living in traditional Oxford Houses to those living in Culturally-modified Oxford Houses. We found that residents of both types of house had increased rates of income from employment. Those increases were biggest for Latinos in Culturally-modified Oxford Houses. We also found that Latinos in both types of Oxford House drank less often and used fewer drugs. The decrease in drinking was greater for Latinos living in traditional Oxford Homes. Latinos who identified less with U.S. culture also decreased their drinking more. Our results suggest that both traditional and Culturally-modified Oxford Houses are beneficial to Latinos in substance abuse recovery. Culturally-modified houses present an opportunity for Oxford House to become more accessible to diverse communities.

Using this data set, Jason, Luna, Alvarez, and Stevens (2016) investigated how levels of collectivism (COL) and individualism (IND) related to length of stay and relapse outcomes in Oxford House recovery homes. We compared Latinos in several culturally modified recovery Oxford Houses to Latinos in traditional recovery Oxford Houses. By examining COL and IND in the OH model, we explored whether aspects of

COL and IND led to longer lengths of stay and better substance use outcomes. COL had a significant interaction effect with house type such that COL was positively correlated with length of stay in traditional houses and negatively correlated with length of stay in the culturally modified condition; that is, those with higher collectivism tended to stay longer in traditional houses. When we investigated COL, length of stay, and substance use, COL was negatively correlated with relapse in the culturally modified houses and positively correlated with relapse in the traditional houses. In other words, those with higher COL spent less time and had less relapse in the culturally modified compared to the traditional Oxford Houses.

Contreras, R., Alvarez, J., DiGangi, J., Jason, L.A., Sklansky, L., Mileviciute, I., Navarro, E., Gomez, D., Rodriguez, S., Luna, R., Lopez R., Rivera, S., Padilla, G., Albert, R., Salamanca, S., & Ponziano, F. (2012). No place like home: Examining a bilingual-bicultural, self-run substance abuse recovery home for Latinos. *Global Journal of Community Psychology Practice*, 3, 2-9.

Jason, L.A., DiGangi, J.A., Alvarez, J., Contreras, R., Lopez, R., Gallardo, S., & Flores, S. (2013). Evaluating a bilingual voluntary community-based healthcare organization. *Journal of Ethnicity in Substance Abuse*, 12, 321–338.

Jason, L.A., Luna, R.D., Alvarez, J., & Stevens, E. (2016). Collectivism and individualism in Latino recovery homes. *Journal of Ethnicity in Substance Abuse*. doi:10.1080/15332640.2016.1138267

What factors influence how Latino Oxford House residents experience PTSD?

In this study we were interested in how the timing of a traumatic event and how the level of acculturation affected the expression of PTSD symptoms in Latino Oxford House residents. We considered the information provided by 104 Latino residents. Participants indicated whether their worst traumatic event occurred in childhood or in adulthood. Participants were also given interviews assessing their level of acculturation in the United States and the amount of PTSD symptoms they were experiencing.

We found that both the age at which trauma occurred and the level of acculturation affected how many PTSD symptoms the Latino Oxford House members experienced. We found that Latinos with trauma occurring during childhood experienced more PTSD symptoms. We also found that Latinos who were less acculturated had more PTSD symptoms than their more acculturated friends. The highest number of PTSD symptoms was observed in less acculturated Latinos who were children at the time of the traumatic experience. We think that these results might be explained by a lack of available resources for children experiencing a trauma and the difficulty associated with accessing services in an unfamiliar location. It is also possible that the stress of acculturation is added to the stress from the trauma, compounding the risk of developing PTSD symptoms.

DiGangi, Ohanian, and Jason (2016) studied PTSD and found a four-factor solution. Factors were named Approach/Avoidance, Fear, Hyperarousal and Numbing. In terms of the Approach/Avoidance factor, one of the hallmark features of PTSD is a feedback loop that vacillates between recurrent, intrusive memories of the trauma followed by a subsequent avoidance of trauma-related cues. In fact, the approach - retreat

cycle is a key mechanism theorized to sustain PTSD. Trauma survivors often re-experience the traumatic event(s) in the forms of recurrent thoughts, flashbacks and emotional distress at reminders of the trauma. Given the nature of traumatic memory, these memories can be disjointed, chaotic and incomplete accounts of the traumatic event. When these distressing memories intrude into conscious awareness, the coping response is often to blunt - or avoid - the processing. Avoidance is a critical defense mechanism, protecting individuals from the distress reminders of the trauma evoke.

DiGangi, J.A., Goddard, A., Miller, S., Leon, G., & Jason, L.A. (2016). Differences in PTSD among Latinos with childhood and adult trauma: The moderating effect of acculturation. *Journal of Addiction and Neuropharmacology*, 3, 009. PMID: PMC4876642

DiGangi, J., Ohanian, D., & Jason, L.A. (2016). A factor analysis of PTSD with Latino samples with substance use disorders. *Journal of Addiction & Prevention*, 4(2), 1-7.

What do we know about American Indians who live in Oxford Houses?

This study compared the characteristics and outcomes of four ethnic groups living in mutual help recovery homes. The sample consisted of 524 Caucasian, 305 African American, 31 Latino/a, and 17 American Indian (AI) participants.

This article includes a short review of relevant literature on AIs and substance use, provides an analysis of characteristics and outcomes of four ethnic groups and includes a discussion of the implications of the findings for knowledge of patterns of use among AIs.

AIs were more likely to report being on parole or probation and being referred for aftercare by the legal system. Additionally, AIs reported greater disharmony within their recovery residences than Caucasians, but there were no significant ethnic differences in initial length of stay in Oxford House, length of alcohol or drug sobriety, or substance use outcomes four months after the initial assessment.

Kidney, C.A., Alvarez, J., Jason, L.A., Ferrari, J.R., & Minich, L. (2011). Residents of mutual help recovery homes, characteristics and outcomes: Comparison of four US ethnic subgroups. *Drugs: Education, Prevention & Policy*. 18, 32–39.

Have there been Oxford Houses established for individuals who are deaf?

Individuals who are deaf seeking substance abuse recovery are less likely to have access to treatment and aftercare services because of a lack of culturally and linguistically specific programs. Furthermore, insufficient information about existing services creates a barrier to treatment and aftercare opportunities.

This study found no significant differences between deaf and hearing men living in Oxford House in terms of sense of community and abstinence self-efficacy. However, while most of the hearing participants were employed, none of the deaf Oxford House members were. The study's findings indicate that Oxford House may be a promising deaf-affirmative alternative for individuals seeking recovery from substance abuse. However, since Oxford Houses are self-supporting, Oxford Houses designed for the deaf community may possibly face unique economic challenges.

Alvarez, J., Adebajo, A.M., Davidson, M.K., Jason, L.A., & Davis, M.I. (2006). Oxford House: Deafaffirmative support for substance abuse recovery. *American Annals of the Deaf*, 151, 418-422.

What about other problems people with substance abuse face?

We interviewed 52 substance abusers that lived in Oxford Houses in the Midwest to find out if these individuals faced issues other than substance addictions. We found that that many individuals deal with substance abuse and other psychological problems. Twenty-one percent of the residents did not report any psychiatric disorder other than substance abuse, 52% reported two or more psychiatric disorders. Specifically, antisocial, mood, and anxiety disorders were most common in people whose drugs of choice were cocaine, alcohol, and cannabis. Antisocial Personality Disorder was diagnosed in 57.7% of residents, mood disorders were diagnosed in 38.5% of residents, Post Traumatic Stress Disorder in 34.5% of residents, and major depression in 26.9% of residents. Women were diagnosed more frequently than men with observed panic disorder (26.1% of women, 6.9% of men).

Another important finding was that 69.2% of the residents studied either remained residents or left the house on good terms. This suggests that most individuals entering Oxford Houses had a successful experience.

Majer, J., Jason, L.A, Ferrari J.R., & North, C. (2002). Comorbidity among Oxford House residents: A preliminary outcome study. *Addictive Behaviors*, 27, 837-845.

How effective are Oxford Houses for people with co-occurring psychiatric conditions?

Many individuals recovering from substance abuse are also coping with other mental health issues. These individuals generally have worse outcomes and fewer gains in treatment. We were interested in seeing if these same findings were true of Oxford House residents living with mental health disorders. We conducted two longitudinal analyses (studies conducted over an extended period of time) looking at residents' psychiatric symptoms and how well they did in Oxford House.

We found that residents reporting more symptoms participated in more activities that involved cooperation and helping other residents. Residents with more symptoms also demonstrated higher levels of AA affiliation. While having more symptoms made it less likely for a resident to stay for six months, residents who stayed longer and attended more meetings were more likely to be abstinent for the entire year. Having more symptoms at the beginning of the study predicted having more symptoms at later assessments.

Overall, the results of this study show that residents with mental health disorders do experience more positive results in regard to remaining sober, but that Oxford House is meant to treat substance use disorders. It should not be used as the primary treatment for a mental health disorder.

Aase, D.M., Jason, L.A., Ferrari, J.R., Li, Y., & Scott, G. (2014). Comorbid mental health and substance abuse issues among individuals in recovery homes: Prospective environmental mediators. *Mental Health and Substance Use*, 7, 170-183.

Majer, J. M., Jason, L.A., North, C.S., Ferrari, J.R., Porter, N. S, Olson, B.D., Davis, M.I., Aase, D., & Molloy, J.P. (2008). A longitudinal analysis of psychiatric severity upon outcomes among substance abusers residing in self-help settings. *American Journal of Community Psychology*, 42, 145-153.

What do we know about persons with psychiatric comorbid substance use disorders?

A comparative analysis of recovery resources (abstinence social support, abstinence self-efficacy) was conducted among two groups exiting inpatient treatment for substance use disorders: persons with psychiatric comorbid substance use disorders and persons with substance use disorders. Both groups reported comparable levels of abstinence social support, but this resource was not significantly related to substance use among persons with psychiatric comorbid substance use disorders. Although abstinence self-efficacy was significantly related to substance use, persons with psychiatric comorbid substance use disorders reported significantly lower levels of abstinence self-efficacy than persons with substance use disorders. Findings suggest that persons with psychiatric comorbid substance use disorders exit alcohol/drug treatment with lower levels of abstinence self-efficacy compared to their substance use disorder peers.

Majer, J.M., Payne, J.C., & Jason, L.A. (2015). Recovery resources and psychiatric severity among persons with substance use disorders. *Community Mental Health Journal*, 51, 437-444. doi. 10.1007/s10597-014-9762-3 PMID: PMC4310816

How do people with social anxiety experience recovery and Oxford House?

In this study, we looked at the relationship between social anxiety and substance abuse recovery in Oxford House. Specifically, we wanted to look at how anxiety affected the amount of time living at an Oxford House, sustained sobriety, and participation in 12-step programs. We found that an individual's level of social anxiety was related to his/her success in Oxford Houses.

We found that individuals with higher social anxiety were not more or less likely than less anxious people to participate in 12-step programs. We did find that participants with high levels of social anxiety at 12 months were more likely to relapse 18 months in to the study. We also found that individuals with higher levels of social anxiety were less likely to stay in Oxford House for six months or more. These results suggest that Oxford House residents with social anxiety face special challenges to their recovery. Future research might be important in determining what service-providers referring patients to substance use recovery programs ought to consider the presence of any anxiety disorders.

Boddapati, S., Hunter, B. A., Jason, L. A. & Ferrari, J. (2014). Social anxiety and communal living: The influence of social anxiety on men and women in substance abuse recovery homes. *Journal of Substance Use, 19*(1-2), 152-155.

How does living in an Oxford House reduce levels of anxiety?

Anxiety often co-occurs with alcohol abuse and predicts both the initial development of alcohol abuse problems and relapse among individuals in recovery. Individuals with co-occurring substance abuse and anxiety symptoms may benefit from mutual-help environments as these settings offer an increased amount of social support for individuals in recovery. Because symptoms of anxiety predict higher rates of relapse, mutually-supportive environments that potentially buffer anxiety might be beneficial recovery settings.

This study examined anxiety symptoms and alcohol use over a one-year period among a sample of adults in self-governed, communal-living recovery homes for substance abuse. We explored whether staying in a supportive recovery environment for six months or longer was associated with lower levels of anxiety and alcohol use over time. Findings indicated that individuals who remained for at least six months had significantly lower anxiety symptoms and rates of alcohol use over time.

Aase, D.M., Jason, L.A., Ferrari, J.R., Groh, D.R., Alvarez, J., Olson, B.D., & Davis, M.I. (2006-2007). Anxiety symptoms and alcohol use: A longitudinal analysis of length-of-time in mutual help recovery homes. *International Journal of Self Help & Self Care*, 4, 19-33.

What coping strategies are helpful for Oxford House residents?

The study investigated levels of social support and one's feelings about being able to remain abstinent among 57 men and 43 women living in Oxford Houses. Residents' length of time in an Oxford House and 12-step participation were related to increased levels of social support and belief in being able to maintain abstinence. However, residents who reported their veteran status or prior incarceration experiences as issues they perceived that made identification with other recovering peers difficult, reported lower levels of social support. In addition, residents who reported having at least one identification issue (57%) also reported lower levels of belief in their ability to stay abstinent.

In a separate study, we found that a sense of optimism and the belief in being able to stay abstinent were important and effective resources for individuals recovering from substance abuse living in Oxford Houses. However, it is important to highlight that a strong sense of control is contrary to spiritual principles such as surrendering power.

Majer, J.M., Jason, L.A., Ferrari, J.R., Venable, L.B., & Olson, B.D. (2002). Social support and self-efficacy for abstinence: Is peer identification an issue? *Journal of Substance Abuse Treatment, 23*, 209-215.

Majer, J.M., Jason, L.A., Ferrari, J.R., Olson, B.D., & North, C.S. (2003). Is self-mastery always a helpful resource? Coping with paradoxical findings in relation to optimism and abstinence self-efficacy. *American Journal of Drug and Alcohol Abuse, 29*, 385-400.

What is the relationship of coping Strategies and 12-Step involvement?

This study examined 12-step involvement categorically and its relation to coping strategies and self-efficacy for abstinence among 42 members of Alcoholics Anonymous and Narcotics Anonymous and 42 recovering addicts/alcoholics residing in democratically operated recovery homes (Oxford Houses). Participants who were categorically involved in a set of 12-step activities reported significantly lower levels of emotion-focused coping strategies and significantly higher levels of social-support coping strategies and self-efficacy for abstinence compared with those who were less involved. Twelve-step meeting attendance was not significantly related to outcomes. Findings suggest that categorical involvement in 12-step activities equips recovering alcoholics/addicts with active coping strategies for their ongoing recovery. Implications for future research are discussed.

Majer, J.M., Droege, J.R., & Jason, L.A. (2013). Coping strategies in recovery: More evidence for categorical twelve-step involvement. *Journal of Groups in Addiction & Recovery*, 7, 3-14.

What are predictors of abstinence self-efficacy?

Abstinence self-efficacy, or the confidence in one's beliefs in one's ability to effectively engage in behaviors to maintain substance use abstinence, is a crucial recovery resource. However, little research has been conducted on what predicts increases in this recovery resource. Understanding predictors of abstinence self-efficacy could help social service practitioners in creating effective treatment plans/interventions while extending what is presently known in this small body of research. Predictors of abstinence self-efficacy were analyzed among a sample of ex-offenders (224 men and 46 women) who were completing inpatient treatment for substance use disorders. Hierarchical linear regression was conducted to examine changes in participants' abstinence self-efficacy in relation to factors directly related (HIV-risk drug use behaviors, substance use, 12-step meeting attendance) and indirectly related (HIV-risk sexual behaviors, incarceration histories) to substance use. HIV-risk sexual behaviors and substance use predicted significant decreases in abstinence self-efficacy whereas 12-step meeting attendance predicted significant increases. However, incarceration histories and HIV-risk drug use behaviors were not significant predictors of abstinence self-efficacy. Findings suggest HIV-risk sexual behavior should be considered when assessing relapse prevention for persons with substance use disorders, and that researchers should examine behaviors that are not directly related to substance use when investigating recovery resources.

In another study, we examined individual abstinence self-efficacy scores and lifetime conflict with mother, father, and siblings in a sample of 200 women who had been justice involved. We found that conflict with mother was the best predictor of

abstinence self-efficacy compared to conflict with father and conflict with siblings. Individuals who indicated having conflict with mother over their lifetime had lower confidence that they could abstain from use in potentially emotionally triggering situations. These findings suggest that family dynamics, specifically lifetime conflict with mother, do play a role in an individual's confidence to regulate emotions in high-risk relapse situations without turning to substances. Limitations include using abstinence self-efficacy as a proxy for emotion regulation and not directly measuring emotion regulation. Examining family relationships may be especially important in the treatment of women in recovery from substance use.

Whipple, Jason, and Robinson (in press) surveyed formerly-incarcerated individuals about previous housing situations and abstinence self-efficacy after release from prison or inpatient substance use treatment. Models were estimated with both days spent in different housing situations in the past 180 and past 30 days. More time spent in recovery situations was associated with increased abstinence self-efficacy, while more time spent in precarious situations was associated with decreased abstinence self-efficacy.

Majer, Callahan, Stevick, and Jason (2016) examined social influences in relation to abstinence self-efficacy. Social influences were significantly related to abstinence self-efficacy when examined independently. However, only social support for alcohol or drug use was significant when both social influences were entered into the model. Findings suggest social support for alcohol or drug use compromises abstinence social support, particularly among justice-involved persons who are early in their recovery from substance use disorders.

Majer, Chapman, and Jason (in press) hypothesized abstinence self-efficacy would predict decreased substance use, and residential treatments would moderate this relationship. A conditional effect was observed, with low levels of abstinence self-efficacy predicting significant increases in substance use in the Therapeutic condition and usual care conditions. Supplemental analyses revealed significant decreases in substance use over time among participants in the Oxford House condition, and a significant conditional effect (gender by treatment condition) in relation to substance use. Findings point to the need for researchers to examine factors that mitigate the relationship between abstinence self-efficacy and substance use outcomes, and for treatment providers to consider the Oxford House model for this population.

Finally, Majer, Olson, Komer, and Jason (2015) examined changes in participants' motivation levels in relation to abstinence self-efficacy beyond what would be expected from treatment readiness and substance use. Abstinence self-efficacy predicted significant decreases in motivation whereas treatment readiness and substance use predicted significant increases. However, there was not a significant relationship between abstinence self-efficacy and treatment readiness. Findings suggest that motivation for change among persons with substance use disorders is related to their self-efficacy for ongoing abstinence.

Majer, J.M., Glantsman, O., Palmer, J.S. & Jason, L.A. (2015). Predictors of abstinence self-efficacy: Examining the role of HIV-risk sexual behavior. *Journal of Social Service Research*, 41, 39-48. doi: 10.1080/01488376.2014.935559 PMID: PMC4876641

Ram, D., Whipple, C. & Jason, L.A. (2016). Family dynamics may influence an individual's substance use abstinence self-efficacy. *Journal of Addiction and Preventive Medicine*, 1(2), 1-5.

Whipple, C. R., Jason, L. A., & Robinson, W. L. (in press). Housing and abstinence self-efficacy in formerly incarcerated individuals. *Journal of Offender Rehabilitation*.

Majer, J.M., Callahan, S., Stevick, K., & Jason, L.A. (2016). Social influences of abstinence self-efficacy among justice involved persons. *Journal of Social Work Practice in the Addictions*, 16, 3, 252-265. doi: 10.1080/1533256X.2016.1200054

Majer, J. M., Chapman, H. M., & Jason, L. A. (in press). Abstinence self-efficacy and substance use at two years: The moderating effects of residential treatment conditions, *Alcoholism Treatment Quarterly*, 33(4).

Majer, J.M., Olson, B.D., Komer, A.C., & Jason, L.A. (2015). Motivation among ex-offenders exiting treatment: The role of abstinence self-efficacy. *Journal of Offender Rehabilitation*, 54, 161-174.
PMCID: PMC4423804

Does disclosing sexual assault help in the recovery process?

Research suggests that many women experience some form of sexual assault in their lifetime and that women who engage in substance abuse often have a higher incidence of past sexual assault than women in the general population. Given the documented rates of sexual assault among women in recovery from substance use, it is important to explore community interventions that promote positive recovery from substance use and sexual assault. Research demonstrated that living in an Oxford House provides sober social support and that this increased social support may promote the use of positive coping strategies to strengthen recovery from substance use, however; the relationship between social support and sexual assault for women is unclear. Thus, the current study examines the Oxford House model for women in recovery from substance use who have experienced sexual assault. A cross sectional sample of women living in Oxford Houses in the United States was obtained to examine the relationship among disclosure of sexual assault, social support, and self-esteem. Results suggested that many women used Oxford House as a setting in which to disclose prior sexual assault. Results also indicated that women who disclosed their assault experience reported higher self-esteem and social support than women who had not disclosed.

Hunter, B.A., Robinson, E., & Jason, L.A. (2012). Characteristics of sexual assault and disclosure among women in substance abuse recovery homes. *Journal of Interpersonal Violence, 27*(13):2627-2644. PMID: PMC3360117

How do residents with PTSD do in Oxford House?

This study examined self-regulation, unemployment, and substance use outcomes for individuals with and without posttraumatic stress disorder (PTSD) who had transitioned from substance use treatment centers to the community. Participants, recruited from substance abuse treatment centers, were randomly assigned to an Oxford House self-help communal living environment ($n = 75$) or received usual aftercare ($n = 75$). Among these 150 individuals, 32 participants (27 women, 5 men) were diagnosed with lifetime PTSD. At a two year follow-up, individuals with PTSD in the usual aftercare condition showed significantly lower levels of self-regulation than those in the Oxford House condition with or without PTSD. These findings highlight the importance of abstinence supportive settings following substance use treatment, especially for individuals with PTSD.

Jason, L.A., Mileviciute, I., Aase, D.M., Stevens, E., DiGangi, J., Contreras, R., & Ferrari, J.R. (2011). How type of treatment and presence of PTSD affect employment, self-regulation, and abstinence. *North American Journal of Psychology*, *13*, 175-186. NIHMSID: 266513

What do we know about predictors of HIV-risk sexual behavior?

Majer, Rodriguez, Bloomer, and Jason (2014) examined increases in participants' number of sexual partners in relation to sociodemographic characteristics, recent substance use and current psychiatric problem severity in addition to lifetime histories of sexual and physical abuse. Gender, substance use, and psychiatric problem severity predicted increases in HIV-risk sexual behaviors beyond what was predicted by abuse histories. Proportionately more women than men reported abuse histories. In addition, significantly more unprotected sexual than safer sexual practices were observed, but differences in the frequency of these practices based on lifetime abuse histories and gender were not significant. Findings suggest recent substance use and current psychiatric problem severity are risk-factors for HIV-risk sexual behavior among ex-offenders with and without lifetime abuse histories.

Salina, Ram, and Jason (2015) found that certain high-risk behaviors influenced participant perceptions of HIV risk: having more than one current sex partner, having a partner who injected drugs, having a partner who had sex with a man, or having a partner who had been tested for HIV. Participants who were uncertain about whether a partner had engaged in risk behaviors had significantly higher worry and perceptions of HIV risk than participants who were certain of partners' risk behaviors.

Majer, J.M., Rodriguez, J., Bloomer, C. & Jason, L.A. (2014). Predictors of HIV-risk sexual behavior: Examining lifetime sexual and physical abuse histories in relation to substance use and psychiatric problem severity among ex-offenders. *Journal of the American Psychiatric Nurses Association*, 20, 138-146.

Salina, D.D., Ram, D., & Jason, L.A. (2015). Perceptions of women's HIV risk and partner HIV risk behaviors in substance using women with criminal justice involvement. *Contemporary Behavioral Health Care*, 1(1), 33-39.

How does being diagnosed with Hepatitis C affect women in Oxford House?

Hepatitis C virus (HCV) is transmitted through blood-to-blood contact. In this study, we interviewed four women in Oxford Houses who had disclosed that they had HCV. In our interviews, we talked about experiences of contracting and being diagnosed with HCV, ways in which HCV affected their lives, and their experiences living in Oxford House.

Each of the women interviewed believed that her HCV had been contracted from intravenous drug use. They remembered not being surprised by their diagnosis. Some did report feeling depression and relief after being diagnosed. Some women experienced difficulty with social functioning and with romantic relationships as a result of their HCV. Women experienced both psychological and physical symptoms living with HCV.

While HCV was a struggle for these women, their experiences were not entirely negative. All of the women reported that their diagnosis motivated them to seek treatment for their addictions. All participants described receiving a high level of support from other Oxford House residents. They had not found disclosing their HCV status to be a stressful event and felt that they were accepted and supported by their housemates. The experiences of these women suggest that Oxford Houses are healthy environments for women who must learn to cope with the effects of HCV.

Contreras, R., & Jason, L.A. (2013). Experiences of Oxford House residents living with Hepatitis C virus. *Frontiers in Psychological and Behavioral Science*, 2, 19-25.

What trends of medical care needs and use do we see among Oxford House residents?

We tracked 292 female and 604 male residents of the Oxford House to understand their medical care needs and use. The research team focused on understanding how the frequency of medical problems, recent trauma, and recent substance abuse affected medical use. This was done by interviewing the female and male residents over an extended period of time. We found that those who were unemployed used medical care more often than those who were employed. We also found that people who tended to use pharmaceutical drugs more often also tended to use medical care more often. Finally, we found that those who used risky substances (heroin, cocaine, and alcohol) did not tend to use medical care more often than those who did not. We further found that those who had experienced trauma in the last year did not tend to use medical services more often than those who did not. These findings could influence policy decision making of national spending on medical care.

Ponitz, J. E., Olson, B. D., Jason, L. A., Davis, M. I., Ferrari, J. R. (2006). Medical care of individuals residing in substance abuse recovery homes: An analysis of need and utilization. *Journal of Prevention and Intervention in the Community*, 31, 95-110.

What are the findings regarding heroin and methadone use?

Callahan, LoSasso, Olson, Beasley, Nisle, Campagna, and Jason (2015) used a data set from the larger 270 participants who were in our randomized study comparing Oxford Houses, a Therapeutic Community, and usual aftercare (Jason, Olson, Harvey, 2015). They found that heroin users had higher mean incomes from illegal sources. Further, logistic regression analysis found heroin use to increase the likelihood of engagement in illegal income generating behaviors. As these results increase the likelihood of involvement in the criminal justice system.

Majer, Harris, and Jason (2015) used a data set of 200 justice involved women (Jason, Salina, & Ram, 2016). They found that those with methadone histories reported significantly higher levels of drug and prostitution charges than those without any methadone history, but no significant differences in terms of weekly hours of employment or recent substance use were observed between groups. Women ex-offenders with methadone histories reported various sources of income beyond employment, and proportionally, more of these women reported prostitution as a primary source of income. Findings suggest that methadone maintenance treatments are not sufficient in meeting the needs of women ex-offenders.

Callahan, S., LoSasso, A., Olson, B., Beasley, C., Nisle, S., Campagna, K., & Jason, L.A. (2015). Income generation in post-treatment heroin users: A comparative analysis of legal and illegal earnings. *Journal of Offender Rehabilitation, 1*, 1-12. PMID: PMC4532286

Majer, J. M., Harris, J., & Jason, L. A. (2015). An examination of women ex-offenders with methadone histories. *International Journal of Offender Therapy and Comparative Criminology, 1-13*.

Is gambling a problem among Oxford House residents?

The aim of this study was to address the prevalence of gambling among the individuals residing in self-governed recovery homes for substance abuse. Participants residing in Oxford Houses were recruited, 71 in total, 44 males and 23 females, and given standardized gambling assessments assessing gambling behaviors and perceptions of normative gambling.

Results suggest that the prevalence of pathological gambling or, problematic gambling resulting from an underlying mental condition, (19.7%) among those in recovery for substance abuse is a growing concern among the residents and needs to be addressed. Implications of these findings are discussed for comorbid or, co-occurring, addictive behavior problems and future research on recovery environments.

Majer, J.M., Angulo, R.S., Aase, D.M., & Jason, L.A. (2011). Gambling behaviors among Oxford House residents: A preliminary investigation. *Journal of Social Service Research*, 37, 422-427. PMID: PMC3177173

What do we know about internal locus of control?

Campagna, Wilson, Callahan, and Jason (2015) examined Work Locus of Control (WLC) and past studies have found internal locus to be positively associated with favorable work outcomes, while external locus of control is associated with high turnover. Our study used demographics, self-esteem, and perceptions of barriers to employment to predict WLC in a nationwide sample of 151 women in Oxford House recovery homes. We found higher self-esteem predicted internal locus of control.

Campagna, K., Wilson, R., Callahan, S., & Jason, L. (2015). Women in recovery: Predictors of internal and external work locus of control. *Journal of Psychological Issues in Organizational Culture*, 6, 7-15.

What do we know about the relationship between people's motivation to recovery and the actions they take to make that recovery successful?

The purpose of this research was to investigate the utility of hope in substance abuse recovery. It examined two types of hope (a person's motivation/drive to recover, and the different routes that a person takes to achieve stable sobriety), related to substance use abstinence among 90 new residents of Oxford Houses.

Results indicated that a person's motivation and drive to recover significantly predicted alcohol use but the different routes that a person takes to achieve stable sobriety failed to predict drug or alcohol use at this time point. Additionally, both forms of hope predicted drug (but not alcohol use) at an 8-month follow-up assessment. These findings indicated that participants' hope may be linked to substance use at later stages of recovery.

Mathis, G.M., Ferrari, J.R., Groh, D.R., & Jason, L.A. (2009). Hope and substance abuse recovery: The impact of agency and pathways within an abstinent communal-living setting. In L.A. Jason, & J.R. Ferrari (Eds.). *Recovery from addiction in communal living settings: The Oxford House model [Special Issue]*. *Journal of Groups in Addiction & Recovery*, 4, 42-50.

How does self-regulation change as a function of living in Oxford Houses?

In this study, we examined the relationships between self-regulation, the ability to exercise control over thoughts and behaviors, and abstinence maintenance among adults using our national data set of Oxford Houses. Self-regulation scores (controlling for sex and age) were related positively to length of abstinence. In addition, a factor analysis of self-regulation scores resulted in some differentiation between general self-discipline and impulsivity in self-control related to addiction among OH residents.

The second study focused on the relationships between self-regulation and social support among individuals recovering from addictive disorders. Participants resided in one of 143 communal living, democratically governed, abstinent homes located across the United States. Data on self-regulation was collected at a baseline assessment and 8 months later. Participants' self-regulation scores, on average, increased over time and the self-regulation change scores were significantly related to general social support.

Ferrari, J.R., Stevens, E.B., & Jason, L.A. (2009). The role of self-regulation in abstinence maintenance: Effects of communal living on self-regulation. In L.A. Jason, & J.R. Ferrari (Eds.). *Recovery from addiction in communal living settings: The Oxford House model [Special Issue]*. *Journal of Groups in Addiction & Recovery*, 4, 32-41.

Ferrari, J.R., Stevens, E.B., & Jason, L.A. (2010). An exploratory analysis of changes in self-regulation and social support among men and women in recovery. *Journal of Groups in Addiction Recovery*, 5, 145-154.

What is the importance of hope in Oxford Houses?

There are currently more than 2 million people in American prisons and jails, with approximately 25 % incarcerated for a drug offense. Given the high rates of incarceration and reincarceration in the U.S., it is important to understand factors associated with risk for these criminal justice outcomes. One potentially important factor for such outcomes is hope, a cognitive based theory of the psychological construct of hope has two components, *agency* (goal-directed determination) and *pathways* (planning to meet goals). In the study by Dekhtyar, Beasley, Jason, and Ferrari (2012), we hypothesized that lower levels of global hope and agency would predict reincarceration among Oxford House residents. We conducted a secondary data analysis (n = 45) of an existing longitudinal survey of residents of Oxford House. As hypothesized, greater global hope and agency significantly predicted lower odds for reincarceration. However, lower levels of pathways component was not predictive of reincarceration though.

May, Hunter, Ferrari, Noel, and Jason (2015) investigated hope and self-efficacy, specifically abstinence self-efficacy, as predictors of negative affect (i.e. depression and anxiety) in a longitudinal sample of men and women in substance abuse recovery who lived in Oxford Houses. They found hope agency and self-efficacy were related but not identical constructs; hope agency and self-efficacy predicted depressive and anxiety symptoms for individuals in recovery, yet these relationships were moderated by race.

Dekhtyar, M., Beasley, C., Jason, L.A., & Ferrari, J.R. (2012). Hope as a predictor of reincarceration among mutual-help recovery residents. *Journal of Offender Rehabilitation*, 51, 474-483. PMID: PMC3532844

May, E. M., Hunter, B. A., Ferrari, J., Noel, N., & Jason, L. A. (2015). Hope and abstinence self-efficacy: Positive predictors of negative affect in substance abuse recovery. *Community Mental Health Journal*, 51, 695-700. PMID: PMC4516214

What gives Oxford House members hope?

In this study we were interested in the factors affecting how hopeful Oxford House members felt. We decided to describe hope as consisting of *agency* and *pathway* components. Agency refers to how determined a person is to meet his/her goals. Pathways refers to a person's ability to make plans that will help reach that goal. We believe that the situation a person is in affects the amount of hope he/she feels.

From the results of two different studies, we saw that both characteristics of a person's Oxford House and the person's perception of their current situation affects his/her amount of hope. We found that having another resident who had been living in Oxford House for a longer period of time increased the hopefulness of the other residents in the house. We asked participants about the opportunities available to them, the amount of choices they had in deciding what their futures would look like, the barriers to success that they were facing, and their levels of hopefulness. We found that residents who felt that there were obstacles preventing them from succeeding had lower levels of hopefulness. Context was found to be predictive of hope for self, friends, and for others in recovery.

Stevens, E.B., Buchannan, B., Ferrari, J.R., Jason, L.A. & Ram, D. (2014). An investigation of hope and context. *Journal of Community Psychology*, 42, 937-946. PMID: PMC4545600

What are the roles of hopefulness, self-esteem and self-control in Oxford Houses?

Hopefulness remains unclear in relation to aspects of self-control and self-esteem among adults in substance abuse recovery. The present study explored the relationship between *dispositional hope* (agency and pathway) with *self-esteem* (self-liking, self-competency, and self-confidence) and *self-regulation* (impulse control and self-discipline). Results showed that multiple dimensions of these constructs were significant as individual predictors. With persons in recovery, self-regulation included impulsivity control and self-discipline, while self-esteem reflected self-liking, competence, and a sense of self-confidence. Furthermore, both hope-pathways and hope-agency significantly related to self-control/impulse control but not self-control/discipline, and self-esteem/competency was associated with hope-pathways but not hope-agency.

Ferrari, J.R., Stevens, E.B., Legler, R., & Jason, L.A. (2012). Hope, self-esteem, and self-regulation: Positive characteristics among persons recovering from substance abuse. *Journal of Community Psychology, 40*, 292-300.

Are self-efficacy and self-regulation critical for recovery?

Previous research found that self-regulation and self-efficacy were linked to substance use abstinence. The present study examined the relationships between changes in self-regulation and self-efficacy as predictors of substance use abstinence. A total of 150 adult individuals in substance abuse recovery participated in a randomized, longitudinal study comparing a communal housing model versus usual aftercare. Both the change in self-regulation and the change in self-efficacy were significantly predictive of the likelihood of abstinence. Additionally, changes in self-regulation and self-efficacy were largely independent. These findings suggest future research for examining change in self-regulation and self-efficacy substance abuse research.

Chavarria, J., Stevens, E.B., Jason, L.A., & Ferrari, J.R. (2012). The effects of self-regulation and self-efficacy on substance use abstinence. *Alcoholism Treatment Quarterly*, 30, 422-432.

How does Person-Environment Fit work within Oxford Houses?

Our next study examined sobriety in experienced houses (average length of residency > 6 months) compared to less experienced houses (average length of residency \leq 6 months) in relation to individual resident characteristics (age, length of residence in an Oxford House, referral from the criminal justice system). Using *multilevel modeling*, findings indicated that older residents living in an experienced Oxford Houses were more likely to remain abstinent over time than those in inexperienced homes. Additionally, for inexperienced houses, residents who had been in the Oxford House for a longer period had a higher the probability of abstinence than those that had been in the house for a shorter period of time. Lastly, legal referral was related to a lower probability of 1-year abstinence but only for those in inexperienced homes. These types of person environment interactions point to the need for more research to better understand how person variables interact with environmental variables in the processes of recovery and adaptation to settings, as well as for treatment professionals' consideration of both person and environment when making recovery home referrals.

Beasley, C. R., Miller, S. A., Jason, L. A., Stevens, E., & Ferrari, J. R. (2013). Person-environment interactions among residents of Oxford House recovery homes. *Addiction Research & Theory*, 21(3), 198-206. PMID: PMC3833691

Is there a fit between an individual and his/her settings?

In this study we were interested in whether some people fit better in some Oxford Houses than in others. How well someone fits in can be influenced by how much their values fit those in their Oxford House, if they feel that Oxford House meets their needs and that they can meet the demands of the house, how similar a person feels to the other residents, and by their own ability to contribute to Oxford House. We wanted to see how well Oxford House members felt they fit in and how that affected their experience in Oxford House.

We interviewed 246 attendees at an annual convention for residents and alumni of Oxford House. We asked them questions about how well they felt they fit in at their Oxford House, how satisfied they were with their experience there, and how long they expected to live at their Oxford House. We found that if a person felt his/her needs were being met he/she felt greater satisfaction with his/her Oxford House. We also found that people who felt they were similar to their housemates tended to be more satisfied with the house and expected to live there for a longer period of time. These findings support our theory that how much a person fits in affects his/her overall experience in Oxford House.

Beasley, C. R., Jason, L. A., & Miller, S. A. (2012). The general environmental fit scale: A factor analysis and test of convergent construct validity. *American Journal of Community Psychology, 50*, 64-76.

What is the importance of resource gains and losses?

Individuals that reported lower levels of resource gain at baseline, as well as decreased gain trajectories and increased loss trajectories over time were more likely to relapse. Findings support self-help group “step work” models and the application of COR theory for relapse likelihood prediction in a sample of individuals in longer term substance abuse recovery. Research efforts should examine the complex relationship between these dynamic intra-individual resources, social cognition, self-regulation and relapse risk. Future interventions should address the importance of the continual development and protection of these valuable intra-individual resources to prevent relapse.

Walt, L.C., Stevans, E., Jason, L.A. & Ferrari, J.R. (2012). Continued successful substance abuse recovery during the Maintenance Stage: Intra-individual resource loss and gain predict relapse. *Open Journal of Medical Psychology, 1*, 1-7.

Siegel, Z., Ram, D., Pope, B. A., Landreth, N., & Jason, L.A. (2015). Resource loss in justice-involved women. *Journal of Addiction & Dependence, 1*, 1-6.

What types of empowerment occur in Oxford Houses?

Empowerment is an interdisciplinary construct heavily grounded in the theories of community psychology. Although empowerment has a strong theoretical foundation, few context-specific quantitative measures have been designed to evaluate empowerment for specific populations. The present study explored the factor structure of a modified empowerment scale with a cross-sectional sample of 296 women in recovery from substance use who lived in recovery homes located throughout the United States. Results from an exploratory factor analysis identified three factors of psychological empowerment which were closely related to previous conceptualizations of psychological empowerment: self-perception, resource knowledge and participation. Further analyses demonstrated a hierarchical relationship among the three factors, with resource knowledge predicting participation when controlling for self-perception. Finally, a correlational analysis demonstrated the initial construct validity of each factor, as each factor of empowerment was significantly and positively related to self-esteem.

Salina, Ram, and Jason (in press) examined whether empowerment moderates relationships between trauma symptoms, trading sex, and being forced to have sex. There was a significant 3-way interaction among sexual coercion, trading, and empowerment scores on trauma symptoms. For women who have not traded sex, lower levels of empowerment were associated with a larger difference in trauma symptoms between women who have been coerced or traded sex. For women who had been coerced, lower levels of empowerment were associated with a larger difference in trauma symptomatology between those who have traded sex or not. Promoting empowerment in sexually traumatized women might reduce the harm that results from being victimized.

Furthermore, providing interventions that educate women regarding gender and cultural roles could help women avoid situations that result in exploitation.

Hunter, B. A., Jason, L. A. & Keys, C. B. (2013). Factors of empowerment for women in recovery from substance use. *American Journal of Community Psychology*, *51*, 91-102. PMID: PMC3893098

Salina, D., Ram, D., & Jason, L.A. (in press). Sexual coercion, trauma and sex work in justice-involved women with substance use disorders. *Journal of Aggression, Maltreatment & Trauma*.

How might Oxford Houses differ from Therapeutic Communities?

The policies from 55 Oxford Houses were compared to 14 therapeutic communities (TCs). Both types of facilities did not permit self-injurious behaviors (such as physical self-harm or over medication of drugs) or setting destructive acts (e.g., destroying site property or possessions of others). Oxford Houses were significantly more liberal in permitting residents personal liberties compared to the TC aftercare facilities. The Oxford Houses permitted greater flexibility in terms of residents' smoking in their rooms, sleeping late in the morning or staying out late at night, going away for a weekend, and having "private time" in their locked room with guests. In addition, the Oxford House respondents were more likely than those in the TCs to permit residents to have their own personal possessions (e.g., pictures, artifacts, and furniture) within the dwelling.

Ferrari, J.R., Jason, L.A., Davis, M.I., Olson, B.D., & Alvarez, J. (2004). Assessing similarities and differences in governance among residential recovery programs: Self vs. staff rules and regulations. *Therapeutic Communities: The International Journal for Therapeutic and Supportive Organizations*, 25, 185-198.

What are the social climate differences between Oxford Houses and Therapeutic Communities?

This study compared the social climate of peer-run homes for recovering substance abusers called Oxford House (OH) to that of a staffed residential therapeutic community (TC). Residents of OHs ($N=70$) and the TC ($N=62$) completed the Community Oriented Programs Environment Scales (COPEs). OHs structurally differ on two primary dimensions from TCs in that they tend to be smaller and are self-run rather than professionally run. Findings indicated significantly higher Involvement, Support, Practical Orientation, Spontaneity, Autonomy, Order and Organization, and Program Clarity scores among the OH compared to TC residents. Additional analyses found the OH condition was higher Support, Personal Problem Orientation, and Order and Organization scores among women compared to men residents. These results suggested that these smaller OH self-run environments created a more involving and supportive social milieu than a larger staff-run TC. These findings are interpreted within Moos' (2007) four theoretical ingredients (i.e., social control, social learning, behavioral economics, and stress and coping), which help account for effective substance abuse treatment environments.

Harvey, R., & Jason, L.A. (2011). Contrasting social climates of small peer-run versus a larger staff-run substance abuse recovery setting. *American Journal of Community Psychology*, 48, 365–372. PMID: 21400123

Does the number of members living in an Oxford House matter?

Group homes sometimes face significant neighborhood opposition, and municipalities frequently use maximum occupancy laws to close down these homes. This study examined how the number of residents in Oxford House recovery homes impacted residents' outcomes. Larger homes (eight or more residents) may reduce the cost per person and offer more opportunities to exchange positive social support, thus, it was predicted that larger Oxford Houses would exhibit improved outcomes compared to smaller homes. Using data from 643 residents from Oxford Houses around the U.S., larger House size predicted less criminal and aggressive behavior.

Maximum occupancy regulations that apply to recovery homes are often based on false beliefs and fears. Neighbors often oppose recovery homes because they fear increased crime and violence, and in order to appease these residents, cities frequently use maximum occupancy laws to close the group homes. This pattern is quite ironic given that the Houses being closed (i.e., larger homes) should actually give neighbors less reason for concern. It seems obvious that laws based on these misconceptions should be eliminated. Overall, Oxford Houses have positive (not negative) effects on local communities (Jason et al., 2006), and residents of larger Houses appear to be highly desirable community members (i.e., who engage in less criminal and aggressive behaviors). Our findings have been used in several court cases to argue against closing down larger Oxford Houses.

Jason, L.A., Groh, D.R., Dorochev, M., Alvarez, J., Aase, D.M., Ferrari, J.R. (2008). Counteracting "Not in My Backyard": The positive effects of greater occupancy within mutual-help recovery homes. *Journal of Community Psychology*, 36(7), 947-58.

Are there differences in Oxford Houses in different parts of the country?

We studied 55 Oxford Houses across three diverse regions of the United States. Quantitative and qualitative methods were used to evaluate the interior and exterior aspects of Oxford Houses. Oxford House residents were found to live in rather similar dwellings. Regardless of geographic location, Oxford Houses were observed to have personal dressers in each bedroom (96.2%), room air-conditioners (70.9%), a utility room or designated space for laundry (96.2%), rooms decorated with pictures on the wall (100%), communal lounges with televisions (98.1%), public accessible telephones (100%), comfortable furniture in communal living areas (100%), and a functioning microwave in the kitchen (100%). Houses were generally located in mid to high socioeconomic settings, where there were very few intoxicated persons, drug dealers, or homeless persons. There were few empty lots, pawnshops, or bars/pubs nearby. The observers (with high inter-rater reliability or, agreement between observers) noted that public transportation was available, and the streets and neighborhoods were clean and well lit at night.

In a later study, Callahan, Cavers, Gelfman, Beasley, Calabria, and Jason (2016) found that certain communities were better suited for long-term maintenance of Oxford Houses than others. Women's houses in neighborhoods with less vacant housing had a better chance of staying open, whereas men's houses had better outcomes in communities with more Caucasians, family households, and less owner occupied housing. The strategic placement of Oxford Houses might promote the sustainability of these recovery homes.

Ferrari, J. R., Jason, L. A., Sasser, K. C., Davis, M. I., & Olson, B. D. (2006). Creating a home to promote recovery: The physical environments of Oxford House. *Journal of Prevention & Intervention in the Community*, *31*, 27-40.

Callahan, S., Cavers, M., Gelfman, N., Beasley, C., Calabra, K. & Jason, L.A. (2016). Oxford House recovery homes: Community characteristics as predictors of sustainability. In S. Callahan & L.A. Jason (Eds.). *Substance Abuse and Aftercare*. Hauppauge, NY: Nova Science Publishers.

Are there differences in neighborhoods where Oxford Houses are located?

We examined the setting/House-level characteristics of OHs in our national sample. These dwellings were located in four different neighborhood types: upper/middle class (23 Houses), urban working/lower class (71 Houses), suburban upper/middle-class (39 Houses), and suburban working/lower class (27 Houses). Interior dwelling characteristics and amenities located within a 2-block radius were similar across the four neighborhood types. However, Houses in urban, working, and lower class neighborhoods reported more alcohol/drug intoxicated persons. Most importantly, despite the greater potential for environmental temptations and easier access for substances, none of the neighborhood factors including neighborhood socioeconomic status significantly predicted relapse rates over a 12 month period. This suggests that Oxford Houses are very stable, and regardless of the neighborhood environments, they had good outcomes for the residents.

Ferrari, J.R., Groh, D.R., & Jason, L.A. (2009). The neighborhood environments of mutual-help recovery houses: Comparisons by perceived socio-economic status. In L.A. Jason, & J.R. Ferrari (Eds.). *Recovery from addiction in communal living settings: The Oxford House model [Special Issue]*. *Journal of Groups in Addiction & Recovery*, 4, 100-109.

How different is one Oxford House from another?

We wanted to determine if some Oxford Houses were distinctly different from other Oxford Houses, in interior and exterior, as well as in the amenities that the neighborhood offered. We looked at 55 houses in different regions of the United States, and found that Oxford Houses were generally similar. Most Oxford Houses have five to seven bedrooms. We also found that 69% to 74% of Oxford Houses have room air conditioners. Some houses designate non-smoking rooms, while others do not. We also compared the neighborhoods of Oxford Houses in the United States to the neighborhoods of Oxford Houses in Australia and found that many community amenities, such as grocery stores, churches, and medical clinics are equally accessible for residents of U.S. Oxford Houses as they are for residents of Australian Oxford Houses.

Ferrari, J. R., Jason, L. A., Blake, R., Davis, M. I., & Olson, B. D. (2006). "This is my neighborhood": Comparing United States and Australian Oxford House neighborhoods. *Journal of Prevention & Intervention in the Community*, 31, 41-50.

What occurs at weekly meetings?

One of our studies analyzed behavioral data observed during business meetings at 29 Northern Illinois Oxford Houses (20 men, 9 women). The longer houses were in existence, the more they tended to talk about money issues. It could be that houses with more experience recognize the importance of dealing with the financial management of houses, and make sure that they have adequate time to resolve financial issues. Meetings tended to be open dialogues between members where policies and organizational issues were discussed. For instance, results indicated that voting was associated with lower conflict and increased communications involving action plans, humor, and information-gathering. Therefore, it is possible that voting allowed residents to feel that they were making a contribution to the success of the Oxford House, and as a consequence, voting might have been beneficial to the cohesion and sense of democracy within Oxford Houses. In addition, developing an action plan was related to humor, receiving emotional support, and the need for regrouping a meeting to focus on the topic at hand. Examples of possible action plans include: strategies to overcome debt to the house or ways to correct a problem behavior. It is clear from the behavioral observations that these types of action plans, in addition to voting, explanations, and questions are the most common types of exchanges, and they involve efforts by the residents to better deal with day to day policies and decisions that need to be made for successful house governance.

Jason, L.A., Ferrari, J.R., Freeland, M., Danielewicz, J., & Olson, B.D. (2005). Observing organizational and interaction behaviors among mutual-help recovery home members. *International Journal of Self Help & Self Care*, 3, 117-132.

How do neighbors feel about Oxford Houses?

This study investigated the attitudes of neighborhood residents towards Oxford Houses. Individuals who lived next to an Oxford House versus those who lived a block away were assessed regarding their attitudes toward substance abuse recovery homes and individuals in recovery. As expected, the vast majority of those living next to a self-run recovery home knew of the existence of these recovery homes, whereas most residents living a block away did not know of their existence. Results from interviews indicated that those who lived next to an Oxford House versus those who lived a block away had significantly more positive attitudes toward recovery homes including: the importance of substance abusing individuals being able to live in residential neighborhoods and the importance of neighbors to provide a supportive environment to those in recovery. In addition, property values for those next to recovery homes were not significantly different than those living a block away. These findings suggest that well managed and well functioning substance abuse recovery homes elicit constructive and positive attitudes by neighbors towards recovery homes.

Jason, L.A., Roberts, K., & Olson, B.D. (2005). Attitudes toward recovery homes and residents: Does proximity make a difference. *Journal of Community Psychology, 33*. 529-535.

How do Oxford House residents help those in their community?

In one of our projects, we had 56 individuals at the Oxford House World Convention complete a survey about their neighborhood involvement. In addition to reporting spending around 10.6 hours per month on neighborhood involvement, participants also reported the activities in which they were typically involved. The majority of participants were involved in activities around their recovery. Thirty-five of the participants were involved in mentoring others in recovery. About 44% of the sample was involved in administering and running support groups. Neighborhood involvement around recovery also came in the form of educating the community: 56% were involved in educating the community about Oxford House, while 36% were involved in educating the community on recovery in general. Involvement around recovery also included involvement in large community initiatives, as 39% of participants reported involvement in informing or advising agencies or local leaders and 32% reported involvement in community anti-drug campaigns. For some, this involvement also included speaking at political events (16%), and attending community meetings (30%), public hearings and forums (21%). Other general community activities reported by participants included working with youth (32%), fundraising (30%), and volunteering time with community organizations (23%). We also found that there was a significant positive correlation between the length of staying in Oxford Houses and participant involvement in the community. When asked: “Do you think living in the Oxford House increased your likelihood of involvement in your neighborhood,” 48 of 56 participants answered, “yes.”

Jason, L.A., Schober, D., Olson, B.D. (2008). Community involvement among second-order change recovery homes. *The Australian Community Psychologist*, 20, 73-83. Available at: [http://www.groups.psychology.org.au/Assets/Files/20\(1\)-08-Jason-et-al.pdf](http://www.groups.psychology.org.au/Assets/Files/20(1)-08-Jason-et-al.pdf).

How has Oxford House affected the alumni experience?

This study involved surveys of both current and former Oxford House residents who participated in a conference about Oxford Houses. The study implemented quantitative questions as well as qualitative inquiries into how relationships in family and community contexts have changed since/during their experiences in Oxford House.

Environmental and social factors are increasingly recognized as critical aspects of recovery from substance abuse over the long-term. Alumni tended to stay very involved in recovery activities and in their previous recovery communities, and also tended to have more beneficial circumstances than current residents. Both groups perceived their recovery environment positively, were able to maintain stable employment, and generally experienced improvements in their family relationships since being in the recovery homes.

Jason, L.A., Aase, D.M., Mueller, D.G., & Ferrari, J.R. (2009). Current and previous residents of self-governed recovery homes: Characteristics of long-term recovery. *Alcoholism Treatment Quarterly*, 27, 442-452.

What contributes to the sustainability of Oxford Houses?

This study examined the sustainability rates of 214 self-run substance abuse recovery homes called Oxford Houses (OHs) over a six-year period. We list five factors needed to sustain an OH: affordable housing, residents following OH principles, resident income, institutional support, and community support. Results indicated a high sustainability rate (86.9%) in which 186 OHs remained open and 28 OHs closed. Reasons for houses closing (N = 14) included lack of affordable housing, which we classified as an external factor. Houses that closed because of internal factors (N = 13) included residents who were unable to adhere to OH rules, and insufficient income of residents. No house-level differences for income, sense of community, average lengths of stay, house age, or neighborhood characteristics were found between the houses that closed versus houses that remained open. Because the OH system relies on residents to sustain individual houses located in ordinary residential neighborhoods, these findings suggest that OH sustainability depends on locale, primarily access to affordable housing and adequate job opportunities for residents. Factors that enable the Oxford Houses to be maintained over time include the low financial cost of the program to residents and taxpayers, the use of volunteers to support and replicate Oxford Houses, the clear benefits of the model to residents, the strength of Oxford House to endure initially slow growth and legal challenges, the leadership of Paul Molloy, and the mutually beneficial partnerships it has formed with organizations.

Mueller, D. G., Mortensen, J., Aase, D., & Jason, L. A. (2009). Project, organization, and environment factors in sustaining Oxford House. In M.F. Hindsworth & T.B. Lang (Eds.). *Community Participation: Empowerment, Diversity, and Sustainability*. New York: Nova.

Harvey, R., Mortensen, J., Aase, D., Jason, L., & Ferrari, J.R. (2013). Factors affecting the sustainability of self-run recovery homes in the United States. *International Journal of Self-Help & Self-Care*. 7(1), 99-109. PMID:PMC3576723

What do we know about Oxford House landlords?

Landlords of community-based recovery homes are an under-researched group. The few existing studies available suggest that landlords might be more open to renting to vulnerable populations if certain conditions are met or communication is more open between all parties involved. The present exploratory study surveyed 30 landlords of self-governed recovery homes across the United States regarding their attitudes and opinions about renting to these homes, and motivations for community service. Results indicated that landlords generally had positive perceptions of renting to self-governed recovery environments, and even perceived benefits of renting to these homes compared to more traditional tenants. Implications of these findings for future research are discussed in the context of existing research and limitations of the present study.

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Are Oxford Houses in Africa?

In general, the results of the interviews suggested that the house was functioning fairly well at the time of the interviews. Most residents expressed satisfaction with their experience in the house and their progress on their efforts to recover from substance abuse. In addition, the responses of the residents suggested that there were some bumps on the road during the first months after the house opened. There are indications that there were some conflicts and conflicts among members of Oxford Houses are inevitable, but how they are handled is crucial to their speedy resolution and to maintaining a positive climate among members. In addition, appropriate response to conflict and to resident relapse is essential to maintaining the model of recovery that has been shown to be effective in Oxford Houses in the United States. This includes clear and consistent handling of situations in which members relapse. Given the priority of maintaining sobriety in the house, residents need to be firm and consistent in asking another resident to leave the house when he has relapsed.

Legler, R., & Jason, L.A. (2012). Formative evaluation of a community-based recovery home in Ghana, Africa. *Annals of Research. 1*, 113-123.

Are Oxford Houses in Great Britain?

An exploratory investigation was conducted to examine the implementation of the first self-run, communal-living setting based on the Oxford House model, in the UK. A cross-sectional, mixed-methods design was used to examine the Oxford House model's total abstinence approach to recovery from substance use disorders among residents living in the first Oxford House established in the UK. Several measures commonly used in addiction research and personal narratives were used to assess residents' response to Oxford House living. Findings suggest that the Oxford House model is a posttreatment intervention that meets the needs of individuals seeking an abstinence-based recovery from alcohol and/or drug dependence in the UK.

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Are there policy statements on recovery residences?

The Society of Community Research and Action (SCRA) has developed, with the executive, advocacy and research committees of the National Association of Recovery Residences (NARR), a policy statement on the value of recovery residences in the United States. This policy statement (1) describes the emergence and rapid growth of recovery residences as a new addiction recovery support institution, (2) highlights research to date on the positive effects of participation in a recovery residence on long-term addiction recovery and related outcomes, (3) champions a research agenda that would address many unanswered questions related to such participation, (4) advocates social policies (laws, regulations and funding guidelines) in which recovery residences can flourish, (5) supports programs of education and training to increase referrals to these new resources by health and human service professionals, and (6) promotes programs to educate local political leaders and the public about the value of recovery residences for individuals, families, and communities in the United States.

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Other articles about Oxford House by our team:

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