A Summary of DePaul University's Research with Oxford Houses

Introduction

Over the past ten 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 packet. If more information is desired, please see the publications listed below or visit the DePaul University Center for Community Research website at

http://condor.depaul.edu/~ljason/oxford
What are the characteristics of people living in Oxford Houses?

An important goal of our first 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.

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

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 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 indicated that they used more than one substance (74.2%), 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. In addition, 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.

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 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.

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, 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.

In addition, 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. This scale tries to measure whether a person feels they have a readily available a support group of relationships upon which they can depend. Our scale, which we call 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.


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.


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

In a dissertation, Meg Davis 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.

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 people face 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.

What coping strategies are helpful for Oxford House residents?

This study investigated levels of social support and one’s feelings about being able to stay abstinence among 57 men and 43 women residing 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 stay abstinence. However, residents who reported their veteran status or prior incarceration experiences were issues they perceived as making identification to 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 being able to stay abstinence.

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


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

In a dissertation by John Majer, he 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 they could 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 that enhances the perception of control in their lives, particularly for those with criminal histories.

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. These issues led us to become interested in studying this special group of women. Sixty female Oxford House residents from across the United States were interviewed. 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.

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 assimilation to U.S. culture as well as sociodemographic variables predict substance use and abuse among Latinas/os. Latino/a ethnicity predicts premature termination and poorer outcomes among individuals in substance abuse treatment programs. Yet there is no 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 make recommendations for future research include the need for substance abuse researchers to use multidimensional definitions of ethnicity that include place of birth, generation in the U. S., racial/ethnic identity, behaviors and values, in addition to ethnic self-definition.

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. 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.

How does Oxford House relate to the Criminal Justice System?

Laws, such as California's Proposition 36, that direct non-violent substance-abusing offenders toward community-based treatment programs, have become the justice system’s preferred response over prison confinement. Therefore, there is a continuing need for more cost-effective, community-based substance abuse programs. Oxford Houses could be one alternative option to incarceration. One obstacle to using this option for incarcerated populations would exist if Oxford House only worked for a small group of people. Therefore, we were interested in examining whether the legal, employment, and drug use histories of Oxford House residents were similar to a national sample in inpatient facilities.

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.

A Comparison of Past Criminal Activity in a Community-Based vs. a Traditional Approach to Substance Abuse Recovery. *A poser presented at the annual meeting of the Midwest Psychological Association, Chicago, IL.*
How do Neighbors Feel about Oxford Houses?

This study investigated the attitudes of neighborhood residents of a particular type of substance abuse recovery home (i.e., Oxford House). Individuals who lived next to these recovery homes 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 a Oxford House versus those a block away had significantly more positive attitudes toward recovery homes, concerning the importance of substance abusing individuals being able to live in residential neighborhoods, about the importance of neighbors to provide a supportive environment to those in recovery, and regarding attitudes regarding a self-run recovery home on their block. 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 toward recovery homes.

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 assessable 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 SES 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) noted that public transportation was available, and the streets and neighborhoods were clean and well lit at night.

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.

Current Projects

There are several research projects ongoing at our center. In one NIAAA grant supported study, we have recruited 150 people who are finishing substance abuse treatment at an alcohol and drug abuse facility in Illinois. 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 are being interviewed every six months for a two-year period of time. This study will look at the effects of Oxford House on recovering alcoholics' sobriety and their belief that they have the ability to maintain abstinence.

Another study, which is funded by a grant from NIDA, involves researching Oxford House residents across the country. We have approximately 900 participants who were interviewed at four-month intervals four times. In the large national study, we are examining how a sample of Oxford House members changes during the course of a year. We will examine how their friendship networks change, how their sense of confidence in staying abstinent changes, and how they do when they leave Oxford Houses. These studies will give us a unique perspective for better understanding the many benefits of living in Oxford Houses.

Other articles by our team are below:


If there are areas that you feel we have missed, please let us know.