

## Oxford House Model

Date of Review: February 2011

The Oxford House Model provides housing and rehabilitative support for adults who are recovering from alcohol and/or drug use and who want to remain abstinent from use. The model is a confederation of chartered community-based, self-supported rental homes that are operated under the umbrella of Oxford House World Services. Each house is self-governed and has at least six same-sex residents, who have a shared responsibility for adherence to Oxford House traditions, on-time payment of household expenses, completion of chores, and successful integration into the community neighborhood. Oxford Houses do not employ professional treatment staff, but residents are free to decide whether to seek psychological or substance abuse treatment by professionals or participate in 12-step self-help organizations (e.g., Alcoholics Anonymous, Narcotics Anonymous) while receiving social support and guidance from fellow residents.

Adults who want to live in an Oxford House must complete an application for admission, be interviewed by current Oxford House residents, and be voted in by the residents. Each new resident receives a booklet of rules, and current residents spend considerable time helping new residents learn the house's system of operation. The Oxford House Model has no maximum length-of-stay restriction, and on average, a resident stays in an Oxford House for a little more than a year. No resident is ever asked to leave an Oxford House without cause. In cases when eviction is a possibility, all residents meet to discuss the potential cause, which can include renewed substance use or disruptive behavior (e.g., failure to pay rent, failure to complete house chores); a dismissal vote is grounds for immediate eviction of a resident. Residents elect house officers, which include a president, treasurer, secretary, comptroller, and household chore coordinator, for a term of no greater than 6 months, giving all residents the opportunity to assume leadership positions in house governance. Recovering individuals who want to establish a new Oxford House must apply to Oxford House World Services for a charter, which is granted free of charge. Individuals interested in becoming an Oxford House resident can use the program Web site to locate vacancies and access the application.

### Descriptive Information

<b>Areas of Interest</b>	Substance abuse treatment Co-occurring disorders
<b>Outcomes</b>	1: Substance use 2: Self-control tendencies 3: Employment status 4: Awaiting criminal charges
<b>Outcome Categories</b>	Alcohol Crime/delinquency Drugs Employment Mental health Treatment/recovery
<b>Ages</b>	26-55 (Adult)
<b>Genders</b>	Male Female
<b>Races/Ethnicities</b>	Black or African American Hispanic or Latino White Race/ethnicity unspecified
<b>Settings</b>	Residential Home Other community settings
<b>Geographic Locations</b>	Urban Suburban

<b>Implementation History</b>	The Oxford House Model was first implemented in 1975 and, since then, has served approximately 200,000 individuals. As of September 2011, 1,504 individual Oxford Houses with 11,894 recovery beds were located in 45 States and the District of Columbia, as well as internationally in Australia, Canada, England, and Ghana.
<b>NIH Funding/CER Studies</b>	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: Yes
<b>Adaptations</b>	No population- or culture-specific adaptations were identified by the applicant.
<b>Adverse Effects</b>	No adverse effects, concerns, or unintended consequences were identified by the applicant.
<b>IOM Prevention Categories</b>	IOM prevention categories are not applicable.

## Outcomes

Outcome 1: Substance use	
<b>Description of Measures</b>	Substance use was measured by the alcohol and drug use items from the Addiction Severity Index (ASI) Lite. The ASI Lite is a shortened version of the ASI, a semistructured interview instrument that measures problems and their severity in the following life domains: medical, employment, alcohol and drug use, legal, family/social, and psychiatric. Unlike the ASI, the ASI Lite does not include items relating to severity ratings and a family history grid. Study participants were asked whether they had consumed any alcohol or used any drugs during the prior 6 months (a dichotomous measure of substance use versus nonuse, or abstinence). Assessments were completed at baseline (2-3 days prior to discharge from an inpatient substance abuse treatment program) and at 6-month intervals for 2 years after inpatient treatment discharge (i.e., at 6-, 12-, 18-, and 24-month follow-ups). In addition, at the 24-month follow-up, each participant's self-reported substance use or nonuse was corroborated by a report from a "collateral," a person who is part of the participant's support network and has been rated by the participant as being most important in his or her life. If the collateral reported alcohol or drug use by the participant, but the participant reported no use, the response was coded as "using" for the outcome measure.
<b>Key Findings</b>	<p>In a 2-year clinical trial, clients in an inpatient substance abuse treatment program were randomly assigned to an aftercare condition: the Oxford House Model or usual aftercare, which included placement into a relative's home, a staffed recovery home, a partner's or spouse's home, their own home or apartment, a homeless shelter, a substance abuse treatment program, or a friend's home. Findings from the study included the following:</p> <ul style="list-style-type: none"> <li>• Across the 24-month follow-up period, participants receiving usual aftercare were more likely to report any substance use compared with those living in an Oxford House (<math>p &lt; .01</math>). This group difference was associated with a very small effect size (odds ratio = 1.41).</li> <li>• At the 24-month follow-up, the percentage of participants reporting any substance use was higher for those living in an Oxford House for fewer than 6 months compared with those living in an Oxford House for at least 6 months (45.7% vs. 15.6%; <math>p &lt; .05</math>). This length-of-stay difference was associated with a small effect size (odds ratio = 1.59).</li> <li>• Also at the 24-month follow-up, the percentage of young participants (<math>\leq 36</math> years old) reporting any substance use was higher for those living in an Oxford House for fewer than 6 months compared with young participants living in an Oxford House for at least 6 months (62.5% vs. 6.7%; <math>p &lt; .05</math>). This difference (age by length of stay) was associated with a small effect size (odds ratio = 2.46).</li> </ul>
<b>Studies Measuring Outcome</b>	<a href="#">Study 1</a>
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	2.3 (0.0-4.0 scale)

Outcome 2: Self-control tendencies	
<b>Description of Measures</b>	Self-control tendencies were measured by the Self-Control Scale, a 36-item instrument that assesses each participant's current state regarding his or her ability to regulate impulses or alter behavior, thoughts, and emotions. Study participants rated each item using a scale ranging from 1 (not at all like me) to 5 (very much like me). Example scale items are "I am good at resisting temptation," "I

have a hard time breaking bad habits," and "I say inappropriate things." Ratings for each item were summed to produce a total score, and lower total scores reflect better current self-control tendencies. Assessments were completed at baseline (2-3 days prior to discharge from an inpatient substance abuse treatment program) and at 6-month intervals for 2 years after inpatient treatment discharge (i.e., at 6-, 12-, 18-, and 24-month follow-ups).

<b>Key Findings</b>	<p>In a 2-year clinical trial, clients in an inpatient substance abuse treatment program were randomly assigned to an aftercare condition: the Oxford House Model or usual aftercare, which included placement into a relative's home, a staffed recovery home, a partner's or spouse's home, their own home or apartment, a homeless shelter, a substance abuse treatment program, or a friend's home. Findings from the study included the following:</p> <ul style="list-style-type: none"> <li>• Across the 24-month follow-up period, the trend in total scores on the Self-Control Scale indicated that participants living in an Oxford House had better self-control tendencies than those receiving usual aftercare (<math>p &lt; .01</math>).</li> <li>• Also across the 24-month follow-up period, the trend in total scores on the Self-Control Scale indicated that young participants (<math>\leq 36</math> years old) living in an Oxford House for at least 6 months had better self-control tendencies than young participants living in an Oxford House for fewer than 6 months (<math>p &lt; .05</math>).</li> </ul>
<b>Studies Measuring Outcome</b>	<a href="#">Study 1</a>
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	2.3 (0.0-4.0 scale)

### Outcome 3: Employment status

<b>Description of Measures</b>	<p>Employment status was measured by the employment items from the ASI Lite. The ASI Lite is a shortened version of the ASI, a semistructured interview instrument that measures problems and their severity in the following life domains: medical, employment, alcohol and drug use, legal, family/social, and psychiatric. Unlike the ASI, the ASI Lite does not include items relating to severity ratings and a family history grid. The primary employment item asked study participants whether they had been engaged in full- or part-time work in the prior 30 days. Assessments were completed at baseline (2-3 days prior to discharge from an inpatient substance abuse treatment program) and at 6-month intervals for 2 years after inpatient treatment discharge (i.e., at 6-, 12-, 18-, and 24-month follow-ups).</p>
<b>Key Findings</b>	<p>In a 2-year clinical trial, clients in an inpatient substance abuse treatment program were randomly assigned to an aftercare condition: the Oxford House Model or usual aftercare, which included placement into a relative's home, a staffed recovery home, a partner's or spouse's home, their own home or apartment, a homeless shelter, a substance abuse treatment program, or a friend's home. Findings from the study included the following:</p> <ul style="list-style-type: none"> <li>• Across the 24-month follow-up period, participants living in an Oxford House were more likely to report being employed during the 30 days prior to each 6-month assessment compared with those receiving usual aftercare (<math>p &lt; .005</math>). This group difference was associated with a very small effect size (odds ratio = 1.40).</li> <li>• Also across the 24-month follow-up period, young participants (<math>\leq 36</math> years old) living in an Oxford House for at least 6 months were more likely to report being employed during the 30 days prior to each 6-month assessment compared with young participants living in an Oxford House for fewer than 6 months (<math>p &lt; .05</math>). This difference (age by length of stay) was associated with a medium effect size (odds ratio = 4.35).</li> </ul>
<b>Studies Measuring Outcome</b>	<a href="#">Study 1</a>
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	2.4 (0.0-4.0 scale)

### Outcome 4: Awaiting criminal charges

<b>Description of Measures</b>	<p>Awaiting criminal charges was measured by the criminal justice item from the ASI Lite. The ASI Lite is</p>
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a shortened version of the ASI, a semistructured interview instrument that measures problems and their severity in the following life domains: medical, employment, alcohol and drug use, legal, family/social, and psychiatric. Unlike the ASI, the ASI Lite does not include items relating to severity ratings and a family history grid. The criminal justice item asked study participants whether they were currently awaiting charges or had charges pending for a criminal activity in the prior 30 days. Assessments were completed at baseline (2-3 days prior to discharge from an inpatient substance abuse treatment program) and at 6-month intervals for 2 years after inpatient treatment discharge (i.e., at 6-, 12-, 18-, and 24-month follow-ups).

<b>Key Findings</b>	<p>In a 2-year clinical trial, clients in an inpatient substance abuse treatment program were randomly assigned to an aftercare condition: the Oxford House Model or usual aftercare, which included placement into a relative's home, a staffed recovery home, a partner's or spouse's home, their own home or apartment, a homeless shelter, a substance abuse treatment program, or a friend's home. Findings from the study included the following:</p> <ul style="list-style-type: none"> <li>• Across the 24-month follow-up period, participants receiving usual aftercare were more likely to be awaiting charges for a criminal activity in the 30 days prior to each 6-month assessment compared with those living in an Oxford House (<math>p &lt; .001</math>). This group difference was associated with a medium effect size (odds ratio = 2.94).</li> <li>• At the 12-month follow-up, the percentage of young participants (<math>\leq 36</math> years old) awaiting charges for a criminal activity in the prior 30 days was smaller for those living in an Oxford House for at least 6 months compared with young participants living there for fewer than 6 months (0% vs. 8.3%; <math>p &lt; .05</math>). This difference (age by length of stay) was associated with a medium effect size (odds ratio = 3.52). At the 18- and 24-month follow-ups, no young participants living in an Oxford House were awaiting charges for a criminal activity in the prior 30 days, regardless of their length of stay.</li> </ul>
<b>Studies Measuring Outcome</b>	<a href="#">Study 1</a>
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	2.4 (0.0-4.0 scale)

## Study Populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
<b>Study 1</b>	26-55 (Adult)	62% Female 38% Male	77.3% Black or African American 11.3% White 8% Hispanic or Latino 3.4% Race/ethnicity unspecified

## Quality of Research

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

### Study 1

[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 housing on multiple indicators of adjustment. \*Addiction\*, 102\(7\), 1114-1121. !\[\]\(05be7c7a8995decd503647c99211f7c2\_img.jpg\)](#)

### Supplementary Materials

[Jason, L. A., Davis, M. I., & Ferrari, J. R. \(2007\). The need for substance abuse after-care: Longitudinal analysis of Oxford House. \*Addictive Behaviors\*, 32\(4\), 803-818. !\[\]\(dd161862f9164df98f62b726e9846241\_img.jpg\)](#)

[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 and Self-Care\*, 3\(1-2\), 117-132.](#)

[Jason, L. A., Olson, B. D., Ferrari, J. R., & Lo Sasso, A. T. \(2006\). Communal housing settings enhance substance abuse recovery. \*American Journal of Public Health\*, 96\(10\), 1727-1729. !\[\]\(fe3aebe81acea8d45108cd2768939da7\_img.jpg\)](#)

Majer, J. M., Jason, L. A., & Olson, B. D. (2004). Optimism, abstinence self-efficacy, and self-mastery: A comparative analysis of cognitive resources. *Assessment, 11*(1), 57-63. [PubMed](#)

McLellan, A. T., Kushner, H., Metzger, D., Peters, R., Smith, I., Grissom, G., et al. (1992). The fifth edition of the Addiction Severity Index. *Journal of Substance Abuse Treatment, 9*(3), 199-213. [PubMed](#)

Tangney, J. P., Baumeister, R. F., & Boone, A. L. (2004). High self-control predicts good adjustment, less pathology, better grades, and interpersonal success. *Journal of Personality, 72*(2), 271-324. [PubMed](#)

### Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Substance use	2.5	2.5	1.0	3.0	2.5	2.5	2.3
2: Self-control tendencies	2.0	2.5	1.0	3.0	2.5	3.0	2.3
3: Employment status	2.5	2.5	1.0	3.0	2.5	3.0	2.4
4: Awaiting criminal charges	2.5	2.5	1.0	3.0	2.5	3.0	2.4

### Study Strengths

The ASI Lite is very well established in the field and has strong psychometric properties. The Self-Control Scale has strong psychometric properties in studies with college students. The investigators obtained collateral report verification of prior 6-month substance use or nonuse at the final, 24-month follow-up, and the selected outcomes of employment status and awaiting criminal charges are important indicators of life stability. The attrition rate was very low across follow-up assessments, and random assignment controlled for many confounding variables. The study used an appropriate intent-to-treat approach and statistical modeling to address missing data, control for demographic variables, and incorporate the effects of age, psychiatric comorbidity, and length of stay on the outcomes in the intervention group.

### Study Weaknesses

Scores for responses to individual items from the ASI Lite were used, which differs from the instrument's designed use (i.e., to provide composite scores); there was no sample-based psychometric support to justify this modification. The absence of independent verification limits the validity of the self-report measures for employment status and awaiting criminal charges, and the collateral verification of the substance use self-report measure occurred only at the final, 24-month follow-up. No intervention fidelity measurement was used to evaluate what occurred therapeutically in each Oxford House or to determine intervention constancy across the multiple Oxford Houses participating in the study. The study lacked an alternative form of controlled housing (e.g., a therapeutic community) as a comparison, weakening a direct attribution of the outcomes to the Oxford House Model. Although hierarchical linear modeling of the data was used to provide a general trend analysis for each group (Oxford House vs. usual aftercare) over the entire 24-month follow-up period, there was no between-group testing at individual follow-up assessments (i.e., at 6-, 12-, and 18-month follow-ups), except for the final, 24-month follow-up.

### Readiness for Dissemination

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

### Dissemination Materials

Oxford House Staff Training and Retreat Agenda (2010)

Program Web site, <http://www.oxfordhouse.org>

### Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.5	3.5	3.5	<b>3.5</b>

### Dissemination Strengths

The program's comprehensive Web site provides all implementation materials necessary to start an Oxford House, including a user-friendly implementation manual, implementation checklists, and budgeting and financial assistance tools. Individual Oxford Houses are required to have beds for at least six occupants, and each house must post vacancies to the program Web site, which users can search. The developer offers robust training options, which include an annual training for outreach workers, an on-site training for Oxford House residents, and the annual Oxford House World Convention. Technical assistance and coaching are available through an online forum, phone calls, and site visits. Quality assurance is supported by fidelity monitoring tools that focus on the essential elements of the program model. Evaluation tools to assess outcomes are available, and technical assistance is available to aid program evaluators in the collection and interpretation of the data. Oxford House World Services evaluates all implementation sites annually and enforces its charter conditions on a continuing basis.

### Dissemination Weaknesses

Implementation materials do not provide step-by-step guidance for enforcing admission requirements. Although the implementation manual provides guidelines for dealing with problems that may arise in a recovery-support home (e.g., house members with an unpaid share of expenses or suspected relapses of alcohol or drug use), it does not provide information on how to ensure that house members have the necessary skills for handling these problems. Training and coaching are available to Oxford House residents, but not required. Although fidelity monitoring tools are available, they do not focus on the day-to-day aspects of running an Oxford House.

### Costs

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

Item Description	Cost	Required by Program Developer
Oxford House Web site (includes the Oxford House Manual, evaluation measures and quality assurance tools, Oxford House--The Model, self-administered questionnaire, and applications for temporary and permanent charters)	Free	Yes
2.5-day Oxford House Outreach Worker Annual Training in Silver Spring, MD	\$500 per person	No
Annual Oxford House World Convention, held at various locations	\$425 per person (\$350 per person for Oxford House residents or alumni)	No
5-day, on-site training	\$1,500 per Oxford House plus trainer travel expenses	No
Phone or online technical support	Free	No
On-site technical support	Varies depending on site needs and location	No
Technical assistance for program evaluation	\$480 per hour plus travel expenses if necessary	No

### Replications

No replications were identified by the applicant.

## Contacts

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### **Learn More by Visiting:**

- <http://www.oxfordhouse.org>

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