

Time In Residential Care And Participation
In Alcoholics Anonymous as Predictors
Of Sobriety

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Summary - This follow-up study located 158 of 274 residents served over five years in Rockdale house, a residential community program in Conyers, Georgia. Hypothesized predictors of successful outcome were continued participation in Alcoholics Anonymous after discharge and number of days in residence. Responses by ex-residents showed a significant relationship between time in residence and participation in A.A. for those reporting continued sobriety.

In 1977 there were at least 1,000 halfway houses for chemical abusers in North America providing low cost residential treatment. Studies of these programs are few in number and often fail to describe the program, the residents' characteristics, or the relationship of their experience to outcome (Rubington, 1977, p.364).

Residential halfway houses appeal to the less affluent, more isolated and dysfunctional client (Pattison, Sobell & Sobell, 1977). This may account for the relatively poor outcome in evaluation of such programs. Follow-up studies summarized by Rubington indicated that clients of halfway houses experienced about a 20% rate of continued abstinence.

Amount of treatment was positively associated with successfully remaining free of mood altering chemicals by numerous evaluators (Baekeland, 1977; Patton, 1979; Polich, Armor, & Braiker, 1980). Amount of treatment varies, however, according to program design, client's motivation, socio-economic status, and existence of a social network for the client. These factors also contribute to the maintenance of sobriety after discharge (Baekeland, 1977).

Participation in Alcoholics Anonymous (AA) or other supportive groups is one contributor toward success in staying sober (Polich, Armor, & Braiker, 1980). If abstinence is the goal and clients are of middle socio-economic status, AA is effective in helping maintain sobriety (Sobell & Sobell, 1978).

The Rockdale House in Conyers, Georgia, is a 15-bed facility which serves men and women who abuse chemicals. It was founded in 1974 by local citizens and is supported by state, county, and city taxes and private donations. The program is staffed by a non-professional director and two assistants. The program concentrates on teaching the principles of Alcoholics Anonymous in group discussion and AA meetings. The goal of the program is to link clients to an AA support system so they will continue a life free from mood-altering chemicals after discharge. No fees are charged

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unless clients are able to pay. There is no limit to the length of stay if progress is shown.

Records of 274 discharged residents showed that they were overwhelmingly male (79.6%), white (93.4%), without family ties (79.3%), divorced (59%), and without job or income (85.8%). A majority of the residents (61%) abused only alcohol, 35% used both alcohol and other drugs, and 3% used alcohol, drugs and evidenced major mental illness. The exact nature of the problem was unknown for 1%. A similar analysis of the residents located in follow-up who were sober did not indicate any difference in these characteristics from the total population served.

The house director and a board member located 158 of the 274 former residents by calling relatives and residents themselves and inquiring about their continued sobriety and participation in AA. It was not possible to find 108 of the former residents and eight were deceased.

Eighty-seven of the 158 (55%) reported they had been free of mood-altering chemicals for periods ranging from 1 mo. to 4 yr. Seventy-one (45%) were using either alcohol or other mood-altering chemicals. The hypotheses that participation in AA and days in residence contribute to abstinence were supported by the reports of these individuals.

Of the 87 who were free of mood-altering chemicals, 82 participated in AA and five did not. Of the 69 who were not abstinent, 26 were participating in AA and 43 were not. The relationship of sobriety and AA participation between the abstinent and non-abstinent groups was significant ($\chi^2 = 57, p < .001$).

The total number of days in residence includes the sum of the days of all admissions for those with more than one admission. Of the total, 78% had only one admission, 22% had two or more admissions. No one had more than four admissions.

There was wide variability in the number of resident days for the contacted residents. Of the abstinent population, the most resident days was 690, and the least, two days. Analysis of the difference between groups indicates that those who had been in the program more days were likely to be abstinent. The mean number of days in residence for the abstinent group was 112; for the non-abstinent group it was 78 ($F_{1,138} = 5.53, p < .05$).

The tentative conclusion here is that the indefinite length of stay and longer stays produce a firmer attachment to AA and thus greater probability of successful sobriety.

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Accepted March 31, 1981.