

COUNTERACTING "NOT IN MY BACKYARD": THE POSITIVE EFFECTS OF GREATER OCCUPANCY WITHIN MUTUAL-HELP RECOVERY HOMES

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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 (i.e., 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. Regression analyses using data from 643 residents from 154 U.S. Oxford Houses indicated that larger House size predicted less criminal and aggressive behavior; additionally, length of abstinence was a partial mediator in these relationships. These findings have been used in court cases to argue against closing down larger Oxford Houses.
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GROUP HOMES AND "NOT IN MY BACKYARD"

Since the 1960s, many institutional settings have been replaced with community-based programs for persons with mental illnesses, developmental disabilities, and substance abuse disorders (Michelson & Tepperman, 2003). An example of a community-based, mutual-aid recovery home for individuals dealing with substance abuse problems is

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Oxford House (OH; Jason, Ferrari, Davis, & Olson, 2006a). Oxford House has grown since 1975 to over 1,200 homes across the United States, 30 in Canada, and 8 in Australia. All homes are single-sex (i.e., men only or women only), and some Houses sheltering women allow children of minor age to live with their mothers. Individuals are typically referred to Oxford Houses by treatment facilities or through word-of-mouth, and new residents are admitted based on an 80% House vote. Regarding the operation and maintenance of Oxford Houses, no professional staff is involved, enabling residents to create their own rules for communal governance (Oxford House, 2002). Residents are held accountable to abstain from substance use or disruptive behavior; find and maintain a job; complete chores; and pay for rent, food, and utilities. Failure to comply with these rules along with any disruptive/criminal behavior or substance use is grounds for expulsion, and all rules are enforced by the house residents. As long as rules are followed, residents are allowed to stay indefinitely. In addition, residents are required to hold house positions (e.g., president or treasurer) elected for 6-month intervals by an 80% majority vote. A randomized study found that at 2-year follow-up, the Oxford House participants had lower substance use (31% vs. 65%, respectively), higher monthly income (\$989 vs. \$440), and lower incarceration rates (3% vs. 9%) compared to usual-aftercare participants (Jason, Olson, Ferrari, & Lo Sasso, 2006).

There are numerous theoretical reasons why group homes such as Oxford Houses should be located in residential areas (Seymour, n.d.). For example, group homes in residential communities may allow for community integration, an active ingredient in the treatment of substance abuse and many other disorders. Group homes might also serve to educate the community about stigmatized populations (e.g., people with substance abuse problems, developmental disabilities, or mental illnesses). Finally, group homes can be a deterrent to crime because residents are generally required to maintain positive behaviors (e.g., sobriety) and are often vigilant. The Oxford House national organization dictates that new Houses be established in safe, low crime, economically stable neighborhoods with minimal opportunities for relapse (Oxford House, 2002). Regardless of geographic location, Oxford Houses are typically situated in low-drug, low-crime communities in which residents have access to resources and amenities that enable autonomy and substance-free lifestyles (Ferrari, Jason, Blake, Davis, & Olson; 2006; Ferrari, Groh, Jason, & Olson, 2007).

Nonetheless, group homes in residential areas sometimes face significant opposition (Zippay, 1997), with neighbors' concerns relating to property values, traffic, noise, inappropriate behavior (Cook, 1997), and safety (Schwartz & Rabinovitz, 2001; Solomon & Davis, 1984). This phenomenon is commonly referred to as the "Not in My Backyard" syndrome (NIMBY; e.g., Dear, 1992; Kim, 2000; Low, 1993). Oxford Houses are certainly not immune to NIMBY; for instance, a North Carolina Oxford House was protested and vandalized by neighbors before it opened. In addition to neighborhood opposition, municipalities employ several techniques to legally regulate, restrict, or even close down group homes (Gathe, 1997). To start out with, cities sometimes decline to provide the required license to prevent the opening of a recovery home. Other regulatory tactics involve density limitations, which may include the Fair Housing Act and Landlord-Tenant Laws (e.g., group homes cannot remove substance-using or disruptive residents without a court order), prohibiting more than one recovery home within a certain radius, and maximum occupancy rules—the focus of the current investigation (i.e., too many unrelated people living in the same dwelling).

Despite the resistance faced by these homes, group homes actually have very little impact on their surrounding neighborhoods and generally blend into the community (Cook, 1997). Community members frequently expect to have more problems with group homes than really occur (Cook; McConkey, Walsh, & Conneally, 1993), and residential facilities do not tend to affect public safety negatively (Center for Community Corrections, 2002). In fact, contrary to popular fears, literature reviews suggest that these settings may actually increase property values in their neighborhoods (Aamodt & Chiglinksy, 1989; Center for Community Corrections, 2002). Similar patterns have been demonstrated for Oxford House recovery homes. Local communities reported Oxford House residents blended well into the neighborhood and made good neighbors (Jason, Roberts, & Olson, 2005). The majority of Oxford House neighbors interviewed had either gained resources, friendships, or a greater sense of security following contact with the Oxford House residents. Furthermore, no evidence of property devaluation was found for neighborhoods containing Oxford Houses; community members who knew of the Oxford House actually saw an increase in property value over an average of 3 years.

Several studies investigated factors that influence the reception of group homes in residential areas. The Center for Community Corrections (2002) interviewed community members and found that neighbor acceptance of community justice facilities and halfway homes was enhanced by an engaged public, a well-run program with access to substance abuse treatment and job development, community input and continuing involvement, discernible contributions to the community, and a careful assessment of the community prior to entry. Additionally, the more a facility resembles the neighborhood in which it resides and the more autonomous the facility residents, the more likely residents will integrate into the community (Makas, 1993). Further, research indicates that closer proximity (Gale, Ng, & Rosenblood, 1988) and increased contact (Butterfield, 1983) between community members and group home residents has a positive effect on the reception of the homes. Jason and colleagues (2005) revealed that residents who lived adjacent to an Oxford House, as opposed to a block away, had significantly more positive attitudes towards the need to provide a supportive community environment for those in recovery, allow substance abusers in a residential community, and the willingness to have a self-run home on their block.

In an attempt to reduce the amount and level of concern related to Oxford Houses and other group homes, educational efforts might be developed such as documenting the effects of group homes on property values, having facility residents maintain friendly rapport with neighbors, and residents becoming more familiar with their surroundings to address neighbors' fears (Cook, 1997). For example, staff at a residential facility implemented educational measures to inform the neighborhood about the opening of the home (Schwartz & Rabinovitz, 2001). Significant interactions were found between neighbors visiting these facilities and decreases in dissatisfaction. Finally, it has been suggested that researchers should focus on developing ways that the public can become more familiar with halfway houses and other group homes (Center for Community Corrections, 2002).

Group Home Size

To implement educational efforts, this research study focused on one NIMBY threat to group homes: house size. Although very little research exists on this topic, one study (Segal & Sawyer, 1996) found that within sheltered care facilities for individuals with

mental illness, although home size did not relate to levels of management, larger homes were less restrictive in their rules and procedures. Larger homes also spent more on program activities for their residents, and their residents were more involved in facility-based activities. It is possible that these greater occupancy facilities were able to provide more of an opportunity for residents to develop a sense of community. However, this type of sheltered care facility is fairly different from Oxford House recovery homes.

It is suggested that a sufficient number of residents in each home might be a necessary component in the effectiveness of Oxford House through the mechanism of social support. Individuals recovering from addictions should be surrounded by a community in which they feel they belong and are able to obtain sobriety goals (Jason & Kobayashi, 1995). Oxford House residents rated "fellowship with similar peers" the most important aspect of living in an Oxford House (Jason, Ferrari, Dvorchak, Groessl, & Malloy, 1997). The Oxford House experience also provides residents with abstinent-specific social support networks consisting of other residents in recovery (Flynn, Alvarez, et al., 2006). Individuals who spent more time in an Oxford House had a greater sense of community with others in recovery, less support for substance use (Davis & Jason, 2005), and more support for abstinence (Majer, Jason, Ferrari, Venable, & Olson, 2002). Oxford Houses with more residents might have greater opportunities for members to provide and receive these vital social resources. It is believed that larger Houses will promote recovery through their ability to promote larger (Zywiak, Longabaugh, & Wirtz, 2002), more supportive social networks (MacDonald, 1987) that include sober others in recovery (Hawkins & Fraser, 1987; Zywiak et al.), constructs linked to sober living.

In addition to increased levels of social support, there are other hypothesized benefits to larger Oxford Houses. For instance, rent may be lower in larger homes because residents can split the costs. Additionally, having more residents allows members to learn from each other and increases opportunities for diversity. In this study, we examined the effects of House size on criminal and aggressive behaviors among Oxford House residents, two areas of significant concern to communities containing group homes (Cook, 1997; Schwartz & Rabinovitz, 2001; Solomon & Davis, 1984). Oxford House has been found to promote positive outcomes regarding both criminal activity (Jason, Olson, et al., 2006; Jason, Davis, Ferrari, & Anderson, 2007; Jason, Olson, et al., 2007) and self-regulation (Jason Olson, et al., 2007), which relates to aggression. Therefore, it was hypothesized in the present study that residents of larger Houses (with eight or more members) would exhibit fewer criminal and aggressive behaviors as measured by the Global Appraisal of Individual Needs-Quick Screen than residents of smaller Houses.

METHOD

Procedure

Data included in the present study were from the baseline data collection (completed between December 2001 and April 2002) of a community evaluation of residents living in one of 213 U.S. Oxford Houses (see Jason, Davis, et al., 2007 for details). Participants from this institutional review board-approved study were recruited and

surveyed using two strategies. The majority of participants ($n = 797$) were recruited through an announcement published in the monthly Oxford House newsletter that provided contact information for the study. We then contacted Oxford Houses via letters to House Presidents, conducted follow-up phone calls to the Houses, and where possible, members of the research team arranged to visit Houses. Of the 189 Oxford Houses that were approached, 169 (89.4%) had at least one individual who agreed to participate in the study, and the average number of individuals per House choosing to participate in the study was 4.7. For the second method, 100 individuals were randomly selected to fill out the baseline questionnaires at an annual Oxford House Convention attended by 300 residents and alumni. Analyses revealed no difference in demographic or outcome variables between the two recruitment groups.

In each case, the nature, purpose, and goals of the study were explained to the potential participants. As part of the consent process, staff members explained that participation was entirely voluntary and that withdrawal from the study was possible at any time. Payments of \$15 were made to participants following the survey. These data were gathered by research staff who primarily administered questionnaires in person to the participants. Some data were collected by telephone, which was often the case for those who had left Oxford House. No significant differences were found based on data collection method.

In addition, an environmental survey (assessing House size) was mailed to the House Presidents of all 213 Oxford Houses. No identifiable information about any House resident was requested, and confidentiality was maintained for all data. Most often the survey was completed by the House President (60.2%) or another House officer (31.6%), such as the Secretary or Treasurer. The survey then was returned by mail, and a small package of coffee was subsequently sent to the House for participation. Pilot testing indicated that it would take less than 20 minutes to complete and mail the survey; surveys were collected over a 4-month period.

Participants

For this investigation, we only included participants from the 154 Houses for which we had data on House size, representing 72.3% of Houses in the larger study. On average, Houses had about seven total members ($M = 7.1$, $SD = 2.0$, $Mdn = 7$), and Houses in this study ranged in size from 3–18 residents. Regarding geographic region within the United States, 27.7% of Houses were located in the West, 18.4% were in the Midwest and Texas, 28.3% were in the Northeast, and 25.7% were in the Southeast.

This present baseline sample consisted of 643 Oxford House residents, including 227 women (35.3%) and 416 men (64.7%). The sample was ethnically diverse, with 62.5% European American, 29.2% African American, 3.9% Hispanic/Latino, and 4.4% others. At baseline, the average age of the sample was 38.3 ($SD = 9.2$), and the average education level was 12.7 years ($SD = 2.0$). Regarding marital status, 50.4% were single or never married, 45.4% were divorced/widowed/separated, and 4.2% were married. With respect to employment, 67.4% reported being employed fulltime, 14.2% part-time, 13.3% unemployed, and 5.1% retired or disabled, and the average monthly income of the sample was \$965 ($SD = 840$). The average participant had stayed in an OH for 1.0 years ($SD = 1.4$). The mean length of sobriety was 1.7 years ($SD = 2.4$) for alcohol and 1.9 years ($SD = 3.2$) for illicit drugs. Regarding recent substance use, participants on average consumed alcohol on 2.3 days ($SD = 9.1$) and drugs on 5.1 days ($SD = 18.3$) in the past 90 days. Concerning legal status, 30% of participants were

currently on probation, and 14% claimed that their entry into OH was prompted by the law. Regarding lifetime data, the average participant was charged with a crime 9.9 times ($SD = 14.0$) and were incarcerated a total of 15.9 months ($SD = 36.8$).

Measures

Baseline demographic information (e.g., gender, race, substance disorder typology) was obtained from items on the Addiction Severity Index-lite, fifth edition (ASI; McLellan et al., 1992). The ASI assesses common problems related to substance abuse: medical status, drug use, alcohol use, illegal activity, family relations, and psychiatric condition. The ASI has been used in a number of alcohol and drug use studies over the past 15 years and has been shown to have excellent predictive and concurrent validity (McLellan et al.).

The Form-90 (Miller & Del Boca, 1994) was administered to obtain a continuous record of alcohol and drug consumption and intensity within a 90-day time span. This measure gathers information related to employment, health care utilization, incarceration, and alcohol and other drug use over a 90-day retrospective (which provides a reliable time frame for abstinence assessment; Miller & Del Boca, 1994).

The number of residents per Oxford House was determined using a brief version of a reliable environmental audit developed and utilized by Ferrari and colleagues (Ferrari, Jason, Blake, et al., 2006; Ferrari, Jason, Davis, Olson, & Alvarez, 2004; Ferrari, Jason, Sasser, Davis, & Olson, 2006) for use with group recovery settings. This survey requested responses to forced choice and frequency items in a number of domains, including information about the House setting such as the percentage of residents in recovery from alcohol, drugs, and polysubstances, along with the number of inhabitants within a House. Other sections of this audit gathered information on the interior and immediate exterior House characteristics, amenities found within a two-block radius of the House, and characteristics of the surrounding neighborhood.

The Global Appraisal of Individual Needs-Quick Screen (GAIN-QS; Dennis & Titus, 2000) is a self-report, clinical screening tool examining whether or not a psychological or substance abuse symptom has occurred in the past 12 months according to the criteria outlined in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*; American Psychiatric Association, 1994). Although the GAIN-QS is not a diagnostic tool, it has been utilized within clinical screening contexts to identify problem areas and psychological symptoms that warrant further explanation. For the purposes of this study, two subscales from the GAIN-QS were used as the outcome variables measuring aggressive and criminal behaviors: conduct disorder/aggression subscale (six items; Cronbach's $\alpha = .78$, mean score = 1.34) and the general crime index subscale (four items; Cronbach's $\alpha = .69$; mean score = .29).

RESULTS

House Size and GAIN-QS Subscales

The average House size in this study was about seven members ($M = 7.1$, $Mdn = 7$). Because a pending court case attempted to make it illegal for Oxford Houses to house eight or more residents, we decided to compare seven or fewer members in a House

(i.e., smaller Houses) with eight or more residents of an Oxford House (i.e., larger Houses). Regression analyses¹ determined that this dichotomized House size variable significantly predicted the GAIN-QS subscales of conduct disorder/aggression, $\beta = -.10$, $t(632) = -2.52$, $p = .01$, and general crime index, $\beta = -.10$, $t(634) = -2.44$, $p = .02$. House size accounted for 0.8% of the variance in general crime scores and 1.9% of the variance in conduct disorder/aggression scores. Larger Houses had fewer problems related to conduct disorder/aggression, and criminal activity. Smaller Houses had a general crime index mean score of 0.34 and a conduct disorder/aggression index mean score of 1.43, whereas the respective scores for larger Houses were 0.21 and 1.16 (lower scores indicate fewer problem symptoms in each area).

House Size and Demographic Analyses

Next, one-way ANOVA and chi-square analyses were run to determine whether large and small Houses (seven or less vs. eight or more residents) differed on demographic variables. Results indicated that the groups only differed on one key demographic variable: larger House residents had been abstinent from drugs and alcohol longer than individual from smaller Houses, $F(1,637) = 4.42$, $p = .04$. Residents in smaller Houses had 298.1 ($SD = 458.6$) cumulative days of abstinence on average, compared to 379.5 ($SD = 476.5$) days for residents of larger Houses. This indicates that individuals living in larger Houses maintained abstinence for about 81 days longer. Because larger Houses had significantly longer lengths of cumulative abstinence, we ran correlations to determine if this variable also related to the GAIN-QS subscale scores. Among participants for whom we have House size data, cumulative days sober did significantly and negatively correlate with the GAIN-QS subscales of conduct disorder/aggression, $r(633) = -.26$, $p = .000$, and general crime, $r(631) = -.30$, $p = .000$.

Mediational Analyses

We next examined whether the variables in the House size and GAIN-QS subscore regression analyses were only significant because individuals in larger Houses had been sober for longer periods of time. To evaluate this possibility, we utilized Baron and Kenny's (1986) framework for testing of mediation. In Baron and Kenny's model, the influence of variable A (the initial variable) on variable B (the outcome) may be explained by a third variable known as variable C (the process variable). Complete mediation occurs when variable A no longer affects B after C has been controlled. Partial mediation occurs when the path from variables A to B (the total effect) is diminished in total size, but is still different from zero after the mediating variable is controlled. The mediational model is a causal one; therefore, the mediator is presumed to bring about the outcome and not vice versa.

We used Baron and Kenney's (1986) framework to determine whether cumulative days sober mediated the relationship between House size and conduct disorder/aggression [A = House size (seven or less vs. eight or more residents), B = cumulative days sober, and C = conduct disorder/aggression]. As demonstrated earlier with linear regression analyses, House size significantly predicted conduct disorder/aggression.

¹ Although participants were nested within Oxford Houses, we decided not to focus on Hierarchical Linear Modeling results because we wanted to test for mediation, which can be done using regression but not HLM. However, we did run HLM analyses and found that House size (as a level 2 group variable) significantly predicted individually-assessed level 1 *General Crime Index* scores ($t[144] = -2.18$, $p = .03$) but not level 1 *Conduct Disorder/Aggression* scores ($t[144] = -1.17$, $p = .25$).

House size also significantly predicted cumulative days sober, $A \rightarrow B$; $\beta = .08$, $t(637) = 2.10$, $p = .04$; $r^2 = .007$, and cumulative days sober predicted conduct disorder/aggression, $B \rightarrow C$; $\beta = -.30$, $t(630) = -7.86$, $p = .000$; $r^2 = .089$. Finally, when both House size and cumulative days sober were put in the model predicting conduct disorder/aggression (A and $B \rightarrow C$), House size maintained significance, but less than earlier, House size: $\beta = -.08$, $t(628) = -2.11$, $p = .04$; cumulative days sober: $\beta = -.29$, $t(628) = -7.69$, $p = .000$; $r^2 = .096$. Therefore, House size is related to conduct disorder/aggression, and cumulative abstinence is a partial mediator in this association. These two variables (i.e., House size and cumulative abstinence) explained almost 10% of the variance in conduct disorder/aggression scores.

We again employed Baron and Kenney's (1986) framework to determine whether cumulative days sober mediated the relation between House size and general crime index [$A =$ House size (seven or less vs. eight or more residents), $B =$ cumulative days sober, and $C =$ general crime index]. As reported earlier, House size was a significant predictor of general crime index, and House size significantly predicted cumulative days sober. Regarding new analyses, cumulative days sober predicted general crime index ($B \rightarrow C$; $\beta = -.26$, $t[631] = -6.77$, $p = .000$; $r^2 = .068$). Finally, with both House size and cumulative days sober as predictors of general crime index (A and $B \rightarrow C$), House size retained significance, but less so than before, House size: $\beta = -.08$, $t(630) = -2.04$, $p = .04$; cumulative days sober: $\beta = -.25$, $t[630] = -6.60$, $p = .000$; $r^2 = .074$. Thus, House size is related to general crime index scores, and cumulative sobriety is a partial mediator in this relationship. These two variables (i.e., House size and cumulative abstinence) explained more than 7% of the variance in general crime index scores.

DISCUSSION

The objective of the present investigation was to examine how the number of residents in an Oxford House impacted outcomes related to aggression and crime among residents. Regression analyses supported our hypotheses that larger House size (i.e., eight or more residents) would predict less criminal and aggressive behavior. However, an unexpected result was that length of abstinence was a significant mediator in these relationships. House size lost a fair amount of significance when the mediator of cumulative days sober was entered into the models predicting GAIN subscale scores, and the addition of cumulative sobriety to the models greatly increased the amount of variance explained. Cumulative sobriety partially explained the relationships between House size and general crime index and House size and conduct disorder/aggression. Thus, greater House size leads to greater cumulative abstinence, which, in turn, leads to less criminal activity and aggression; however, House size does have some independent impact of its own on these outcomes. It is clear that having more residents in a House is beneficial to residents' recovery from alcohol and drug abuse.

These findings have important policy implications regarding the future of recovery homes. It is argued that local governments allow Oxford Houses immunity from maximum occupancy regulations due to the great need in many communities for these settings. It is very difficult for individuals lacking stable living environments to maintain a sober lifestyle following residential treatment (Milby, Schumacher, Wallace, Feedman, & Vuchinich, 1996). As the cost of housing continues to rise, many individuals leaving inpatient facilities are unable to find affordable housing. Without

Oxford House or other recovery home options, former addicts frequently have no choice but to return to their old negative environments and fall back into their pretreatment habits, which frequently include antisocial activities such as substance use and criminal activity. Regardless of how successful a client has been in treatment, this progress can be reversed through residence in an environment that promotes crime and drug use (Polcin, Galloway, Taylor, & Benowitz-Fredericks, 2004). As demonstrated in this study, a sufficient number of House residents is a factor in the ability of Oxford House to promote these outcomes that benefit local communities.

Furthermore, it is suggested that 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 (Cook, 1997; Schwartz & Rabinovitz, 2001; Solomon & Davis, 1984; Zippay, 1997), and to appease these residents, cities frequently use maximum occupancy laws to close the group homes (Gathe, 1997). 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., 2005), and residents of larger Houses appear to be highly desirable community members (i.e., who engage in less criminal and aggressive behaviors).

This investigation provides one more step in the movement to improve the reception of Oxford Houses and other group homes in local communities. Although second-order change alters the systems that cause the problems (Dalton, Elias, & Wanderman, 2001), "Not in My Backyard" typically serves to inhibit this type of change. Changing the attitudes of mental health professionals, community members, and policy makers may break down the barriers to second-order change (Olson et al., 2002). Educational efforts along with successes in the court room may promote a more positive social climate and set legal precedents. Finally, researchers have argued that social scientists should explore ways that the public can become more familiar with residential facilities (Center for Community Corrections, 2002). We hope that these efforts and the efforts of other researchers, individuals in recovery, treatment providers, lawyers, and political activists are successful in reducing the opposition to group homes in residential areas.

Concerning limitations, our findings might not apply to other group homes or residential facilities, which can vary greatly in focus, procedures, setting, and size. For instance, a large Oxford House setting (i.e., greater than seven members) might be very small in comparison to other residential settings, which may accommodate several dozen residents. It is actually possible in these cases that somewhat smaller settings are more effective. In addition, we were typically not able to collect data from all members within a House; thus, some Houses have more representation than others in this sample. Future studies in this area should acquire information from all members of a House if possible. Furthermore, data analyzed in this study were self-report; therefore, it may have been useful to obtain House size estimates using data from other sources such as Oxford House Inc., the national body that oversees Oxford Houses. Also, alcohol and drug use had little variability within this sample because all participants were recruited from Oxford Houses instead of treatment or detoxification centers (suggesting a later stage in recovery), and because residents caught using a prohibited substance can be evicted. Perhaps future research assessing occupancy levels of recovery homes should consider a sample with more variability with regards to substance use. A final limitation is our use of regression analyses as opposed to

hierarchical linear modeling (HLM) due to the tested nature of the data; however, we wanted to test the mediational model, which can be done using regression, but not HLM. Nonetheless, future researchers assessing group home size may want to seriously consider the use of HLM.

To improve the reception of Oxford Houses in local communities and counteract the NIMBY syndrome, the Oxford House Research Team has provided expert testimony in court cases, sent information to legislators, disseminated research findings with policy implications, collaborated with community partners and state-level agencies, and worked with the media to change the image of recovery homes (see Jason, Davis, Ferrari, & Bishop, 2001). In particular, the DePaul University research team has been involved in several court cases over the past several years on the behalf of Oxford Houses. Recently, municipalities located in Kansas, Iowa, and North Carolina have attempted to close down Oxford Houses or similar recovery homes due to too many unrelated individuals living in one dwelling. Findings from the present study were used in these court cases, and at the present time, the Oxford House organization has won every court case.

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