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## The Setting is the Service: How the Architecture of Sober Living Residences Supports Community Based Recovery

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### Abstract

The architecture of residential recovery settings is an important silent partner in the alcohol/drug recovery field. The settings significantly support or hinder recovery experiences of residents, and shape community reactions to the presence of sober living houses (SLH) in ordinary neighborhoods. Grounded in the principles of Alcoholics Anonymous, the SLH provides residents with settings designed to support peer based recovery; further, these settings operate in a community context that insists on sobriety and strongly encourages attendance at 12-step meetings. Little formal research has been conducted to show how architectural features of the recovery setting – building appearance, spatial layouts, furnishings and finishes, policies for use of the facilities, physical care and maintenance of the property, neighborhood features, aspects of location in the city – function to promote (or retard) recovery, and to build (or detract from) community support. This paper uses a case-study approach to analyze the architecture of a community-based residential recovery service that has demonstrated successful recovery outcomes for its residents, is popular in its community, and has achieved state-wide recognition. The Environmental Pattern Language (Alexander, Ishikawa, & Silverstein, 1977) is used to analyze its architecture in a format that can be tested, critiqued, and adapted for use by similar programs in many communities, providing a model for replication and further research.

### Keywords

Recovery Home; Sober Living House; Recovery Residence; Architecture; Social Model

### Introduction

“The setting is the service” denotes the importance of the social-physical milieu to the experience of people recovering from alcohol/drug problems through participation in AA and other social-model services. The architecture of residential recovery settings is an important silent partner. This paper contends that settings can significantly support or hinder recovery experiences of residents and shape community reactions to the presence of sober living houses in residential neighborhoods. Over the last 40 years, social-model practitioners have developed an architectural vocabulary of physical designs and related operating

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policies for every-day residences – single-family homes, duplexes and triplexes, multi-unit apartment houses – to support recovery experiences through sober living houses (SLHs, also called sober living residences or SLRs). Although considerable knowledge has accumulated among social-model practitioners, very little documentation or formal study of this architectural vocabulary has occurred. SLHs are continuing to expand in California communities (Wittman & Polcin, this issue) and are on the verge of becoming a mainstream part of rapidly-changing forms of housing for new forms of “family.” This paper provides a start toward documenting, refining, and replicating the architecture of recovery operated according to social-model AA principles.

Recovery from serious alcohol and drug problems is typically a long-term process that requires ongoing support (McLellan, 2002) (McLellan, McKay, Forman, Cacciola, & Kemp, 2005) (Scott, Dennis, Laudet, Funk, & Simeone, 2011). Although some individuals achieve abstinence through involvement in mutual-help groups such as Alcoholics Anonymous (Moos & Moos, 2006) with relatively little additional assistance, others need more intensive social support and residential accommodation in an alcohol and drug free living environment (Polcin & Borkman, 2008). Sober living houses (SLHs) provide safe places for daily living based on a social model approach to recovery that emphasizes peer support for abstinence from alcohol and drugs and personal development of a recovery-oriented lifestyle through involvement in mutual-help groups such as Alcoholics Anonymous (Borkman, Kaskutas, Room, Bryan, & Barrows, 1998). A primary goal of the California social-model recovery movement was to provide access to such housing for recovering people seeking to live sober, productive lives as full members of their communities, free of stigma (Dodd, 1997) (Shaw & Borkman, 1990) (Wittman, Biderman, & Hughes, 1993).

SLHs are not to be confused with licensed facilities such as halfway houses and residential rehabilitation facilities that provide on-site medical and professional services. SLHs are free-standing residences according to local zoning laws. They are financed through private rental fee agreements between the individual resident and the landlord, and are protected from exclusionary zoning and other forms of local and state discrimination by federal law.

This paper examines architectural design and operational considerations underlying successful functioning of SLHs to facilitate their residents’ recovery. Using a case-study approach on 15 SLHs affiliated with Clean and Sober Transitional Living (CSTL) in Sacramento County California, we explore architecture’s contribution to the effective functioning. A previous investigation of CSLT houses documented a variety of favorable outcomes over an 18-month period of time, including improvement on a wide variety of variables, including alcohol and drug use, abstinence over a 6-month period of time, severity of alcohol and drug problems, psychiatric symptoms, employment, and arrests (Polcin et al., 2010). The work of Alexander and his colleagues (Alexander, et al., 1977) (Alexander, 1979) provides the Environmental Pattern Language (EPL) as a framework to understand how developers of SLHs can make architectural design decisions that support and advance (rather than detract from and retard) the recovery experience. The paper’s final section discusses potentials for further study of architectural design to improve outcomes for SLH residents.

## Architectural aspects of SLHs

This paper builds upon theoretical models that emphasize the environmental context of human behavior. For example, seminal works by Bronfenbrenner (1979) and Barker (1968) contended that psychological studies focused too intensively on controlling environmental influences rather than understanding how they influenced individuals. Moos and colleagues (Moos, 1974)(Moos & Igra, 1980) (Moos, 1996) (Moos & Lemke, 1996) translated these ideas into examinations of social and architectural influences on facilities serving the elderly, persons with psychiatric disorders, and persons with alcohol and drug problems. Unlike SLHs, these facilities all employed professionals who provided various services. Our paper is one of the first to examine environmental factors within the context of residential mutual-help facilities for alcohol and drug problems and to offer a more useful scheme to explore architectural influences as part of complex research into participant outcomes and program design.

The California social-model pioneers who created the community environment approach to recovery recognized the quality of space as critically important to recovery. However, they had no architectural edition of the Big Book spelling out twelve steps to recovery-oriented architecture. Instead they learned about the architecture of recovery through trial-and-error choices to locate, acquire, renovate, and then rework their sober living residences and related community facilities in response to local community conditions (Wittman, 1990). Although the pioneers worked independently, they knew about each other's work. Among them a consistent body of architectural work emerged across several community-based residential recovery complexes in Northern and Southern California. Each one addressed recovery-related issues of identity, health, safety, and community relations through the use of space. They jointly advocated successfully for facility funding from the State of California and county agencies. The California State Department of Alcohol and Drug Program (ADP) and the U.S. National Institute of Alcohol Abuse and Alcoholism supported a study of facilities and their designs. Fried Wittman, a trained architect and city planner, was the principle investigator of the study. He identified six key architectural considerations described below (Wittman, 1993).

- **Location.** The sober residence is an integral part of the community's stock of family housing, and should be located in any comfortable, conventional residential neighborhood that has minimal crime and is free of competing non-residential uses. Easy access by car/public transportation to shopping, work, recreation and social/health services is also highly desirable.
- **Appearance.** It is preferable to fit in rather than stand out and a house that appears average and has a design typical of other houses in the neighborhood is to be preferred. It is also important that the house be fully visible from the street (not behind a fence or other barrier), with an easily approachable front door. The aim is to convey the sense of being neighborly rather than reclusive, and to set the stage for cordial relations with neighbors.
- **Design for sociability.** An open approach to design in which kitchen-dining-social spaces flow into each other free of corridors and other barriers encourages high

levels of socializing. Frequent informal contacts promote recovery and healthy interactions among residents.

- **Design for personal space.** Effective socializing thrives on relationships between secure and healthy individuals. Typically this is accomplished through design and arrangement of bedrooms/sleeping areas. Each house should provide personal, private space that permits each resident to feel (and to be treated by others) as an individual with equal rights and status to participate in the life of the house. However, new residents (Phase I residents in the houses we studied) should typically share rooms to avoid isolating in ways that could be destructive to recovery. Residents who have been successful as phase I residents and are further along in recovery (phase II residents in the houses we studied) should have accommodations for private rooms when possible.
- **Facility oversight and security.** Physical design for easy oversight of the premises and for personal security is vital to keep alcohol/drugs from entering the facility and to maintain a recovery-conducive social environment in which problems and upsets are spotted early and dealt with immediately; design for security focuses on open social connections, not on physical barriers that separate and seclude.
- **Care and Upkeep.** High levels of physical maintenance, house-cleaning and household upkeep are vital to gain neighborhood respect and to counteract NIMBY (Not In My Back Yard) fears.

The importance of studying how architecture influences residential mutual-help recovery homes is supported by research documenting favorable outcomes among individuals who enter these facilities (Jason, Olson, Ferrari & Lo Sasso, 2006) (Jason, Davis, M. I., Ferarri, J. R., & Anderson, 2007) (Polcin, Korcha, Bond, & Galloway, 2010). For example, in a study of freestanding houses (i.e., not associated with treatment) at Clean and Sober Transitional Living (CSTL) in Northern California, the site for the case study presented in this paper, Polcin et al (2010) found significant improvement among residents on a wide variety of variables, including alcohol and drug use, abstinence over a 6-month period of time, severity of alcohol and drug problems, psychiatric symptoms, employment, and arrests. Importantly, the improvements made during residence in the SLH were not dependent on remaining in the SLH environment. Improvements could be generalized to life outside the SLH, as shown in 12 and 18 month follow-ups when the former residents had long since left the SLH. Factors that predicted outcome were social network characteristics and 12-step involvement, both of which constitute the central components of the social model approach to recovery used by SLHs.

Oxford Houses are another type of residential mutual-help recovery facility that has garnered research support. They number over 1,500 in the U.S and are similar to California Sober Living Houses in most respects, but are different in that there are no house managers or operators (National Association of Recovery Residences, 2012) (Polcin & Borkman, 2008). Oxford houses are peer managed by residents who rotate through leadership positions for limited time periods. See Polcin and Borkman (2008) for a more complete description of similarities and differences between Oxford and California Sober Living Houses.

In one Oxford House study (Jason, Olson, Ferrari & Lo Sasso, 2006), 150 individuals completing a long-term residential therapeutic community treatment program were randomly assigned to aftercare as usual or residency in an Oxford House. At 24-month follow-up those assigned to the Oxford House condition had significantly better outcomes on measures of substance use, income, and incarceration. The second study assessed a national sample of 897 Oxford House residents over a one-year period and found only 13.5% of the respondents reported using alcohol or drugs during the previous 90 days (Jason, Davis, M. I., Ferarri, J. R., & Anderson, 2007). The proportion of residents reporting employment throughout the study was high, ranging from 79% to 86%. Similar to studies of California Sober Living houses, characteristics of social networks and involvement in 12-step groups predicted outcome.

A serious limitation of the existing literature on mutual help recovery residences is the limited effort directed toward examining the effects of architectural features on outcomes. This paper suggests residents' interactions are to a large degree mediated by the physical settings in which they occur. The architecture of the sober living house—its location, design and operation—literally shapes and defines the socio-physical environment through which recovery occurs. The case-study reported here shows how SLH architecture affects daily sober-living interactions and how the design of residential settings can stimulate the recovery experience.

### **Architecture as a Resource for Recovery: Environmental Patterns**

The six architectural considerations identified above offer a starting point for an architectural design vocabulary to help the social-model recovery community develop SLHs as potent recovery resources. Wittman's early attempts to capture this architectural vocabulary did not extend to formal statements about the design and use of buildings to create SLH settings. As experience with SLHs accumulates it would be desirable to have a design information system capable of accumulating experience with recovery settings in a format readily shared among social-model practitioners, advocates, and design professionals. SLH operators should be able to compare and contrast "what works" for recovery-conducive housing based on cumulative experience developing and operating successful sober living residences.

One way to explore formal uses of architecture to enhance SLHs is to adopt the approach offered by the Environmental Pattern Language (EPL, also called A Pattern Language) (Alexander, et al., 1977) (Alexander, 1979). The EPL is a series of architectural design statements called "environmental patterns." An environmental pattern is a design statement that answers a question about a particular use or purpose for a building (or a space within a building, or a neighborhood, or a larger community). Each environmental pattern offers a specific architectural statement (solution) to address people's needs and purposes for a setting or a building, in effect saying: "If we want to accomplish purposes a-b-c, then x-y-z settings/designs help achieve these purposes" The EPL provides a matrix of 253 patterns arranged hierarchically from large-scale patterns (regions and cities) to mid-scale buildings and neighborhoods, to small-scale parts of buildings and specific places or areas, such as bedrooms or gardens (e.g., pattern #139–Farmhouse Kitchen). The matrix allows the

patterns to be consulted in the same way one would use a handbook, looking through the sequences of patterns to see which ones “fit” one’s project. When developed over several years by groups of designers and users, the patterns are always open to discussion and revision as needed for specific projects, and can respond to new or changed contexts.

This article examines Clean and Sober Transitional Living (CSTL), a corporation in Northern California to explore how the founder/director responded to the needs he saw for residential settings to support sober living in conventional single-family houses in a residential neighborhood context in a suburban community. The founder/director established a two-phase residential program supported by eight environmental patterns for the first phase and seven environmental patterns for the second phase. The case study describes these patterns to offer a starting point for articulating an architectural vocabulary to support SLH settings and, applying the EPL approach to SLHs, encouraging SLH providers to write their own environmental patterns to create settings in which sober living will thrive. Over time we expect certain SLH environmental patterns, through an interactive process of study, critique and experimentation, to emerge as effective supports for recovery among a wide variety of residents in different communities.

## Methods

CSTL was chosen as an exemplary program because it has documented favorable outcomes (Polcin, et al., 2010). Moreover, when we examined how the houses were perceived by neighbors and other stakeholder groups (e.g., government officials, addiction treatment professionals and criminal justice professionals) we found very favorable perceptions: individuals residing in the SLHs were generally perceived as good neighbors who contributed to the community through their volunteer work (Polcin, et al., 2012); complaints were limited to issues such as parking (when residents of all the houses met at one site) and, occasionally, too much noise.

Research methods used to investigate architecture influences on house operations include a recorded key-informant interview with the founder /operator of CSTL, on-site interviews with house managers at three houses, and a telephone interview with a county planning/zoning official responsible for administration of planning/zoning requirements in residential-zoned areas. Our interview with the owner/operator included a detailed review of the history for acquisition, use, design, and remodeling for each of the fifteen houses currently in operation. In addition to the interviews, we toured five houses. Architectural assessments included taking photographs and preparing site-plans showing the relationship of all houses to each other and the surrounding neighborhood. We also obtained architectural floor plans for the central dining and meeting areas.

Our analyses of architectural influences on CSTL house operations are presented by describing eight core environmental patterns for Phase I housing and seven core environmental patterns for Phase II housing. As described in detail below, phase I housing refers to housing for new residents that is more structured and monitored. Phase II housing refers to housing for residents with longer sustained abstinence who are ready to live in settings that offer more autonomy and independence.

Space limitations in this article restrict us to a summary version of each core pattern that could be further developed by writing detailed sub-patterns. This format invites critical exploration and analysis of design and operational features by CSTL users and by other social-model programs; the format also lays groundwork for formal research at a later date on the impact of specific architectural design and facility operations variables on residents' recovery experiences.

## Results

### Description of Clean and Sober Transitional Living

Since its founding with a single house in 1986, CSTL has grown to a residential recovery service of 15 single-family houses: five adjacent houses serve as a residential recovery complex for Phase I residents and 10 dispersed houses serve as free-standing SLHs for residents in Phase II, described further below. All houses are located in a suburban area 17 miles northeast of the City of Sacramento consisting of small towns and unincorporated communities. All houses are located within a nine mile radius of each other. Currently, CSTL Housing is also involved with CSTL Detox and CSTL Treatment, two corporations which operate independently of CSTL Housing but which refer clients to Phase I Housing. This case study covers only CSTL Housing. Growth of the houses is depicted in terms of four periods, as depicted in Table 1 below. The experiential growth of CSTL is reported elsewhere in this special edition as an Experience Report from the founder of CSTL, Don Troutman, who accounts for CSTL growth as a part of his personal recovery.

**First period – 1986–1993**—CSTL housing began in response to the founder's need for a sober residence following his successful completion of a local 28-day rehab program. He rented a large house with two extra bedrooms, which he sub-leased to recent graduates of the rehab facility he had attended. The arrangement worked so well that he leased a second large house, bought a third house, and continued to acquire large single-family houses as opportunities appeared on the local housing market. Within eight years CSTL was operating seven houses.

**Second Period – 1993–1998**—By 1993, the founder concluded that most people just entering the houses were not ready to live in self-supervised sober living settings. Accordingly, he split his houses into Phase I and Phase II operations to establish a flow that allowed newly-arriving residents to receive basic training that introduced to AA-oriented sober living (Phase I). This training helped residents develop sober-living skills necessary for successful living in a stable, self-directed sober life style (Phase II). Phase II living in turn allowed them to sustain their recovery in the community after leaving CSTL. Phase I houses operated on a closely-managed basis, establishing a residential setting designed to accept people coming directly from residential treatment, detox, or jail/prison facilities. Phase II houses continued to operate as free-standing single-family houses dispersed in neighborhoods throughout the community, but now accepted only successful Phase I graduates. Phase I operations grew rapidly in three adjacent single-family houses located on Madison Avenue. The sudden expansion of activity alarmed neighbors and local zoning officials, who issued a “desist operations” order based on suspected over-crowding, and by

county and state officials who launched an investigation of alcohol recovery operations. An independent consultant who was familiar with sober living facilities clarified that CSTL operations were appropriate and in compliance with state and local regulations. The matter of over-crowding was resolved by an agreement to reduce the occupancy of each house and the “desist operations” order was dropped.

**Third period – 1998–2004**—The third growth period saw expansion of Phase I housing from three to five single-family homes located side-by-side along Madison Avenue. A sixth house was added as an independent Detox facility, and two Phase II SLHs were acquired within walking distance on a nearby residential street. The owner used this period to remodel the Madison properties into a recovery-oriented Phase I residential complex. The centerpiece project involved remodeling one house (called the House of Beginnings) to become the central gathering area for the five-house complex. The House of Beginnings provided a flowing open area that combines circulation, social space, a kitchen/dining area that serves meals for all Phase I residents, and a meeting room large enough to accommodate meetings for the entire Phase I and Phase II community. Inclusion of bedrooms in the House of Beginnings project kept the building within the county’s technical zoning requirements for single-family housing. The founder achieved a striking blend of innovative architectural design and creative house operations to establish a housing complex that has assumed a life of its own.

**Fourth period – 1998-present**—Experience with the “cease operations” order led to a radical change in CSTL’s relationship to the surrounding community. The founder replaced the 12-step tradition of quiet anonymity with active engagement in the surrounding community. He promoted the organization as a recovery-oriented organization that was a good community neighbor and a resource for volunteers to assist with community events and holiday celebrations. Community support for CSTL grew in response and the founder accepted community leadership positions such as chairing the local Chamber of Commerce.

### Operational elements of CSTL Housing

**Business model**—CSTL is a private for-profit California C-type corporation that provides accommodation through board-and-care agreements (Phase I) and sober residential lease rentals (Phase II). Basically, it is an organization that rents rooms to tenants through short-term boarding-house agreements (Phase I) and indefinitely-renewable leases (Phase II) with clauses specifically requiring sobriety and automatic termination upon violation of a no-drinking clause. CSTL operations are financed through monthly rental payments charged each resident. The rents are the same for all residents (\$675 for Phase I, including meals, and \$475 for Phase II without meals). These rates (highly competitive in the local real estate market) are kept as low as possible while assuring financial viability for CSTL.

**Relation to public oversight**—All CSTL II houses are technically single-family homes operating within the same rights as other homes in the neighborhood. Sober living residences enjoy federal protection against exclusionary and discriminatory zoning by state and local jurisdictions. The same protections apply both to Phase I and Phase II houses.



**Peer governance and house oversight**—Residents are responsible for maintaining the CSTL social milieu for daily living. Building design and operation create settings that make peer governance possible. The residents breathe life into the building by combining care of the house with mutual-help interactions that jointly advance their sober living skills. The peer governance system consists of (1) a Resident Congress (RC) to create the house rules and expectations to manage resident movement (advancement) through Phase I living to the doorstep of Phase II housing and (2) a Judicial Committee (JC) to address infractions by imposing consequences that fit the offense ranging from minor sanctions to expulsion from CSTL. The CSTL owner and his administrative assistant oversee functions carried out by the two bodies. However, they serve primarily as an advisory and coaching function to keep the governance process flowing smoothly with minimal intervention. In the words of the CSTL director, the system works best when he intervenes least.

Each resident is urged to “work his own program” (embark on a personal program of the 12 steps) with help from fellow residents, and is actively encouraged to seek professional treatment and legal counseling in the surrounding community if necessary. Other residents frequently offer advice and comments, and house managers occasionally offer referrals, but the real “program” is the individual resident’s personal 12-Step decisions regarding his or her own recovery.

The owner and administrative assistant maintain boundaries (limits) for the peer-based operations and are responsible for physical oversight for the property (including purchase of food, but not preparation of meals, for Phase I residents). Sunday night weekly meetings, attended by the founder/director, are chaired by a rotating officer of the Residence Council. Both Phase I and Phase II residents must attend. The weekly meeting allows CSTL to deal with issues as they arise on a preventive basis. Issues are dealt with primarily by the residents themselves, with a focus on problem-solving and compliance, and with additional help from the founder/director when necessary. This approach helps to make sure that the “setting is the service” without undue focus on personalities or procedures. A dynamic tension plays out between advanced and newcomer residents through the peer-governance system and the process of daily living. The critical interplay between space (architecture) and resident-managed daily living is described in Pattern I.7 (ROLE OF CSTL STAFF) and Pattern II.6 (MANAGING THE HOUSEHOLD).

**Staffing model**—At this writing, five paid staff manage 67 Phase I beds and about 70 Phase II beds. CSTL staff includes the founder and CEO, an administrative assistant, two office staff, and one Maintenance & Community Service Coordinator. Key staff are in recovery themselves; they have diverse vocational backgrounds and varying levels of formal education. It needs to be emphasized that staff do not include treatment personnel or “counselors” and no on-site counseling services are offered. Staff circulates constantly among the residents and only minimal office space is needed for private meetings and administrative activities.

## CSTL Environmental Patterns for Phase I and Phase II Housing

This section provides an overview relating architectural considerations to the core environmental patterns of Phase I and Phase II Housing. Each pattern is presented by its name, purpose, description of the key physical features and aspects, followed by Discussion/Lessons Learned exploring the recovery program's design and use of pattern to carry out its mission. These case-study patterns are the result of the founder's years of experience acquiring, designing and managing CSTL residences. The patterns form a network (pattern language) supporting myriad acts of daily living in a peer-managed community. The principals (goals) and experiences that form these patterns are summarized in the CSTL Description above.

Architectural considerations allow a wide range of design solutions for sober-living residences. Design choices vary depending on operating philosophies, client characteristics, and community conditions. In our case, the CSTL founder chose two distinct architectural solutions. CSTL Phase I houses take the form of a specially-created neighborhood residential recovery complex. Phase II houses are remodeled freestanding single-family SLHs dispersed in neighborhoods near the Phase I complex.

The two phases are interdependent and together make a dynamic community system based on the fact that Phase I residents strongly aspire to move to Phase II housing. Phase I housing helps residents build sober living skills in a highly-structured and closely-managed environment rich with opportunities to start a journey of personal recovery. Phase II housing helps residents practice and refine their gains to enter (re-enter) the community while living in settings indistinguishable from regular housing in the community.

CSTL's founder characterizes differences between Phase I and Phase II housing this way: Phase I is similar to dorm housing for a freshman arriving at college to learn a trade or study for a profession. Phase II is similar to shared apartment housing for a graduate student honing a workable set of sober living skills and a sense of direction to get on with life.

The following CSTL Environmental Patterns capture the critical design features of CSTL recovery settings in eight Phase I patterns, and seven Phase II patterns.

### Phase I – Environmental Patterns

**I.1. Phase I. Pattern 1 – Community Access to Sober Housing**—Sober housing is a central and integral part of each community's system of treatment recovery services readily accessible to all community residents.

**Pattern:** Create a sober-living residential service for a defined geographic service area to serve individuals seeking a personal recovery program according to 12-step principles.

1. The “defined geographic service area” is a catchment area intended to serve people coming to the community (city, county, or district) from treatment/ corrections/ rehab/ detox facilities that serve that community.

2. The “sober living service” is a two-phase residential service program that combines entry-level intense sober housing (Phase I) with independent sober living in conventional residential settings (Phase II).

**Purpose:** Provide sober living accommodation for at-risk clients who have completed detoxification programs or residential treatment/rehab/corrections programs, but are not yet ready or prepared for independent sober living. Many clients who achieve sobriety in highly-supervised residential settings relapse soon after discharge if the client cannot move immediately into reliable alcohol-free housing. The Phase I residential recovery complex accepts the incoming resident to develop sober living skills that prepare him/her for transition into Phase II living as a conventional renter in a free-standing sober residence. The provider primes this progression by developing a network of referral relationships with local custodial and treatment facilities, and through community word-of-mouth referrals from graduates, families and employers.

**Discussion/Lessons Learned:** CSTL has developed a great deal of experience operating two-phase residential settings to help residents use experiences of day-to-day living among fellow residents as a way to learn sober living. CSTL housing is designed to support each resident’s quest to create a personal pattern of sober living in each other’s company according to 12-step principles. The one firm house requirement is to attend 12-step meetings that help the resident on his or her quest (in CSTL terminology to help each resident “work his own program”). The rest is practice, practice, and more practice.

**I.2. Phase I, Pattern #2: Residential Recovery Complex**—Preparation for independent sober living in a Phase II residence.

**Pattern:** Create a residential recovery complex in which one house serves as a central gathering place for meals, meetings, social activities while adjacent houses provide accommodation or sleeping and small-group socializing.

In the present case CSTL remodeled five adjacent houses to create a residential recovery complex with a total of approximately 70 beds. One house is a central gathering place with four adjacent houses for sleeping and small-group socializing. The compact lots (side-yards are about 20’) encourage easy movement back and forth between houses and create the feeling of being in a single complex. CSTL refers to the entire complex as “Madison,” named for the street on which the houses are located. The five houses are sited on a short frontage road that runs parallel to a centrally-located major thoroughfare, allowing for easy access by automobile from many parts of the community.

**Purpose:** Phase I settings energize and motivate residents toward recovery by immersing them in a socially-active setting filling the day with frequent social contacts and meetings with peers similarly engaged. These contacts include certain core requirements— daily AA meetings and a weekly house meeting, meals, household maintenance and hygiene—in a sea of informal activities such as informal socializing in small groups before and after formal meetings (the founder refers to this as the crucial “15 minutes” before and after an AA session when much of the real work of understanding and coming to terms with one’s self

occurs), and casual conversations between two or three people in a sitting area, on the fly as they move about the facility, or in shared sleeping rooms (two persons per room). Both Phase I and Phase II settings are physically designed to support these interactions as illustrated in the patterns below. CSTL sets high expectations for residents to come to grips with their personal issues and to make rapid improvements during their time in the residence.

**Discussion/Lessons Learned:** CSTL has found this intense physical setting challenges residents to face their personal issues and needs (from recognition as a person to having a quiet place to sleep) in a safe context of respectful participation among peers engaged in similar efforts. The founder's core principles have molded CSTL as a place where "dignity and respect" characterize all interactions, including attitudes and practices for use of the buildings. The resultant peer-oriented milieu encourages residents to engage and learn from each.

Choice of a residential neighborhood to locate the sober living complex varies according to housing types and residential land-use patterns available in the community. CSTL's development experiences illustrate the combination of imagination, opportunity, and determination needed to find a workable location. Accordingly the number of residents accommodated in the Phase I complex is mainly an artifact of housing stock available along Madison Street. CSTL has no theoretic or programmatic optimal size for Phase I. However, the size of Phase I operations is tied to the number of beds (houses) available in Phase II, which can encourage or retard the flow of residents through Phase I. At CSTL's Madison Avenue location the only nearby non-CSTL residences are across backyard fences – thus creating a self-contained neighborhood complex dedicated to Phase I housing.

**I.3. Phase I Pattern #3: House of Beginnings (Main House)**—The main house is the social heart of the residential experience.

**Pattern:** Create a central social setting (Main House) in which residents engage each other positively in activities of sober daily living. The Main House is an engine driving social interactions in daily tasks and activities. "With dignity and respect" the main house supports the 12-step recovery process through the key design features summarized below. Each of these features could be developed as its own environmental pattern.

1. An open circulation system invites easy entry into the building, provides high levels of visibility, encourages spontaneous socializing, and links all functions to each other for easy movement back and forth between dining/kitchen, meeting, and social areas. (See "Public Spaces" in Figure 2).
2. The kitchen is the heart of the facility at the center of the building and open to the circulation system. The smells of cooking fill the house.
3. A large meeting room located close to the street welcomes residents, visitors and guests.
4. Dining/social areas/outdoor areas thread through the house to connect and blend all uses.

5. Sleeping rooms (two persons per room; see PATTERN I.5 SLEEPING ROOMS) are included in the Main Building adjacent common areas for residents who need closer support and supervision than provided by Dormitory Residences (Pattern I.4 SOBER LIVING DORMITORIES); and
6. Corner administration office provides easy access to staff and staff circulation among residents (Pattern I.7 ROLE OF CSTL STAFF).

**Purpose:** The House of Beginnings is the social heart of the CSTL community at many levels. At the personal level, the House of Beginnings prompts the Phase I resident to start dealing realistically and effectively with his/her personal life issues. This process typically takes about 30 days to develop the skills and orientation to move to Phase II housing, though there are no preset time limits or schedules. CSTL staff are sensitive to psychological needs and to issues that arise when emotions are dealt with primarily on a peer basis. Residents are encouraged to seek professional help and special services outside the facility as necessary.

As a house, the Phase I complex provides a range of settings to support and contain the residents' daily journey into recovery. Support occurs through the flow of activities mediated by resident-administered rules for use of the setting (Pattern I.6 PEER GOVERNANCE). Containment occurs by restricting residents movements outside the Phase I complex.

At the organizational level, House of Beginnings is the central hub for the entire system of the Phase I complex and Phase II houses. The large meeting room, sized to accommodate approximately 100 occupants, is the site for a weekly Sunday Night meeting attended by managers and residents from all the houses, and for visits by alumni and friends of CSTL. The meeting room also holds daily AA meetings and several kinds of classes for small groups. The building also provides quarters for CSTL's administrative operations (Pattern I. 7 ROLE OF CSTL STAFF) and is the primary point of contact with the local community on many matters.

**Discussion/Lessons Learned:** CSTL has developed a durable residential recovery setting that is acknowledged by local officials as a community asset and in 2012 was given an award by the California's Department of Alcohol and Drug Programs. Phase I, based on physical limitations of the buildings on Madison Avenue, has reached a practical limit to further growth.

**I.4. Phase I, Pattern #4: Sober Living Dormitories**—A place to keep one's bearings while participating in Phase I activities.

**Pattern:** Provide housing accommodations for sleeping and incidental socializing in small residential dormitories close to the Main House. The term "dormitory" used here refers to settings that contain two-person sleeping rooms and a small social area, a snack kitchen designed for snacks rather than meals.

1. Provide dormitory housing accommodations that include sleeping rooms, bathrooms and small sitting areas with minimal kitchens (meals are taken at the Main House); do *not* include meeting rooms or offices.
2. Sober-living dormitories are based on two-bed sleeping rooms. (See Pattern I.5 SLEEPING ROOMS).
3. Uniform architectural design accommodates all social groups. The dormitories are all remodeled the same way to provide equal accommodations for different groups that vary primarily by age and gender – older men, young men, women, co-ed. Generally, a newcomer is assigned to the house where s/he seems most likely to thrive.
4. Size of the sober living dorm (number of beds). CSTL occupancies vary between eight and twenty persons per house. Size variation is due mainly to space available in the houses.

**Purpose:** CSTL remodeled four nearby single-family residences to serve as dormitories adjacent to the Main House. The dorms encourage Phase I residents to develop skills in sober living in a mutual-help setting twenty-four hours a day, gaining experiences living as a small group that is part of a larger organization, similar to a college or military organization. Residents are grouped by gender and age rather than as distinct subgroups or groups with special conditions.

**Discussion/Lessons Learned:** The Phase I dorms are deliberately under- designed as places for residents to hang out and relax. The houses make few concessions to comfort – they are plain and utilitarian in comparison to the House of Beginnings, although they include small social areas and snack-kitchens to encourage casual socializing and to discourage withdrawal to sleeping rooms. The dorm-houses appear to function well between ten beds (a minimum to keep the group going given frequent turnover among residents) and twenty (a maximum to avoid breaking into sub-groups and competition for leadership).

Residents who do not thrive in the sober living dormitories may be relocated to the Main House, where CSTL staff can keep an eye on them. People with multiple disabilities are often accepted into CSTL on a trial basis provided they are able to participate in social-model recovery experiences and the 12-step approach. The one exception is that CSTL does not accept persons convicted of sexual predation.

**I.5. Phase I, Pattern #5: Sleeping Rooms (two persons per bedroom)**—A place to rest and recoup but not to retreat.

**Pattern:** Phase I Sleeping Rooms are bedrooms designed and furnished solely for sleeping and storing limited personal belongings, and for limited contact between roommates. Residents are busy working on their personal recovery programs and participating in various house activities; they have limited time to rest and relax. (See “Shared Bedrooms” in Figure 2.)

1. Two beds per sleeping room are provided for all residents. The situation is similar to a college dorm where two strangers learn to get along with each other.
2. Each room is approximately the same size and with the same furnishings. Sleeping rooms are the same size as bedrooms typical for houses in the community.
3. Sleeping rooms are not status indicators. Decorations and personal items are limited.
4. Sleeping rooms provide limited storage space for each resident. There is room for a few clothes and personal items such as a kit-bag and alarm clock.
5. Sleeping rooms share bathrooms. Lavatories are installed in bedrooms (where space and plumbing allow) to ease demands on bathroom use.

**Purpose:** Phase I sleeping arrangements reinforce CSTL goals to create an atmosphere of integrity and respect for each resident. All residents need a safe, quiet, secure place to sleep with adequate space for personal possessions. Uniform treatment of bedrooms reinforces the egalitarian nature of Phase I living, and personalization of sleeping rooms is discouraged. Phase I provides sleeping space as a basic utility, not as a reward or an opportunity for self-expression. These arrangements encourage residents to focus on improving sober living and social skills. This will result in more freedom to come and go and more leadership opportunities, rather than in more space. Residents get personal bedrooms when they graduate to Phase II.

**Discussion/Lessons Learned:** CSTL's sleeping room policy evolved in response to experiences with overcrowding in the early days of the Madison Avenue complex. Today's CSTL policies for sleeping rooms support broad goals to move the resident through both phases to recovery. The minimalist approach to Phase I bedrooms contrasts with the Phase II policy to lease a private bedroom to the resident in a free-standing SLH (see Pattern II.5 INDIVIDUAL BEDROOM). Tension between these policies is designed to propel the Phase I resident toward Phase II.

**I.6. Phase I, Pattern #6: Peer-governance**—Residents are responsible for use and management of Phase I and Phase II facilities.

**Pattern:** Design the Phase I residential recovery complex as a self-governed peer-oriented residential setting. Design of the Phase I setting helps residents take responsibility for day-to-day governance of both Phase I and Phase II houses.

1. Provide an open-circulation design that flows between activities so residents are in frequent contact and constantly observing each other. This is known as “sociopetal” design – encouraging frequent and informal interaction – in contrast to “sociofugal” design which separates and isolates the users of a building. (See “Public Spaces” and unrestricted flow in and out of building, Figure 2)
2. Provide large meeting areas to accommodate meetings of the peer-government Resident Congress and Judicial Committee which residents are able to attend. (See “Great Room,” Figure 2.)

3. Provide an egalitarian place (for example, uniform sleeping rooms) allowing equal access for all residents.

**Purpose:** Peer-based judgment is only possible when residents know and observe each other's daily actions. CSTL's open approach to architectural design encourages positive interactions and supports a high level of mutual observation. CSTL has five cardinal rules for residents, four of which are verified primarily through close peer observation: (1) Maintain sobriety (don't drink or use drugs today); (2) attend 12-step meetings; (3) pursue a personal recovery plan; (4) pay the rent on time; (5) follow house rules for sharing common areas with other, carrying out a share of chores to run the house, etc.

**Discussion/Lessons Learned:** CSTL has successfully instituted two peer-based governing bodies to oversee the operation and the integrity of Phase I and Phase II houses. The Resident Congress makes the rules and the Judicial Committee enforces them in a highly transparent way through meetings open to residents. Officiating peers are encouraged to remain peers rather than to become officious. In the words of the director:

“The fact that the subject of the disciplinary situation is judged by other peers instead of staff makes them more amenable to the infractions than if it were a staff person. If these calls were to be made [by] a staff person we would be creating a resident vs. staff situation and people tend to regard disagreements with the ‘establishment’ as acceptable ... Another byproduct is that the people who serve on JC are recognized leaders and role-models driven by ego and self-respect ... The JC decision is forwarded to the office to be looked at to be sure the decision is based on principles and not personalities. There is very little interference by the staff.”

**I.7. Phase I, Pattern #7: The role of CSTL staff**—One small office to support the residents and take care of the buildings.

**Pattern:** Provide on-site office space at the Main House for administration of the entire community residential recovery service (Phase I and Phase II).

1. Location: Next to the main entrance immediately accessible from the street and from the principal activity areas, inviting drop-ins and putting the staff in the heart of the action (see “Office,” Figure 2).
2. Access policy: Residents have direct access when they need to talk with staff.
3. Privacy policy: Office functions operate to minimize barriers, formality, and closed-off space. Many contacts occur outside the office or with an open door, but when privacy is needed, the office door is closed.
4. Size and operational features: The CSTL office measures about 10 × 14 feet located in the northeast corner of the House of Beginnings, the most centrally-located spot in the building and near the center of activity.



**Purpose:** Staff work primarily to support residents who carry out most day-to-day operations for Phase I settings, including preparation of meals (though CSTL staff buy the food), house-cleaning and laundry. Programmatically, staff are responsible for outreach to community agencies, for admissions to Phase I and for vetting peer-approved advancement to Phase II, and for dealing with especially difficult issues not resolved by the Resident Congress and the Judicial Committee. The founder is responsible for the physical plant and strategic planning. The entire CSTL housing operation is administered by five paid staff including two clerical staff. Staff do most of their work outside the office among residents, so minimal space is needed.

**Discussion/Lessons Learned:** CSTL staff believe that “less is more” – when matters are handled promptly and informally, difficulties are addressed and resolved as soon as they appear. Preventive management includes preventive care of the facilities and an income policy carefully tended to keep CSTL barely but reliably in the black.

**I.8. Phase I, Pattern #8. A Secure Place in the Community: Appropriate use, location, and size—**CSTL asserts its rights as an upstanding member of the community.

**Pattern:** Sober housing services assert their federal rights to lease or acquire residentially-zoned property in the community for sober-living purposes. To maintain these rights:

1. Comply fully with applicable zoning and building codes; build contacts and ongoing relations with local planning/zoning officials to interpret codes appropriately.
2. Participate in community projects, events, and celebrations; for example, volunteer for community projects, participate in holiday parades, and express support for action on health, safety, and well-being issues affecting the whole community as well as CSTL’s population.
3. Seek positive relations with community groups and public agencies, and respond immediately to complaints or concerns.
4. Take necessary legal action to challenge or oppose inappropriate regulation, discrimination, and defamatory speech.

**Purpose:** Sober living residences – including residential recovery complexes and free-standing SLHs – are protected under the federal Fair Housing Amendments Act of 1988 and the Americans with Disabilities Act of 1990. Sober-living residents enjoy the same treatment under zoning and land-use law as do other residents living in the neighborhood. This means both diligence in conformance to applicable local zoning code and building regulations, and insistence that local agencies and concerned groups respect the full rights of sober living residences.

**Discussion/Lessons Learned:** In its early years CSTL experimented with remodeling designs that included abnormally high occupancy levels. The high occupancy levels triggered investigations by local officials for code violations and scrutiny by alcohol treatment/recovery program experts brought in by the state. The net effect of this experience

was for CSTL to reverse course from seeking quiet anonymity to active participation with the Fair Oaks community. The long-term outcome has been CSTL's commitment to work cooperatively with local officials regarding land-use and building-permit issues and cordially with state officials regarding licensure issues. CSTL also learned to respond promptly and firmly to concerns from local officials and from neighbors and local groups.

## Phase II – Environmental Patterns

Phase II residential settings contrast with Phase I settings in two important ways. First, the Phase I residential recovery complex creates a mini-neighborhood of its own buried within a surrounding residential neighborhood. Relations with neighbors are cordial and respectful, but in CSTL experience there is little direct interaction with them, partly due to configuration of lots and land-use patterns on Madison Avenue. Residents in free-standing Phase II sober living houses (SLHs), on the other hand, are in immediate contact with nearby households and often participate actively in the life of the surrounding neighborhood.

The second contrast is the treatment of sleeping rooms. Phase I sleeping rooms are no more than places to sleep and store minimal possessions. In contrast, Phase II sleeping rooms are leased single-person bedrooms that the residents consider their own private space to use and to decorate as they wish. The prospect of moving from a sparsely-furnished sleeping room to one's own private bedroom provides a major incentive for CSTL residents to develop personal recovery programs. Phase I residents learn basic sober living skills while Phase II residents develop a personal life-style to support a life of sobriety. The fundamental peer-learning processes in a residential environment are the same, but short-term objectives vary as shown by comparing Pattern I.5 SLEEPING ROOMS with Pattern II.5 INDIVIDUAL BEDROOMS.

Local housing land-use patterns dictate types of residences that serve as Phase II SLHs. For the suburban community in which CSTL operates, modest free-standing single-family residences are the architectural norm and practical choice for CSTL Phase II sober living houses. The middle-income suburban community of Fair Oaks, California, with about 28,000 households, has about 90% of its housing in one-unit structures (about 9,000 units), most of them owner-occupied ([City-Data.com](http://City-Data.com), 2013).

**II.1. Phase II, Pattern 1: The Arms of the “Octopus”**—A network of Phase II houses tied to the Main House.

**Pattern:** Locate Phase II SLHs in residential neighborhoods close to the Phase I residential recovery complex to create a residential recovery network. CSTL's founder calls this pattern “The Octopus” to characterize the nature of the connection between Phase I and Phase II.

1. Travel should be convenient, inexpensive and free of barriers and of no more than 15 or 20 minutes away by foot, auto or public transit.
2. Locate SLH houses separately from each other, one per neighborhood, to emphasize the objective that each SLH become part of its surrounding neighborhood.

**Purpose:** There are multiple connections between Phase I and Phase II to help Phase I residents make the transition to Phase II. Everyone participates in Sunday Night meetings and social activities. Senior residents and less-experienced residents help each other become secure and experienced in their recovery, participate in 12-step meetings, and help in practical ways through networking and sharing information. House managers meet regularly with CSTL administration.

**Discussion/Lessons Learned:** Currently, ten Phase II SLH houses are located close to the Phase I complex. CSTL closed one Phase II SLH because the location made it difficult for members to participate in Phase I activities. Generally current SLHs are located individually in separate neighborhoods. Each SLH household seeks to build positive relationships with its neighbors. This forestalls potential NIMBY concerns and helped a second SLH gain acceptance by neighbors after the first SLH had become well established.

**II.2. Phase II, Pattern 2: A Safe and Stable Neighborhood—**Recovering people seek the “quiet enjoyment of their neighborhood”

**Pattern:** Locate SLHs in a supportive neighborhood characterized by safety and stability, and by ready access to goods and services. CSTL’s experiences appear to be generalizable:

1. Residential character. The neighborhood has a residential architecture and a streetscape typical for the surrounding town or city. Residential land-uses predominate; commercial/office uses are minor and serve only nearby residences.
2. Location. The neighborhood is near main transit routes and public transportation, convenient (walk/bicycle) to shopping and public amenities (parks, sports, libraries), and not far from schools and offices (health/social services/employment).
3. Safety. The neighborhood should have low rates for crimes and public disturbances, including quality-of-life disturbances. The neighborhood should *not* be near challenging uses such as late-night entertainment and high-volume malls which attract large numbers of people.
4. Stability. The neighborhood should enjoy economic stability (average or lower unemployment), demographic stability (low population turnover), and housing stability (high levels of owner occupancy, low vacancy rates, low rental turnovers).

**Purpose:** The SLH should be in a neighborhood that allows Phase II residents to focus on the next stage of building and strengthening sober living skills. Recovering residents are entitled to “quiet enjoyment of the neighborhood,” a legal term referring to the right to recovery-conducive residence in a calm and law-abiding living environment.

**Discussion/Lessons Learned:** CSTL’s founder spent years learning about his suburban community’s residential neighborhoods and developing techniques to identify house designs that support successful sober living. Knowing where to look (the composition of the community’s housing stock) is as important as knowing what specific features to look for: large affordable houses (older, often in need of repair/maintenance) on ample lots (large

rear-yards especially welcome) in established neighborhoods with long-term residents. This knowledge comes from continuing reconnaissance of opportunities in the private housing market and contacts with city officials and local leaders to identify opportunities and trends for the area.

**II.3. Phase II, Pattern 3: The Sober Living |House (SLH)**—How the SLH fits into the neighborhood.

**Pattern:** Select a large house or a house with potential for remodeling and expansion, with a flexible floor plan, a large yard, easy access, and an appealing appearance from the street.

1. House size. The house will be similar to other houses in the neighborhood ideally with a large number of bedrooms (e.g. four or five) and that is sited and configured to allow expansion/remodeling without appearing out of place.
2. Floor plan. The architectural layout will have an open-plan design connecting kitchen-dining-living spaces in a flowing social area. This area is large enough to accommodate house meetings for all residents and allows for two or more social activities to occur at the same time.
3. Parking. Provide legal off-street parking in garages, carports, or on a paved area at the rear of the property. Determine the number of residents who need parking spaces to allow parking off the street and out of sight.
4. Large yard area. Provide an outdoor area large enough to encourage healthy activities such as recreation, exercise, and gardening. Include a large garage/utility shed for bulky items.
5. Easy access from the street. Site the house so residents and visitors can come and go without disturbing neighbors. Wide streets and generously-sized intersections are desirable to minimize inconveniences due to traffic and pedestrian circulation.
6. Visibility from the street. The house should have an attractive appearance that encourages openness and transparency with the neighbors; do not hide behind walls or hedges,

**Purpose:** The Phase II SLH residence seeks maximum use of the house consistent with fitting in to the neighborhood. A CSTL residence typically houses at least five, preferably six to eight, and as many as eleven adults. The residents follow varied schedules that involve a great deal of coming and going. Architectural design should minimize circulation and interruptions to neighbors while accommodating residents' varied schedules and life-styles.

**Discussion/Lessons Learned:** CSTL operational experiences suggest from six to eight residents per house is workable but there is no magic numbers of residents. Instead CSTL seeks residences that fit in the neighborhood while accommodating a relatively large number of adults. This usually means selection of a property with potential for creative remodeling to add bedrooms.

In the suburban Fair Oaks community where most residents drive, CSTL considers a resident's parking needs when assessing his/her move from Phase I to Phase II.

**II.4. Phase II, Pattern #4: Common Social Area**—Flowing open space supports an active and varied household.

**Pattern:** Design a common social space for shared uses to complement private uses of individual bedrooms. The design elements below accommodate shared uses of the house to socialize, to hold house meetings, and for residents to entertain guests. Household agreements for shared use of common areas allow residents to follow their own schedule while respecting each other's use of the house.

1. **Open floor plan.** An open floor plan design linking kitchen – dining – social areas into a free-flowing common area allows residents to hold a house meeting and to socialize with each other in pairs or small groups, or to use the space solo (for example, eat at odd hours).
2. **Social living area:** A social area large enough to seat everyone comfortably for a weekly house meeting is necessary. Soft furniture (sofas, upholstered arm-chairs) is preferable, with conventional décor (muted lamps, drapes, carpets) that emphasize relaxation and informality. It is helpful to have two sitting areas – one for general use, and a second semi-private area for quiet uses such as meetings with visitors/ family and personal conversations between residents. A large video entertainment system should *not* dominate the general social area – a side-room or side-area and moderate-sized TV screen is preferable.
3. **Food storage and preparation.** Phase II houses often provide double refrigerators and high-capacity micro-wave capability. Meals are often taken at odd hours due to varied personal schedules. The houses usually have pantries but not freezers. Pantries have separate shelves or containers for each resident.
4. **Storage and utility areas.** Phase II houses often make full use of a two-car garage for bulky equipment and large personal items (bicycles, sports gear). Residents with valuable personal items (such as expensive hand tools) provide their own containers. A separate utility room for heavy duty appliances (washer-dryer, sturdy utility sink) is preferable, ideally with a washable floor and a tool cabinet/ workbench for small repairs and maintenance work.
5. **Outdoor areas.** CSTL pays relatively little attention to use of outdoor areas at its Phase II houses. Potential uses could include gardens, gazebos, sports/exercise areas, and covered areas that can double as outdoor rooms and places for cookouts and social gatherings. Multi-use of large back yards is acceptable particularly if these are quiet activities typical for the neighborhood.

**Purpose:** Each Phase II house provides a residential setting that serves a complex three-part agenda for its residents in recovery: Growth as an individual, functioning as a mutually-supportive group, and participation in the CSTL community. The individual bedroom allows the resident to set his or her own pace and develop a personal style and rhythm for healthy

living (See Pattern II.5 INDIVIDUAL BEDROOMS). Shared space provides opportunities for residents to interact as a group and share house duties.

**Discussion/Lessons Learned:** CSTL finds that generous design for shared common space is essential for effective social and interpersonal interactions between residents. Common space allows residents to engage in shared activities such as holding weekly house meetings, preparing meals, taking care of household chores, and socializing as a group (for example, celebrating a resident's birthday or graduation), as well as for informal social activities (hanging out, watching TV, playing cards or board games). These activities are the tip of an iceberg of group and interpersonal interactions which simply could not occur without spaces in which the participants can gather comfortably, especially in households with high turnover. These social spaces of the SLH are as important as private individual spaces (personal bedrooms) enjoyed by each resident.

### **II.5. Phase II, Pattern 5. Individual Bedrooms—A man's home is his castle.**

**Pattern:** Provide a bedroom for each resident which s/he considers his/her own.

1. Single-person bedroom. Each resident has his/her own bedroom secured by an indefinitely-renewable lease.
2. Size, furnishings, and security. Each bedroom should be large enough for clothes and a variety of personal possessions, including a bed, a desk-working area, an easy chair and space for electronic devices (TV/radio, computer, music equipment, etc.). A closet with a door is required. Size of the room should be at least 10 × 12 feet, preferably larger.
3. Bathrooms and bathing. Several bedrooms share a bathroom for toileting and bathing. When possible, include lavatories in remodeled bedrooms. If this is not possible, sharing facilities is easier when toilet and bath/shower are located in a separate room from lavatory.
4. Decoration and personalization. Residents may personalize their space with mementos, pictures, wall-hangings, etc. Repainting a room and replacing drapes/wall coverings and rugs are negotiated with the house manager and CSTL.
5. Status. Phase II residence bedrooms are designed by CSTL to be of the same size and status, and are assigned on the same basis for all residents. House managers do not receive special preference for bedrooms, though they do receive reductions in rent in exchange for their service as managers.

**Purpose:** A private bedroom is a critical setting for the recovering resident to come to grips with the experiences of “working a program” to maintain sobriety. Personal space becomes increasingly important as the resident gains increasing autonomy and independence. Within broad boundaries required of any California renter, residents may stay indefinitely as long as they stay sober. Typical California rental lease proscriptions apply for non-payment of rent, for violent and criminal behavior, and for mental incompetence; of course, any alcohol/drug use on or off the premises triggers immediate termination of the lease.

**Discussion/Lessons Learned:** The policy of providing a separate bedroom for each resident is the cornerstone of CSTL's support for residents' development of a personal recovery program. The individual bedroom encourages the resident to build a mature adult life as an autonomous individual, creating a distinct personal life-style. Residents use their bedrooms in a broad variety of ways depending on their family situations and their personalities. Guest sleep-overs (personal relationships, family including children) are permitted.

**Maintaining sobriety:** Each resident knows a relapsing resident must vacate the SLH immediately. CSTL can't keep each resident sober (only the resident can do that), but it will keep the SLH free of drinking/drug use. This rule is so diligently observed that in practice the few Phase II residents who do relapse rarely do so on-site. As of this writing, CSTL has not instituted formal eviction procedures in any Phase II residence for more than a decade.

**II.6. Phase II, Pattern #6. Managing the Household—**The SLH house manager's roles and responsibilities.

**Pattern:** The Phase II house manager oversees use of *both* social and physical environments to support organizational objectives and to help residents "work their program" toward recovery.

1. Know the house rules. The house manager makes sure residents know and understand the rules. These include CSTL common rules for all Phase II houses and rules for each SLH decided upon by the residents of the house (for example, arrangements for meals, housekeeping arrangements, scheduling of house meetings, cleaning and upkeep chores).
2. Implement the house rules. House managers set the tone for helping residents comply with house rules and for recognizing infractions and violations.
3. House meetings. Each house holds a weekly meeting chaired by the house manager. This meeting deals with routine operational aspects of house business and provides a vital "check-in" to see how residents are doing personally and as a group.
4. House manager relationship to residents. The house manager engages his house-mates primarily through persuasion and force of personality, and by working with residents as a group. Resistant and troublesome residents are referred immediately to CSTL staff.
5. Carry out physical operations and house maintenance. Responsibilities for the built environment include checking to make sure equipment and appliances are functioning properly. Items needing repair and replacement are reported to the administration (CSTL) if they are not minor items that can be fixed on the spot. Responsibilities for the house's appearance include making sure the facility is clean, tidy (household items are properly stored, garbage is properly managed), and the yard is cared for (grass is cut, hedges trimmed).

**Purpose:** The CSTL house manager has important dual responsibilities for both the social functioning of the house and for its physical operation and maintenance. He is the point person for day-to-day oversight in both realms. The house manager maintains communication and social links between Phase II residents, CSTL administration and Phase I activities at the main house such as Sunday Night meetings. Physical household and administrative matters also need constant attention to maintain a high quality of life in each SLH. House managers are also trained to watch for the resident who may be struggling, including relapses into drinking/drug use. Finally, the house manager is the SLH's immediate point of contact for a neighborhood problem; see Pattern II.7 MANAGING RELATIONS WITH NEIGHBORS.

**Discussion/Lessons Learned:** The house manager is a peer recovering resident who will most likely leave within a year or two to continue on with his/her own life. Managers are tapped by CSTL as a vacancy occurs to serve at the pleasure of CSTL and with the approval of fellow residents. Managers are trained and supervised by CSTL staff. The short-term house manager position is part-time and unpaid; the only perk is a break on the monthly rent. In practice there is limited time and skill available given the broad scope of the manager's duties, so CSTL staff works closely with SLH managers. Managers who excel pay attention to both social and physical aspects of the household. Well-run SLHs with relatively few social problems or crisis situations are physically well-managed and are attractive in appearance.

**Maintaining sobriety:** House managers are trained to take action immediately when problems occur, including relapse. Relapsing residents know they are expected to vacate the SLH residence at once under terms of their lease. Relapses rarely occur on-site in Phase II houses. Fellow residents quickly notice changes in behavior and residents cannot hide drinking/drug use. Residents who relapse usually leave quickly and voluntarily. The situation is handled through peer relations; as the founder puts it, "Usually they feel shame and can't get away quick enough." Residents who leave the house immediately can go before the Judicial Committee and may be able start over in Phase I at the House of beginnings.

**II.7. Phase II, Pattern #7. Managing Relations with Neighbors—SLH guidelines** for being a good neighbor.

**Pattern:** Make the Phase II SLH a welcome part of the community and create neighborhood acceptance for sober living. The SLH house manager is central to building relations with neighbors in three ways.

1. Prevention and participation. Maintain the appearance of the house and property; keep up friendly contacts with neighbors (wave hello); participate in neighborhood events.
2. Acknowledge concerns promptly. If there are complaints the house manager is trained to ask: "How have you been harmed?" The reply dictates the response. The manager will address specific complaints immediately (for example, move a car blocking a driveway). Non-specific and hostile complaints are referred immediately



to CSTL staff. However, no Phase II residences have received any vague or threatening complaints from neighbors or local officials.

3. Seek fair and amicable resolution. CSTL pursues respectful and orderly processes to address concerns that range from very specific complaints to groundless general fears. The goal is to resolve the matter in ways that build positive relations even if differences remain.

**Purpose:** CSTL is a part of the Fair Oaks community; each SLH household is a member in good standing in its immediate neighborhood, and each SLH resident personally is expected to be a good neighbor. A basic purpose of building neighbor relations is to build trust and confidence, living “with dignity and respect” in the founder’s terms. This includes immediate response to any problems that arise, be they large or small.

**Discussion/Lessons Learned:** CSTL’s founder/director personally oversees training and coaching for each new SLH Manager then stays in close touch and is immediately available when required. Prevention is key: CSTL requires each new house manager to maintain continuity for amicable relations with neighbors built up over years. Manager and neighbors get to know each other so neighbors feel comfortable contacting the manager quickly whenever the need arises.

This approach works. Interviews with Phase II neighbors found a high level of receptivity for CSTL sober living residences as neighbors.

Reactions from neighbors of phase II houses were nearly all positive. Neighbors were either unaware that a SLH existed in their neighborhood and when they did know about one they were perceived as good neighbors. One neighbor of a phase II house reported a positive incident with a SLH resident who lived next door... Residents of phase II houses were viewed as quiet and they maintained their properties well. A few reports suggested there was admiration among neighbors for the changes the residents were attempting to make in their lives (Polcin, Henderson, Trocki, Evans, & Wittman, 2012) (p.17).

## Discussion

This case study explores ways architectural design and use of the built environment can support residential sober living based on a 12-step approach to recovery. How do sober living residences interact with residents’ recovery experience at a personal level and as a group? How do sober housing operators take advantage of this interaction to create recovery-conducive settings? These questions are especially important for social-model peer recovery programs where the “setting is the service,” that is, where social shaping influences of the peer settings interact with the recovery experience.

### Can CSTL environmental patterns be expanded, refined and improved?

The fifteen patterns in this article are intended as draft documents to be critiqued, refined and expanded by social-model practitioners, researchers, design professionals and other interested parties such as mental health service providers. The exercise of writing

environmental patterns focuses on making the best possible use of the architecture of sober housing to support social model recovery experiences. Environmental patterns developed for this case study can be consulted and critiqued by housing providers working with California community social-model practitioners. A logical starting point for this assessment would be assessment of the patterns by members of the two large associations for sober housing providers in California (California Association of Addiction Recovery Resources and Sober Living Network).

### **Can CSTL environmental patterns help set standards for effective recovery programs?**

Perhaps environmental patterns can be used to supplement current peer-based rating systems that identify effective and reliable sober-living services offered by social model recovery providers. Further testing and validation of environmental patterns could lead to an oversight system that vouches for the quality and reliability of sober living residences operating in a given community. Environmental patterns could also assist in development of definitions and standards for “sober living residences” now being explored by researchers working with the National Association of Recovery Residences. NARR, an organization dedicated to close working relationships between researchers and practitioners, provides an opportunity to integrate the writing of patterns with formal analysis and testing of their utility for recovery. Implications follow for classification, recognition, and oversight of social-model recovery programs. The capability of assuring high-quality sober living residences – that is, clearly defined sober-living residences shown to maintain high standards of sobriety and trouble-free operation – would help improve the interface with community systems for referring clients of social, health, and legal/correctional services into recovery-conducive residential settings. This capability would alleviate concerns of neighbors and local officials about possible behavioral and crime problems ascribed to sober living residences.

### **Can CSTL patterns be used to study recovery experiences for residents and to evaluate residential social-model recovery programs?**

Studies could be done to assess how design features of settings and setting use-policies are related to resident outcomes for various groups and types of residents. The CSTL environmental patterns written for this case-study raise service design questions based on the use of the built environment: For example, what is an appropriate size for a service area or catchment area size for a CSTL-type complex? What is an appropriate size (number of beds) for a CSTL-type residential recovery complex, and what are optimal sizes (number of bedrooms) for free-standing SLHs? What is the appropriate mix of free-standing SLHs in relation to a central residential recovery complex? The patterns also invite programmatic research to explore recovery experiences in the sober-living settings. For example, how does the progression from Phase I SLEEPING ROOMS to Phase II INDIVIDUAL BEDROOMS affect recovery experiences? What are best practices for SLH House Managers?

### **Is CSTL-type sober housing an emerging community resource?**

Starting in 1935 with the founding of AA, sober housing’s eight-decade trajectory, described by Wittman & Polcin in this issue, suggests the arc of sober housing is evolving from a fellow-drunk’s living room couch to mainstream housing routinely available in all residential-zoned areas in any given town. CSTL convincingly demonstrates that well-

designed and well-managed free-standing SLHs operate free of stigma with high levels of acceptance (Polcin, et al., 2012). CSTL has also demonstrated how a sober housing service can successfully defend its rightful place in the community when under attack.

This development is occurring at a time when new combinations of housing are appearing for new kinds of “families” to accommodate different types of shared-living “family” situations. New less-expensive forms of housing are also emerging to replace conventional housing that is no longer affordable to most Americans. These changes are occurring as federal health-care reforms change the landscape of funding for alcohol/drug treatment-recovery services. Altogether these changes merit a close look at the potential for reliable sober housing *both* to fill a major housing need *and* to provide a vital resource for recovery.

## Conclusion

The aim of this CSTL case-study has been to explore the architectural connection between CSTL settings – building location, design, and furnishings – and their uses to support recovery from alcohol/drug dependency through a residential 12-step approach based on Alcoholics Anonymous. This exploration has been carried out through application of Alexander’s Environmental Pattern Language (EPL) with four conclusions.

First, sober residences are an integral part of recovery experiences for many people. The design and use of these residences shapes and influences recovery experiences as they occur. The EPL offers a useful tool for describing and studying these interactions to critique sober housing internally (quality of the recovery experience) and in relation to its community context (neighbor and public acceptance as a community asset).

Second, the CSTL case study presents a private-sector community-level sober housing service based firmly on rental income. This model takes advantage of local resources (housing stock, investors, agency-referral network) and makes minimal but effective physical changes that re-use existing housing stock to support sober living in residentially-zoned areas. This model appears replicable and adaptable to other communities.

Third, this case study demonstrates the value of describing sober living settings in an open way that shares information about design (purpose) and use with local officials, service agencies, and concerned community groups. CSTL’s evolution from being reclusive and defensive to active community participation opened up the design and use of settings to support sober living. The net effect has been to gain acceptance as a community asset and quell NIMBY fears.

Finally, the case study suggests several areas for research and exploration regarding best practices for design and use of residential architecture to support recovery experiences. CSTL’s use of its settings raises many questions for further study and experimentation. Environmental patterns sharpen these questions to encourage cut-and-try investigation at the service level, to inform research by investigators studying the significance of service settings for alcohol/drug treatment and recovery programs and community policies, and to stimulate housing entrepreneurs seeking new development opportunities.

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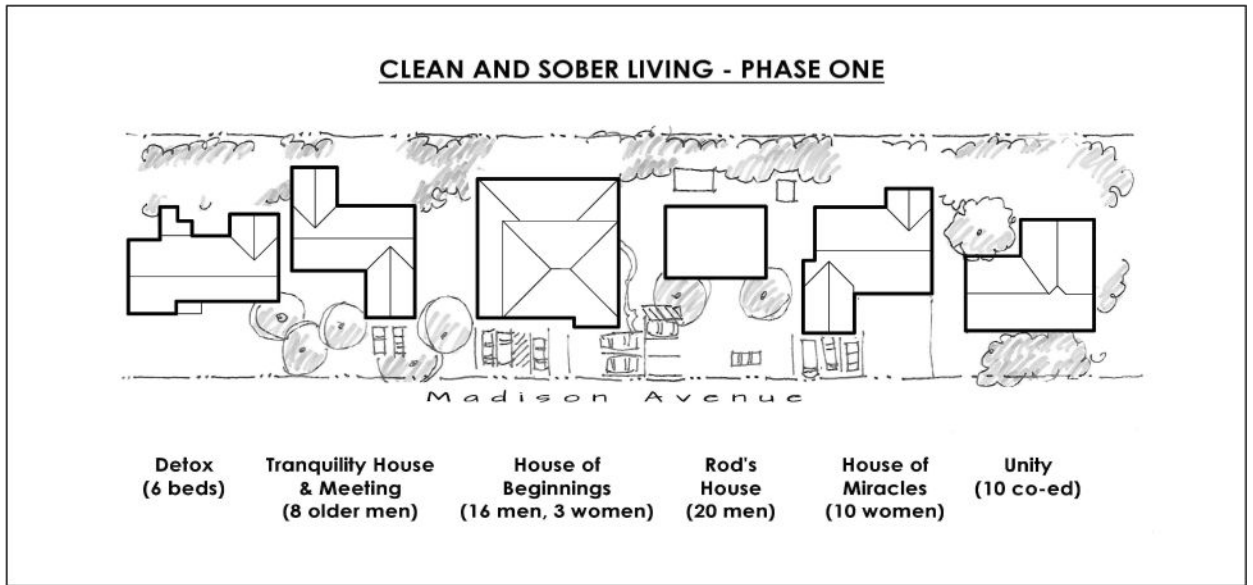
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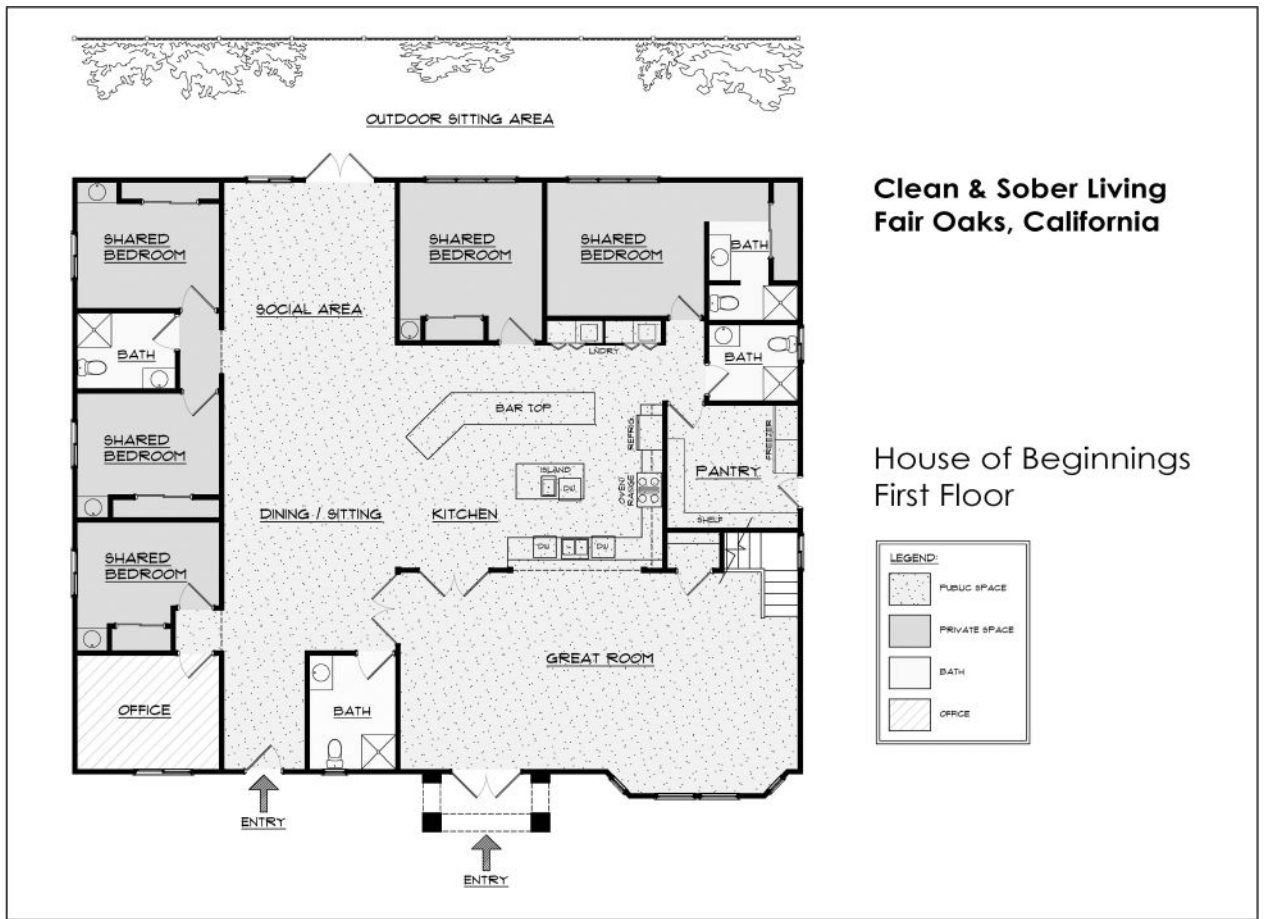
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**Figure 1.**  
Phase I Residential Recovery Complex



**Figure 2.**  
Phase I – House of Beginnings (Main House) – First Floor Plan

**Table 1**

## CSTL Development and Chronology for Sober Living Houses (SLH)

	Year acquired	Location (Address)	Size (bedrooms)	Rationale (why this house)
First Stage – 1985–1993. Start up, first sober residences				
1	1989	2721 Barbera Way	Rented 6 residents	Share sober living among recent graduates of different 28-day program (lease).
2	1989	10368 S Whiterock	6 bedrooms	Combine sober living & accommodation for founder's two children (lease)
3	1989	2715 Aramon	5 bedrooms	Acquire second sober house to start building a CSL sober living community (buy)
4	1989–93	4 or 5 Residences near each other on Aramon and Barbera	4 and 5 bedrooms	Add houses for growing CSL sober houses, accept more referrals from 28-day program (lease / purchase)
Second Stage – 1993–1998 – Phase I begins and expands up to “cease operations” order				
5	1993	8934 Madison Ave Lease Option	12 bedrooms	Beginning of Phase I concept
6	1994	8938 Madison Ave Lease Option	3 bedrooms	Living and meeting house
7	1996	8930 Madison Ave Owner Job Change	3 bedrooms	1 <sup>st</sup> office then Women's House
Third Stage – 1998 – present – Phase I expands to five houses & detox after “cease operations”				
8	1998	8942 Madison Ave, Fair Oaks	3 bedrooms	Occupied by Owners, moved to Rock Canyon in 2000.
9	1999	8946 Madison Ave	3 bedrooms	Became the Detox House
10	2001	8960 Amoruso	3 bedrooms	Rented house from absentee owner.
11	2004	8926 Madison	4 bedrooms	Expanding Phase I
Fourth Stage – 1998–present – Expansion of Phase II Houses joining those operating prior to 1998				
12	1994	6133 Chestnut Ave, Orangevale	4 bedrooms	Phase II expands: Acquire houses as opportunities permit, later rebuilt to be 11 bedrooms.
13	1996	6123 Chestnut Ave, Orangevale	5 bedrooms	Next door to 6133
14	2000	9210 Rock Canyon, Orangevale, CA	4 bedrooms	Occupied by Owners ( <i>Not a SLH</i> )
15	2002	8560 Pershing Ae, Fair Oaks, CA	3 bedrooms	Later rebuilt to be 7 bedrooms
16	2003	5435 Woodwynn Ct, Fair Oaks, CA	6 bedrooms	
17	2007	5820 Chestnut	8 bedrooms	Became the treatment center ( <i>Not a SLH</i> )



**Table 2**

## Core Environmental Patterns for a Community-Based Sober Housing Service

	<b>Architectural Considerations (based on Wittman, 1993)</b>	<b>Phase I Residential Recovery Complex</b>	<b>Phase II Free-standing sober living houses (SLHs)</b>
A	Location	I.1 COMMUNITY ACCESS TO SOBER HOUSING	II.1 THE ARMS OF THE "OCTOPUS"
			II.2 A SAFE AND STABLE NEIGHBORHOOD
B	Appearance	I.2 RESIDENTIAL RECOVERY COMPLEX	II.3 THE SOBER LIVING HOUSE
C	Design for Sociability	I.3 HOUSE OF BEGINNINGS	II.4 COMMON SOCIAL AREA
D	Design for Personal Space	I.4 RESIDENTIAL DORMITORY	II.5 INDIVIDUAL BEDROOM
		I.5 SLEEPING ROOMS	
E	Facility Oversight and Security	I.6 PEER GOVERNANCE	II.6 MANAGING THE HOUSEHOLD
		I.7 ROLE OF CSTL STAFF	
F	Care and Upkeep	I.8 A PLACE IN THE COMMUNITY	II.7 MANAGING RELATIONS WITH NEIGHBORS