

Halfway Houses and Treatment Outcomes

A Relationship between Institutional Atmosphere and Therapeutic Effectiveness

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SUMMARY. Halfway houses with an informal homelike atmosphere appeared to be more effective than those with a more institutional atmosphere.

HALFWAY HOUSES came into being to meet the needs of alcoholics who were between institution and community. Unattached alcoholics find it hard to remain abstinent when they leave an institution and have no place to go. Halfway houses first emerged in the 1950s in an attempt to meet recovering alcoholics' needs for food, shelter, counseling and support. And, as the network of alcoholism treatment services grew and diversified in the 1970s, so did halfway houses. In the mid-1950s, there were probably no more than 50 halfway houses in the whole country (1); by the 1970s, there were more than 500 (2).

Halfway houses also became part of a social movement which was reacting against the absence of appropriate facilities for recovering alcoholics as well as the presence of inappropriate facilities.

The halfway-house movement (2-4) rose in reaction against the failures of large impersonal treatment organizations. Its pioneers believed that halfway houses could be much more effective in aiding the recovery of their residents than could the traditional bureaucratic treatment facilities then in existence. They based these strongly held beliefs on the fact that halfway houses accommodated only a small number of residents at a time, had an elementary kind of social organization, only a few rules and, perhaps most important of all, an informal, "homelike atmosphere." This

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last feature, they felt, made enduring sober associations between staff and residents possible.

If halfway-house treatment ideology were converted into a flow chart of how its treatment actually works, it would probably read something like this: The small size of the organization makes social contact between staff and residents possible; the small number of rules decreases the chances of nonconformity; the common problem of alcoholism, frequently shared by staff and residents alike, increases the chances of meaningful communication; and the informal, homelike atmosphere similarly increases the chances of consensus on the paramount treatment goal, abstinence.

The growth of halfway houses as important residential treatment facilities in the continuum of care raises two questions, whether they are effective as treatment organizations, and to what extent halfway-house social atmosphere is related to treatment outcome. This paper is concerned with the second question.

Ogborne and Smart (5) have concluded that halfway houses for Skid Row alcoholics have not proven to be particularly effective. They found four major indices of ineffectiveness: short lengths of stay, high relapse rates, very brief periods of posthalfway-house abstinence, and high readmission rates. In addition, they criticize the halfway-house literature on scientific grounds: lack of clarity of definition, absence of controls, no before-after measures, no clear criteria of treatment outcome, etc. In another review article (6), I have commented that few studies have actually put the halfway-house theory of rehabilitation to test. Such a test would compare halfway houses that differ in some important organizational aspect, such as social atmosphere, and find out whether these differences are related to treatment outcomes.

The characteristics of halfway houses as treatment organizations and whether there is any correlation between some organizational feature and treatment outcomes have been studied recently. Martin and Segal (7) investigated 23 halfway houses and found that a moderate amount of bureaucracy may actually foster effectiveness—more highly educated staffs in slightly more bureaucratized structures actually made greater demands on and expected more from residents. Martin,² using data from the same 23 halfway houses, examined the relationship between certain organizational features

² MARTIN, P. Y. Program characteristics and residents' length of stay in alcoholism halfway houses. [Unpublished manuscript.]

and program effectiveness as measured by length of stay, and found that houses with more resources, "better staffing" patterns, stronger community ties, and more complex administrative structures had shorter average lengths of stay. Ogborne and Cook (8) studied 8 halfway houses and found that houses with more programmed activities had longer average lengths of stay than houses with fewer activities.

One of the dimensions of bureaucracy that Martin and Segal (7) used was impersonality, measured by the extent to which staff feel that the halfway house is more like an agency than a home. Regardless of how staff members felt, however, there was no correlation with the kind of expectations they had of residents. One study, however, employed the concept of social atmosphere and arrived at some equivocal findings. Otto and Orford (2) in a study of two English halfway houses equated social atmosphere with whether or not staff and residents liked one another. Although their sample was quite small, they found that warmth between staff and residents was often correlated with shorter than average lengths of stay. Conversely, coolness between staff and clients seemed often to be connected with longer than average lengths of stay.

While all of these studies examined structural features of halfway houses in an attempt to understand better how they work and how these organizational patterns may be related to treatment outcomes, none of them addressed directly a proposition easily derivable from the halfway-house "theory" of social rehabilitation. The literature of the halfway-house movement claims that the homelike atmosphere of halfway houses is the very reason for their therapeutic success (1, 9). If that literature is correct, then halfway houses that achieve or approximate a homelike atmosphere should report higher rates of therapeutic effectiveness than do halfway houses with a more institutional atmosphere. Abstinence should be achieved more often by residents of halfway houses where the culture is plain and simple, organization informal and physical plant small, than by residents of houses where the culture is dense, organization formal and plant large.

METHOD

After a canvass of the area, I selected four halfway houses in the Boston area for study. I picked houses that differed in age, number of beds, number of staff members, program, physical plant and location.

After I had obtained the directors' consent, I carried out fieldwork in each of the halfway houses for 2 months. In each of the houses, I engaged in participant-observation, interviewed staff and residents informally, collected and analyzed case records, and devised and scored an Index of Institutional Atmosphere. Participant-observation included attendance at group meetings for residents and staff meetings and Alcoholics Anonymous meetings. Informal interviewing took place during meals, coffee breaks and games such as chess or whist. Analysis of case records included compilation of complete card files on all residents in the four houses in the calendar year before the field study began. Information, abstracted from the residents' case folders, included such items as name, source of referral, length of stay, reasons for leaving, date of birth, marital status, religion, education and occupation. These cards along with the Index of Institutional Atmosphere provided the bulk of the data for the analysis to follow.

Index of Institutional Atmosphere

The Index of Institutional Atmosphere uses three concepts—culture, social organization and physical plant—that have been found useful in the sociological study of halfway houses (10).

Culture. Halfway houses share an antidrinking culture. Their core beliefs, values and norms can be summed up as follows: (a) belief—you only get drunk from drinking; (b) value—sobriety is better than drunkenness; (c) norm—whatever you do, don't drink. This culture is the group's design for a life of abstinence. When halfway-house staff talk about their particular "program," they are talking about halfway-house culture, e.g., the schedule of "meetings," the association with abstinent people, the A.A. way of life. Houses can be distinguished by the number and kind of meetings they consider to be part of their program, whether they are held in the house or elsewhere, and whether they are suggested or mandatory.

Social Organization. Social organization consists of the activities that go on in a halfway house as well as the people who initiate, coordinate and participate in them. People in halfway houses have different statuses such as director, manager, counselor, cook and resident. The social organization consists of the sum total of joint actions all of these people engage in as they put halfway-house beliefs into practice. Included in social organization are such informal patterns of social interaction as conversations, meals, card or board games and going to outside A.A. meetings. In addition, residents may be asked to perform assigned tasks such as washing the dishes and cleaning the house.

Physical Plant. The physical plant encompasses the building, its equipment and its contents such as beds, offices, files, bulletin boards, telephones, etc. Some other aspects are the presence or absence of a dormitory for incoming residents, the distribution of special versus all-purpose rooms, and the presence or absence of locks on refrigerator doors or buzzers that open front doors.

Halfway houses exist on a continuum between institution and home. Accordingly, to develop scores for an index of institutional atmosphere, any kind of behavior, activity or artifact that might be expected in

institutions was given one point whereas any behavior, activity or artifact that might be expected in homes got no points. The halfway house with the highest cumulative score was ranked highest on the index of institutional atmosphere.

Two items on culture, six on social organization and seven on physical plant comprised the index. The culture score was generated by giving one point if the house issued written rules and one point each for the total number of mandatory meetings. For the social organization score, one point each was given for dish lists and detail lists. Also, one point each was given if staff did not play cards with residents, did not talk informally with them, did not eat meals with them, and did not attend outside A.A. meetings with them. Seven items were the basis of the physical plant score—i.e., number of beds, number of beds in the dormitory (if one was present), number of specialized rooms (meeting rooms, offices), presence of bulletin boards, door control (door locked all day, opened only by staff), and lack of access to the kitchen. One point was given for each bed, and since specialized rooms, large dormitories, bulletin boards, door control and lack of access to the kitchen and its food supplies are more often characteristics of institutions rather than homes, a point was given for each of these items (Table 1).

RESULTS

House IV ranked the highest on institutional atmosphere followed by houses I, II and III (Table 1). Thus, houses III and II

TABLE 1.—*An Index of Institutional Atmosphere in the Four Halfway Houses, and Length of Stay, Abstinent Departures and Readmissions*

	HALFWAY HOUSES			
	I	II	III	IV
1. Number of mandatory meetings	8	4	0	10
2. Written rules	1	1	0	1
3. Staff talks informally with residents	1	1	0	1
4. Staff plays cards with residents	1	0	0	1
5. Staff eats meals with residents	1	1	0	1
6. Staff takes residents to outside A.A. meetings	1	0	0	1
7. Has dish list	1	1	0	1
8. Has detail list	1	1	0	1
9. Total beds	24	20	18	20
10. Dormitory beds	4	3	0	10
11. Specialized rooms	2	1	0	6
12. Door control	1	0	0	1
13. Bulletin boards	1	1	0	1
14. Kitchen access	0	0	0	1
<i>Totals</i>	<i>47</i>	<i>34</i>	<i>18</i>	<i>56</i>
Length of stay (median days)	15	48	53	27
Abstinent departures (%)	12	25	39	9
Readmissions (%)	28	11	10	26
<i>N</i>	<i>244</i>	<i>148</i>	<i>143</i>	<i>497</i>

may be said to have more homelike atmospheres than houses IV and I. The next question concerns the relationship of these social atmospheres to treatment outcomes.

According to official treatment ideology (1, 9, 11), the halfway house is a transitional facility midway between institution and society. Its success in fostering reintegration into society is predicated on its ability to help residents both to become and remain abstinent. Insofar as reintegration into society becomes a kind of orderly career after residence in a halfway house, there are necessarily three stages to that career—(1) the length of stay in the halfway house itself, (2) abstinence at the time of departure and (3) an extended period of abstinence after the halfway house residency. If the halfway house is considered an organization producing abstinence, then its principal collective products are “abstinent days” and “abstinent departures.” These two products are used in this study as measures of organizational effectiveness.

Phrased in these terms, the original organizational hypothesis is then recast into the following propositions: (1) The more institutional the atmosphere, the lower the median length of stay; (2) The more institutional the atmosphere, the lower the number of abstinent departures; and (3) The more institutional the atmosphere, the greater the number of readmissions.

The data in Table 1, which are based on the performance of the residents admitted to the four halfway houses in the calendar year before the fieldwork began, offer considerable support for these three organizational hypotheses: The halfway houses with the least institutional atmospheres (houses II and III) have the highest median length of stay. While long stays, in themselves, need not necessarily end in abstinence, the probability of abstinent discharges did increase with the length of stay, particularly past the critical 90-day interval (12, 13). The two least institutional houses had the lowest rate of readmissions, and the two most institutional houses had the highest rate of readmissions.

DISCUSSION

The three hypotheses examined in this study offer considerable support for the social-atmosphere theory of halfway-house social rehabilitation. All of the data point to the general conclusion that the more informal the halfway house, the greater its effective-

ness. House III, for instance, is an excellent case in point. This house, with the lowest score on the index of institutional atmosphere, had the longest median length of stay, the highest percentage of abstinent departures and the lowest percentage of readmissions, and, thus, was apparently the most effective of the halfway houses in this study.

It would seem that an institutional atmosphere reduces the possibility of achieving abstinence because it is so reminiscent of the large institutions with which halfway-house residents have had considerable experience. The discipline, whether authoritarian or benevolent but paternalistic, blocks the kinds of social contacts with staff members which are presumed to be the basis of halfway-house social therapy. As a consequence, rather than slowly becoming committed to the house's treatment program through the formation of attachments to the staff, the resident is alienated at the outset or soon after. Consequently, he ruptures the social bond soon afterward with the first paycheck or the first interpersonal crisis, thereby escaping from what he considers onerous institutional routine.

In this study, by contrast, the houses with the more homelike atmosphere seemed to emphasize the common alcohol problem more than the maintenance of order and routine. House III, for example, "treats" the alcohol problem off premises. There are no group treatment meetings of any kind in this house, but rather a tendency to foster nondrinking associations with people outside the house, particularly A.A. members. The less-institutional house seeks to become a bridge to the outside world, with the manager playing the part of social broker. The more institutional house, in contrast, treats the alcohol problem on-premise and as a matter of institutional discipline. Living in the same place where one also takes treatment produces considerable tension. In some respects, it is akin to live-in jobs, themselves indicators of institutional living. Residents of all-male institutions have typically responded to such stress with extensive drinking bouts during time-out periods from work (14). Halfway houses, or at least the more institutional ones, seem to be no exception to this rule. As the atmosphere becomes more institutional, routine more onerous, heavy drinking provides relief.

It is, of course, possible to ask whether social atmosphere has any necessary relationship to ultimate treatment outcomes. For

instance, it may be more comfortable to live in a halfway house with a homelike atmosphere. But such an atmosphere may have nothing at all to do with whether residents make those attitudinal and behavioral changes that abstinence requires (15). The rebuttal to this argument, of course, is that the warm, comradely feeling that A.A. produces and sustains is the necessary and sufficient condition for success with typically socially isolated, withdrawn and lonely alcoholics. Being accepted as members of primary groups has always been important for alcoholics (16). Hence, the study of social atmospheres as produced by different kinds of treatment organizations would seem to be relevant to the study of treatment outcomes. Further research based on larger samples and using a more refined index and controlling for variations in clientele, will be necessary before it is possible to determine specifically which conditions are likely to produce homelike atmospheres.

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