1985

Associations Between Previous Treatments for Alcohol Addiction and Chances for Success at O'BRIEN Halfway House, Inc., Baton Rouge, Louisiana.

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Abstract

The association between previous treatments for alcohol addiction and chance for success in a halfway house the major focus of this research.

A case study of the O'Brien Halfway House, during fiscal year 1983-84, was conducted for the purpose of further examining 1) selected variables that might be associated with completing or not completing treatment at O'Brien House and 2) selected variables that might be associated with the number of previous treatments for alcohol addiction that the patient has had prior to the admission at O'Brien House. Data were gathered on 84 patients through the use of a patient summary questionnaire. Finally, in a follow-up study involving 26 (one-third) of the 84 patients, the drinking behavior and life styles of these patients one year later were examined through the use of a Personal Interview Schedule and the Alcoholism Responsibility Scale.

Three different statistical tests were used to support the analysis; the chi square test, the analysis of variance, and the Pearson's Product Moment Correlation. The .05 level of probability was used to
determine statistical significance in testing the various hypotheses.

Concerning the major variables in the study, there was found a statistically significant association between fewer previous admissions for alcohol addiction and success in subsequent admissions, $p < .02$.

Statistically significant differences were also found between successful completion of the program at O'Brien Halfway House and:

a. living alone prior to enrollment, $p < .02$;

b. staying longer in treatment, $p < .02$.

Also, statistically significant differences were found between fewer previous admissions for alcohol addiction treatment and:

a. male sex, $p < .05$;

b. presently married, $p < .003$;

c. social support contacts while in treatment, $p < .01$; and spouse social support systems, $p < .01$;

d. living in a city other than Baton Rouge, Louisiana, $p < .005$;

e. completing high school, $p < .01$;

f. employed at discharge, $p < .01$;

g. younger the age alcohol use started, $p < .05$. 

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Finally, concerning a follow-up study of 26 of the 84 patients contacted a year after the 1983 program at O'Brien Halfway House, there was found to be statistically significant differences between fewer previous treatments for alcohol addiction and

- more personal control (internal locus of control), $p < .009$. 
Alcoholism is a leading health problem in this country because of the number of people in the United States who suffer from the disease. It is estimated that this number, in the United States, ranges from 9,000,000 people. It is further estimated that at least 170,000 persons in Louisiana suffer from alcoholism (Louisiana State Plan, 1981-82). In East Baton Rouge Parish, there are approximately 17,000 persons who suffer from alcoholism. Because alcoholism is frequently a hidden health problem, concealed because of the social stigma attached to it, such estimates are difficult to verify.

Alcohol is consumed by individuals for a variety of reasons. Some of the reasons given for the consumption of alcohol are: (1) relaxation, (2) its use as a coping mechanism during stressful situations, (3) peer pressure, and (4) its use as a means of trying to escape reality.

The frequent consumption of alcohol may lead to the development of physiological and psychological dependence on the drug. The social costs of alcoholism
before they realize the maximum benefits of the services (Reed and Mandell, 1977). Patients who terminate therapy before 10 to 12 sessions are said to derive little or no benefit from the services. Some patients who are already demoralized because of their neurosis are said to be made worse by experiencing yet another failure in life (Sethna and Harrington, 1971).

On the average, the patients who drop out of treatment without spending much time working on their problems, tend to do worse in their recovery from alcoholism than their counterparts who continue in treatment. Time in treatment tends to have a greater impact on the recovery from alcoholism than the type of treatment received (Barden et al, 1983). Time in treatment is important in the recovery from alcoholism because it is a disease that becomes progressively worse with time. Men spend approximately 15 years of their lives becoming alcoholics and women spend approximately eight years of their lives becoming alcoholics (University of Wisconsin, 1971). Therefore, it takes time in treatment to reverse many of the inappropriate behavioral patterns that the patient has developed as a result of alcoholism. Alcoholics who terminate treatment before maintaining at least six months of abstinence from alcohol are unlikely to maintain their improvements (Baekeland and Lundwall, 1975).
before they realize the maximum benefits of the services (Reed and Mandell, 1977). Patients who terminate therapy before 10 to 12 sessions are said to derive little or no benefit from the services. Some patients who are already demoralized because of their neurosis are said to be made worse by experiencing yet another failure in life (Sethna and Harrington, 1971).

On the average, the patients who drop out of treatment without spending much time working on their problems, tend to do worse in their recovery from alcoholism than their counterparts who continue in treatment. Time in treatment tends to have a greater impact on the recovery from alcoholism than the type of treatment received (Barden et al, 1983). Time in treatment is important in the recovery from alcoholism because it is a disease that becomes progressively worse with time. Men spend approximately 15 years of their lives becoming alcoholics and women spend approximately eight years of their lives becoming alcoholics (University of Wisconsin, 1971). Therefore, it takes time in treatment to reverse many of the inappropriate behavioral patterns that the patient has developed as a result of alcoholism. Alcoholics who terminate treatment before maintaining at least six months of abstinence from alcohol are unlikely to maintain their improvements (Baekeland and Lundwall, 1975).
Many of the agencies that provide social services have problems with patients dropping out of treatment before it is completed. Alcoholism treatment programs were no exception. According to Barden et al (1983) premature terminations and erratic attendance at the alcoholism treatment facilities have been identified as major obstacles in providing therapy for the alcoholic patient.

Both residential and out-patient alcoholism treatment programs report that many of their patients drop out of the program before they complete the prescribed treatment regime. The attrition rate for residential treatment programs tends to be lower than it is for out-patient treatment programs. It was found in the study by Baekeland et al (1975) that the attrition rate for residential programs ranges from 13.2 per cent to 39.2 per cent, with a mean of 28 per cent, while the attrition rate for out-patient programs ranges from 52 per cent to 75 per cent, with a mean of 64 per cent. Mayo (1983) suggested that the lower attrition rates found in the in-patient programs may stem from the high motivation demanded by such lengthy programs --typically 60-90 days. The low attrition rate in the in-patient programs may also be attributed to the fact that the patient's environment is controlled and that the
patients receive more intensive treatment than in the out-patient programs (Baekeland and Lundwall, 1975).

Glasen (1974) stated that, during any given time period, some of the people who drop out of the program will return. Dropping out is frequent, early, and at different rates for different patients. It rises to a peak during the hot months and declines during the cold months.

Considerable efforts and resources of many alcoholism treatment programs are expended in the treatment of patients with alcohol-related problems (Carpenter et al, 1979). Patients who drop out of treatment place a considerable drain on the resources and efforts of these agencies. According to O'Brien (1973), they drop out of the programs, then re-enter the community only to resume their drinking. Many of these same patients return to the treatment system weeks or months later with the same or more severe problems created or aggravated by the use of alcohol. The reappearance of these patients not only drain the resources of the treatment system but also creates frustrations and disappointments for those who provide the alcoholism treatment services.

Halfway House Services

According to Rubington (1979), halfway houses came into existence in the 1950's to provide services to meet
the needs of alcoholics who were between the institution and the community. The needs that halfway houses meet are food, shelter, counseling, and support to enable the unattached alcoholics to remain abstinent when they leave the institution and have no place to go.

In the study conducted by Rubington (1979), the relationship between institutional atmosphere and therapeutic effectiveness of halfway houses and treatment outcomes was also examined. It was found that a halfway house with an institutional atmosphere reduces the possibility of achieving abstinence because it is so reminiscent of large institutions with which the patients have had considerable experience. Therefore, the more informal the atmosphere of the halfway house, the greater its effectiveness.

According to Ogborne and Smart (1976), halfway houses for skid row alcoholics are part of a package of decriminalizing chronic drunkenness. Before the halfway house concept in treatment, skid row alcoholics were said to have been treated with a series of arrests, imprisonments, handouts, and exhortations to save their "mortal souls." The halfway house is now viewed as a potential rehabilitative resource for chronic alcoholics rather than containment centers or way-stations on the skid's list of places to eat and sleep. These authors
These authors concluded that halfway houses 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 post halfway-house abstinence, and high readmission rates.

THE PROBLEM

The Statement of the Problem

The principal problem addressed in this study is to determine the relationship, if any, between the number of prior treatments for alcohol addiction which a patient may have had before admission to O'Brien House (a halfway house for alcoholics) and whether or not the patient successfully completed the program during fiscal year 1983-84.

A secondary problem is the analysis of subject background and demographic characteristics of the patient and the relationship of these to: (1) success or lack of success in the program and (2) number of previous treatments for alcohol addiction.

A third problem seeks further insight into the problem of success or lack of success by analyzing interview results of ex-patients in after care status in terms of their drinking behavior and life characteristics at least one year after participation in the program.
Research Hypotheses

The null hypothesis form is used in this study as an indicator that some possible association is found between certain variables other than which can be accounted for by mere chance and within certain arbitrary statistical limits -- in this case $p < .05$. The following are the null hypotheses for this study.

Concerning the principle problem for the study: $H_0^1$. There is no statistically significant difference between the number of prior treatments for alcohol addiction and success or lack of success in subsequent programs for alcohol addiction.

$H_0^2 (a-h)$. There is no statistically significant difference between success in the program for alcohol addiction at the O'Brien House and the following demographic characteristics and subject background variables: (a) sex, (b) race, (c) age, (d) support systems contacts while in treatment, (e) last place of permanent residence, (f) employment status at admission, (g) length of stay in treatment, and (h) living arrangements prior to enrollment at O'Brien House.

Concerning the secondary problems in the study: $H_0^3 (a-q)$. There is no statistically significant difference between the number of previous treatments for alcohol addiction and the following demographic characteristics
and subject background variables: (a) sex, (b) age, (c) race, (d) living arrangements prior to enrollment at O'Brien House, (e) marital status, (f) support systems contacts while in treatment, (g) last place of permanent residence, (h) education, (i) admission employment status, (j) job skills, (k) length of stay in treatment, (l) employment status at discharge, (m) religious affiliations, (n) age alcohol use started, (o) number of years of alcohol use, (p) criminal history, and (q) military status.

Concerning the tertiary problems of the study involving the follow-up study of 26 patients: \( H_0^4 \) (a-b). There is no statistically significant association between the number of prior treatments for alcohol addiction and internal-external locus of control.

\( H_0^5 \) (a-d). There is no statistically significant difference between the number of previous treatments for alcohol addiction and the following subject background variables: (a) sobriety, (b) feelings of inferiority, (c) denial of the existence of problems relating to alcohol use and (d) "Power" greater than ourself can restore to sanity.

The Limitations

This is a case study of the patients who were enrolled for treatment at O'Brien House during fiscal
year 1983-84. The data for the major part of the study were located in the records that are kept by the agency. Therefore, the results of this study are only applicable to O'Brien House and cannot be generalized to any other population.

This study will be limited to examining selected variables, such as: sex, race, age, support systems contacts while in treatment, last place of permanent residence, employment status at admission, length of stay in treatment, living arrangements prior to enrollment at O'Brien House, marital status, employment status at discharge, religious affiliations, age alcohol use was started, number of years of alcohol use, criminal history, and military status as they relate to success or lack of success in O'Brien House and prior alcohol addiction treatments.

The personal interviews for the follow-up study were limited due to the life style associated with skid row alcoholics. In a study cited previously, Rubington 1979, it was found that these people are unattached to any community ties, therefore, they move from one geographic location to another quite frequently. The result of this transience habit is that skid row alcoholics are difficult to locate for a follow-up study. In addition to the difficulty in locating these patients, the follow
up study was also limited by the administration's interpretation of the federal confidentiality law governing alcohol and drug abuse patients. The confidentiality of patients enrolled in alcohol and drug abuse facilities is governed by Section 408 of Public Law 92-255, the Drug Abuse Office and Treatment Act of 1972, which provides for $500 to $5,000 in penalties for the violation of this Act. The administration understandably interpreted the section of this Act that referred to the inquiry about a patient's whereabouts from his relatives by the researcher as a violation of the patient's confidentiality. Therefore, the agency would be held liable for each occurrence. This interpretation resulted in the restriction of the personal interviews to the patients who had returned to the agency (see Appendix A). Inquiries of these patients as to the whereabouts of other former patients were permitted. As a result of these inquiries, some early morning contacts were made with former patients living in abandoned houses, open tombs in the city graveyards, and re-established families in the communities.

The Definitions of Terms

Patient. A patient is a person who was enrolled in the O'Brien Halfway House during the 1983-84 fiscal year.
Success. Success is having obtained employment, found an alternative living arrangement, or both. This term is being used interchangeably with completion.

Unsuccessful. Unsuccessful is leaving the premises without obtaining approval from the administrators. This term is being used interchangeably with not completing the program and dropping out.

The technical terms associated with the alcoholism treatment are defined as they appear in the text. However, for the convenience of the reader a list of definitions of terms are located in Appendix B.

Abbreviations.

N.I.A.A.A. is the abbreviation used for the National Institute on Alcohol Abuse and Alcoholism.

A.A. is the abbreviation used for Alcoholics Anonymous.

Purpose of the Study

The purpose of this study is to determine the possible association between the success or lack of success of patients admitted to O'Brien Halfway House, Baton Rouge, Louisiana, during the fiscal year 1983-84 and the number of previous treatments for alcohol addiction in this or similar institutions prior to this admission.
This information will enhance the ability of this agency's administration to identify patients with similar characteristics and, when necessary, make a decision as to the patient with the highest potential for completing the program when the facility cannot accommodate all of the patients who have applied for admission.
The Theoretical Framework

The theoretical framework for this study is based on previous research concerning the prior treatments that patients have had for alcohol addiction in various treatment programs and the relationship between the number of prior treatments and success with their addiction in subsequent programs.

This theory was expressed in 1975 when Baekeland and Lundwall conducted a study of treatment outcomes in an alcoholism treatment program. These authors found considerable evidence that despite the patient's greater exposure to treatment, a patient who has previously dropped out of treatment is more likely to do so on a present admission than a patient who has never received any treatment.

In 1968, Miller et al conducted a study of the veterans at the Houston Veterans Administration Hospital. Through this study it was revealed that patients who dropped out of the treatment program prematurely had a larger number of prior admissions to the hospital than those who completed treatment.
Carpenter et al (1979) conducted a study at the University of Rochester Community Mental Health Center. The purpose of this study was to investigate the differences between patients who dropped out of treatment prematurely and those who completed treatment usage of other psychiatric services. The study revealed an association between dropping out of treatment prematurely and the use of other psychiatric services. The drop-out patients tended to utilize multiple facilities whereas the majority of patients who terminated relied on a single-treatment facility, such as an out-patient clinic, day hospital, or psychiatric emergency department. In addition, these patients were noted to have multiple diagnoses which included alcoholism. Approximately twice as many of these patients were seen at more than one program. These patients also had multiple admissions to the treatment prior to and following their admission to the mental health center.

Rosenblatt et al (1969) also conducted a study of multiple psychiatric admission for alcoholism, but it was linked with the variable of marital status. It was revealed that patients who have multiple admission to psychiatric facilities for the treatment of alcoholism were also involved in more disrupted marriages than the patients with single admissions to the programs. The
patients with multiple admissions would become involved in another relationship and then drop out of the program. When the relationship would become disrupted, the patient would return to treatment.

In 1983, Bournazian conducted a study of the patients enrolled in the National Institute on Alcohol Abuse and Alcoholism 1981 federally funded programs. One of the findings from this study was that 33 per cent of the patients had at least one prior treatment experience. Mayo (1983) conducted a study of one of the federally funded programs in Louisiana and found similar results. This author associated previous admissions with lower motivational levels toward treatment, ambivalence toward treatment, and impaired ability to confront problems.

In 1969, Higgins et al conducted a study of ways to keep alcoholics in treatment. These authors suggested that impulsivity is a part of the nature of the disease of alcoholism. Therefore, alcoholics will often come to the programs with the intention of receiving help, but without any provocation they will leave. This behavior is repeated on many occasions.

Maxie Maulsby et al (1977), in a study of court-probated alcoholics, suggested that all social work activities should be withheld from the patient who has previously dropped out of treatment prematurely.
should be withheld because these patients will drop out of treatment again despite the threat of a jail sentence. This research is further indicative of the lower level of motivation toward treatment for some alcoholic patients.

**Prior Treatment for Alcohol Addiction**

A number of studies that examine the association between prior treatments for alcohol addiction and completion of an alcoholism program have been conducted. One such study was conducted by Rubington in 1973. In this study, Rubington examined the records of 179 patients who had been enrolled in an alcoholism halfway house program for social deviants. It was found that a substantial majority of the patients, in addition to having been jailed quite frequently for intoxication, at different times in their lives had sought some type of treatment for alcoholism. The urge "to straighten out" recurred quite frequently among these patients and they would enroll for treatment. However, as soon as they encountered a situation that they perceived as a negative reaction to their attempt to conform to society, they would leave the program. More than half of the patients who stayed in the program more than the 28-day median had three or more previous treatments for alcoholism.

Annis and Smart (1978) studied arrests, readmissions and treatment of 522 patients following their release
from an alcoholism treatment program. Most of the 522 patients in this study were white males between 25 and 65 years of age. The mean educational level was 10th grade. One-third of these patients had never been married, and almost half were separated, divorced, or widowed. Eighty per cent of these patients were unemployed at the time of admission. It was found that over half of the men (52 per cent) had at least one prior treatment for alcohol addiction, 31 per cent had two, and 20 per cent had three or more prior treatments for alcohol addiction. These authors stated that it was a norm rather than an exception for the patients in an alcoholism population to have had prior treatments for their alcohol addiction on a swift rotating cycle. It was common for them to have had multiple admissions to both the same and different treatment facilities and therefore, the health care sectors for these patients might best be characterized as a "quick revolving door."

In 1983, Keil et al examined the proposition of who is the most likely to experience repeat admissions for alcohol use after having been labeled social deviant. The patients in this study were categorized as those who had first admission for alcohol addiction, second admission, and repeat admissions. It was found that married persons were more likely than single persons to
be in the first admission category and less likely to be in the second or repeat admissions categories. This relationship was somewhat stronger among men than among women. Men with high socio economic status were likely to have had one treatment and those with low education and unskilled jobs were the greatest risk for second and repeat admissions. Among women, those who were in the middle socio economic status had the greatest likelihood of second and repeat admissions. Finally, it was found that being readmitted into a program for alcohol addiction was less dependent on how much alcohol the patient drank than it was on whether or not the patient had at least one prior admission for alcohol addiction.

Selected Variables Related to Successful or Unsuccessful Treatment

In the review of the related literature concerning patients who are successful or unsuccessful in alcoholism treatment programs, a number of variables were investigated. Some of these variables were: age, sex, social stability (marital status and employment), education, and history of previous treatments.

Age. In the study conducted by Baekeland et al (1973), it was revealed that younger patients were more likely not to complete treatment than older patients. They were less likely than aged patients to have nuclear families, community ties, or other relatively binding
obligations. In addition to the fact that these patients had fewer binding obligations, the younger patients had greater geographical mobility than older patients; therefore, they were more likely not to complete treatment. Patients enrolled in in-patient alcoholism programs (typically 60-90 days) who were younger than 30 years old were more likely to drop out of treatment than any other age group. In the study conducted by Turner et al (1970), it was revealed that patients who dropped out of treatment and could not be found for a follow-up interview because they had moved from the area were younger than 30 years old. More than 40 per cent of the patients were in this age group.

Miller et al (1968) completed a study of a 90-day in-patient treatment program which relied heavily on group psychotherapy. They found that those who did not complete treatment had a mean age four years less than those who completed the program. Bournazian (1983) stated that younger patients did not complete psychotherapy because they do not respond well to the goal of the alcoholism treatment program of complete abstinence from alcohol. Sethna and Harrington (1971) revealed that the tendency for patients to not complete treatment tends to decrease after 40 years of age. Joe
and Simpson (1975) also found that older patients were less likely to terminate treatment than younger patients.

However, Cohen and Woerner (1976) disagreed with these findings. In their study of an in-patient alcoholism treatment program, they found that older alcoholics — 39 years of age or more — were more likely not to complete treatment than younger alcoholics. In the study conducted by Heilburn (1961), it was also revealed that older patients were more likely not to complete treatment than younger patients.

Sex. Some researchers have cited the sex of the patient as a predictor of whether or not a patient drops out of treatment prematurely.

Conservative estimates of the number of adult women with alcohol-related programs range from 1.5 million to 2.25 million (N.I.A.A.A., 1983). In 1980, N.I.A.A.A. estimated that women constituted 25.3 per cent of the adult population in treatment units funded directly by them and 21.5 per cent of the adult population in the private sector.

In a study which was conducted by Sethna and Harrington (1971), it was revealed that females tend to "lapse" from treatment more than males. It was suspected that married women more frequently than single women would not complete treatment, because of the various
domestic responsibilities they have; however, this was not found to be true. Instead, single women dropped out of treatment more frequently than married women. A married woman who did not have the endorsement and cooperation of her spouse was found to carry a high likelihood of becoming a drop out.

In 1973, Crane conducted a study to investigate patients who were predisposed to treatment failures. This study revealed that girls from whom defection could be expected were those who had a close relationship with their fathers and who were able to talk to them openly and freely about their problems. These girls who received reinforcement simply by revealing personal matters to another person could be expected not to complete treatment after brief contacts with the therapist. The brief contacts would allow the girls to receive cathartic benefits by making personal revelations. Once these needs had been met, they were more likely not to complete treatment than their male counterparts. The Sethna and Harrington study (1971) also revealed that women were more likely not to complete treatment than men.

In a study conducted by Barden et al (1983), not completing treatment was revealed to operate differently for men and women. The sex of the patient was found to
be linked to the affiliation or dependency needs. It was found that alcoholic women have a stronger need to depend on others for support than alcoholic men. Therefore, the alcoholic female is less likely to complete a program than the alcoholic male.

The Heilburn study (1961) investigated the personality correlative of early termination in counseling for males and females. The results showed that patients who conformed most closely to the expected cultural stereotype of femininity or masculinity tended to terminate from treatment earlier. The female patients who stayed in treatment tended to be more masculine and the males who stayed in treatment tended to be more feminine than their drop-out counterparts. The more feminine female was disappointed and discouraged at the prospect of assuming the burden of self-analysis rather than being told by an "expert" what she should do and should not do, while the less feminine, more independent female was better able to accept responsibility and stay. In the case of the male clients, the more masculine independent male may find it difficult to accept the subordinate status of a client (who might admit his inability to cope with his personal problems). The more feminine, dependent male should have less difficulty in accepting such a role.
**Socioeconomic Status.** Socioeconomic status and such related variables as education, employment, and income have been related to success in treatment of alcohol addiction. In the study conducted by Baekeland and Lundwall (1975), it was stated that patients who enter into alcoholism treatment programs from a low socioeconomic status are the more likely not to complete treatment. These patients usually expect the treatment to consist of only a drug which will give them rapid symptomatic relief from their problems. When they find out that treatment may include medication (antabuse) in conjunction with psychotherapy, which requires in-depth self-analysis, they are then likely not to complete treatment. Barden et al (1983) linked lower socioeconomic status with the variable social isolation and stated that patients who are of a lower socioeconomic status and socially isolated are the most typical patients to fail to complete a treatment program, and they remain generally unimproved.

The Goldfried study (1969) showed that higher levels of socioeconomic status were positively correlated to positive changes in patients enrolled in the Alcholism Treatment Center in Rochester, New York. Dobb (1971) stated socioeconomic characteristics were usually found to be discriminating variables. Patients with more
education and income, which placed them in a higher socioeconomic status, generally stayed longer in treatment than their counterparts.

**Social Stability.** Social stability, appears to be a major predictor of completion of alcoholism treatment program.

Mayo (1983) considered marriage as an indication of stability and ability to meet and work through problems. In a study conducted by Sobell and Sobell (1980), it was revealed that patients who drop out of treatment are single, divorced, separated, and have a history of avoiding problems.

Porkony, Hanson, and Miller (1968) conducted a study of 51 patients who failed to complete the Alcoholism Treatment Program at the Houston Veterans Hospital from July 1964 to January 1966. An investigation into the marital history of these patients revealed that the duration of their last marriage was shorter, they had been physically separated from their spouses longer, and they had been legally separated or divorced longer than the patients who graduated from the programs. Those who did not complete treatment were less likely to have plans to return to live with the same person with whom they lived prior to hospitalization than those who graduated from the program. The patients who did not complete
treatment were also characterized as being more unstable and having a history of giving up rather than working out the problems which caused the uncomfortable situation.

In a study conducted by Zax et al (1971), an investigation was conducted into the marital status of those patients who continued in treatment. It was revealed that marital status appeared to be related to the number of therapy contacts that the patient made with the program. The spouse of a married patient usually encouraged the patient to remain in treatment. However, they would press for an early discharge if they became aware that the patient was involved in an extramarital affair (Sethna and Harrington, 1971).

The patient who does not complete treatment has been characterized by Baekeland and Lundwall (1973) as single; if married, not with the spouse. This same characterization was given by Goldfried (1969).

The study of Zax et al (1961) suggested that marital instability was characteristic of alcoholic patients and that this fact should not be minimized. Perhaps alcoholics are too impaired in their capacity for stable adult relationships involving mature responsibilities. Alcoholics who are poorly adjusted in marriage are often poorly adjusted in many other areas (Dobb, 1971).
Cohen and Woemer (1976) found that family stability was also important for single patients. This study revealed that single patients who live with both parents were less likely not to complete treatment. In the study conducted by Turner et al (197), it was revealed that the least likely patients not to complete treatment and to not be available for a personal interview after leaving treatment are patients living in the family of orientation. It was also found that the most likely to not complete treatment and not be available for a follow-up interview were those patients who were single and living alone. The patients most likely to drop out of treatment, move away from the area, and lead a normative existence was a man living in the family of procreation prior to his first admission to an alcoholism program.

Altman et al (1972) conducted a study of the correlation between being divorced, separated, or widowed and not completing treatment. These characteristics were found to be negatively correlated with a patient not completing treatment. However, Wilkinson et al (1971) characterized these patients as being less dependable, poorer at helping others with problems, less friendly with others, and showing the least initiative and motivation for treatment.
Employment instability appears to be a more consistent predictor of not completing treatment in alcoholism and drug addiction programs than in any other type of program. Occupational instability, linked with the variable residential instability, tended to be a greater predictor of not completing treatment than marital instability (Baekeland and Lundwall, 1973). Bromet and Moos (1977) conducted a follow-up study of 429 patients who had been discharged from a hospital for treatment of alcohol-related problems -- six to eight months after they were discharged. A positive work environment was found to be a significant factor in preventing patients from not completing treatment even when they were lacking in marital stability.

An analysis of industrial alcoholism treatment programs was conducted by Schramn and Fillipi (1975) revealed that alcoholism treatment programs which were sanctioned by an employer of a patient had a better chance of keeping the patient in treatment than one that is not sanctioned by the employer. The patients were less likely not to complete the program if they felt that they would lose their jobs if they did not receive treatment for their alcoholism.

Stinson et al (1979) found that successful treatment outcomes were significantly related to a higher level of
vocational skills of the patient which in turn are linked with the variables of increased age, more education, stable marriage, fewer years of problem drinking, and little previous hospitalization. Patients with high levels of vocational skills were the least likely not to complete an out-patient psychotherapy program; however, they were the most likely not to complete the long-term rehabilitation programs (Baekeland and Lundwall, 1975). Unskilled alcoholics were most likely not to complete treatment and lead a nomadic existence, whereas skilled-manual-occupational level alcoholics appeared to remain in long-term rehabilitation programs until they completed their treatment regime (Turner et al, 1970).

Profile of a Patient Most Likely Not To Complete Treatment

A number of studies have been conducted for the purposes of developing a profile of the personality and life-style of the patient who is most likely not to complete treatment. Dropping out of treatment is said to be frequent, early, and occurs at different rates for different patients. When patients enter into treatment, they want help and are willing to do anything that is requested of them. However, as soon as the medical crisis abates and they begin to feel better, usually by the second or third day, they become somewhat agitated and unwilling to cooperate in treatment, and they talk
about leaving the facility. By the third or fourth day, these patients produce what seems to be a "valid" reason for leaving. At this point, despite any persuasion by the medical or counseling staff, the patient leaves. These patients are said to be rejecting, in a very direct and active manner, any assistance from the professional who would help them. This behavior is repeated on many occasions.

Studies have revealed that there are psychiatric differences among those who do not complete treatment and those who do complete treatment. Miller, Porkorny, and Hanson (1968), in addition to Corley and Links (1977), made such studies. They found that patients who did not complete treatment had a greater degree of psychiatric illness and had less capacity for solving problems than those who remained in treatment. They were less able to form close relationships and were more likely to depend on alcohol for relief from feelings of resentment, anxiety or depression, than alcoholics who remained in treatment. The patients who did not complete the program were also found to be more hostile and have a greater tendency to lose control, a greater tendency to leave the situation, or to handle it by getting drunk.

A number of other studies, including those by Cloptone (1978), Altoman et al (1972), and Henry R. Burke
(1983) have attempted to make use of portions of the Minnesota Multiphasic Personality Inventory (which measures psychopathic deviation) to distinguish between those patients who will not complete treatment and those who are more likely to complete treatment. These authors cited that the Mac Andrews Alcoholism scale of the MMPI is related positively to the measures of impulsivity, pressure for action, and the acting out potential. In other words, the MacAndrews Scale seems to be a measure of the potentials which lead to alcoholism and not those which distinguish between those patients who will drop out of treatment and those who are more likely to complete treatment. Therefore, clinically, this scale may be used to help identify potential or actual misusers of alcohol and other drugs but not to discriminate between those patients who are more likely to drop out of treatment as opposed to those who will remain in treatment. These authors suggested that an instrument which allows for self-disclosure would be a better measure of the patients who dropped out than the MMPI.

Not all of the studies, however, agreed with these findings. Norman A. Huber et al (1975), Miller et al (1968), and Wilkinson et al (1971) stated that the MMPI does successfully distinguish psychologically between the patients who are most likely to stay in treatment. They
stated that the patients who did not complete treatment had higher MMPI scores, were more hostile, and aggressive. The patients who did not complete treatment were also less mature, less responsible, and exhibited less emotional control; they tended to have less self-esteem and more self-doubt. Finally, the patients who did not complete treatment were said to be more socially dependent, although more socially isolated and unaffiliated.

Follow-up Studies

Alcoholics who are a part of the skid row population frequently move from one geographic location to another without leaving any forwarding address; therefore, it is difficult to locate a large number of them for a follow-up study. However, in 1981, Annis and Liban were able to locate 70 of a total of 200 male halfway house patients for a follow-up study. These men were between the ages of 40 and 55 years. It was found that half of them had been readmitted to the same or similar programs since their discharge from treatment. It was also found that when this group of patients would resume drinking, after discharge, they were more likely to readmit themselves.

Locus of Control

Locus of control depicts the degree to which a person believes that he possesses or lacks the power to
control what happens in his life's circumstances (Lefcourt, 1981). The alcoholic who assigns responsibility for his drinking to the power that he possesses is said to have an internal locus of control, whereas those who attribute their drinking to powerful other forces are said to have an external locus of control.

Lefcourt (1982) found in his study of the locus of control of alcoholics that alcoholics considered as having an external locus of control are more depressed, more self-critical, and more indecisive than alcoholics who have an internal locus of control.

In 1975, Naditch et al conducted a study into discrepancies between aspirations and achievements as components of depression. This study revealed that depression and anxiety are associated with a belief in external control. Depression may result from an inability of the patient to deny threatening aspects of the environment.

In 1970, Gonzali reported to the American Psychological Association that the ingestion of alcohol affords the alcoholic a means to "regulate" the way he feels at the moment. Berzins et al (1975) found that the alcoholic's strong belief in personal control, based on
the effects of the drug rather than on social learning, may hinder responsiveness to the treatment program.

In 1971, Chess et al found that over time and after a period of abstinence from alcohol, the alcoholics become less internally controlled. There also tends to be a decrease in the anxiety level in their level of arousal. The alcoholic then tends to become more internally controlled. Berzins et al suggested that a term such as "pseudointernally" should be used to distinguish drug-encountered internality from its conventional, socially learned counterpart.

In 1983 Beck et al conducted a study which investigated whether or not one could predict who would be discharged against medical advice from an alcohol and drug misuse treatment program. This study revealed that on the internal-external locus of control index, men who would leave the program against medical advice were more externally oriented. They then speculated that externally oriented men alcoholics may be less inclined to feel that they control their destinies, which may lead to an impression that nothing can be done to solve their problems (including treatment). Berzins et al found that the addicts' strong belief in personal control, based on the effects of the drug rather than social learning, may hinder his responsiveness to treatment.
Summary of the Related Literature Review

A number of studies that examine the association between prior treatments for alcohol addiction and completion of an alcoholism program have been conducted (Rubington, 1973; Annis and Smart, 1978; and Keil et al, 1983). It was generally found in these studies, that a substantial majority of the patients enrolled into treatment for alcohol addiction had, at different times in their lives, sought some type of treatment for alcoholism. It was considered a norm rather than an exception for the patients to have had multiple admissions to both the same and different treatment facilities. The patients who had a larger number of prior admissions to these facilities were more likely to drop out of treatment than those patients with fewer previous treatments for alcohol addiction.

A number of studies also examined the patient who is the least likely to successfully complete treatment according to a number of demographic characteristics and subject background variables (Baekeland, 1973; Miller, 1968; Sethna and Harrington, 1971; Baekeland and Lundwall, 1975; and Mayo (1983). Some of the demographic characteristics and background variables of the patients who are less likely to successfully complete treatment, according to these authors are: younger patients,
females, low socio-economic status, married but not living with spouse, or single never married. Some authors disagreed with these findings (Crane, 1973 and Heilburn, 1961).
METHODOLOGY

The study was focused on the program at O'Brien Halfway House, Inc., in Baton Rouge, Louisiana. This program is a private, non-profit organization which provides halfway house services to persons with alcohol and other drug related problems (see Appendix C).

The Sample

This study covered a period of one year - July 1, 1983 to June 30, 1984. A year's span of time was chosen to allow the study to include a representative sample of the patients who enrolled for treatment, thereby, avoiding biasing the sample with just those patients who enter for treatment during the various seasons of the year.

A list of 205 patients was obtained from the agency's monthly admission and discharge summaries. All of the records of the persons admitted during this period were pulled and reviewed for completion of the research questionnaire. Twenty of the cases were without sufficient data for completion of the questionnaire; therefore, they were omitted from the list. Forty-eight cases were enrolled at the facility, on hold, to be
transferred to another facility and did not receive any treatment; therefore, they were eliminated. An additional 53 cases were eliminated from the study because these patients had problems related to drugs other than alcohol. After all of the above stated cases were eliminated, this study included 84 patients.

A follow up study was conducted on 26 -- thirty-one percent -- of the 84 patients included in this study. This sample was limited due to some problems with the confidentiality of alcohol patients.

The Data

There are two types of data used in this research: primary data and secondary data. The nature of each of these two kinds of data will be given briefly below.

The primary data. The responses to the Personal Interview Schedule (see Appendix D) are one type of primary data. This schedule was developed through exploratory research when the researcher attended a number of Alcoholics Anonymous meetings and other social functions involving recovering alcoholics. The responses to the H. M. Lefcourt's Alcoholism Responsibility Scale (see Appendix E) comprised another type of primary data. These data were gathered during the follow-up study of the patients that could be located.
The secondary data. Another portion of the data for this study was gathered by using the Patient Summary questionnaire (see Appendix F). These data were obtained from patient records that were kept by O'Brien House.

Method of Collecting Data

The Patient Summary was used to gather the data from the patients records at the O'Brien House. These records were made available to the researcher at the agency.

The Personal Interview Schedule and H. M. Lefcourt's Alcoholism Responsibility Scale were used to gather the data from the 26 patients included in the follow-up study. Some of these patients had returned to O'Brien House for alcohol addiction treatment. These patients provided the researcher with information about the whereabouts of other patients. The researcher went to a number of different addresses. Some of these addresses were the present residence of former patients and some were not. Finally, the researcher was able to locate 26 patients to be included in this follow-up study.

All of the collected data will be made available to O'Brien House for its use in future studies.

The Variables

The major variables. The major theory to be tested in this study concerned the number of previous treatments that patients have had for alcohol addiction in various
treatment programs and the relationship between the number of previous treatments and success with their addiction in subsequent programs. This theoretical framework indicated an association between the number of previous treatments for alcohol addiction and the probability of success in subsequent programs.

The major independent variable in this study is the number of previous treatments for alcohol addiction and the major dependent variable is the success in the program.

Related demographic characteristics and subject background variables. The following is a list of demographic characteristics and subject background variables that are related to the major variable: (a) sex, (b) age, (c) race, (d) living arrangement prior to enrollment into O'Brien House, (e) marital status, (f) support systems contacts while in treatment, (g) last place of permanent residence, (h) education, (i) admission employment status, (j) job skills, (k) length of stay in treatment, (l) employment status at discharge, (m) religious affiliations, (n) age alcohol use started, (o) number of years of alcohol use, (p) criminal history, and (q) military status.
Statistical Tests

The hypotheses delineated in this study were tested by chi square, the analysis of variance, and the Pearson's Product Moment Coefficient of Correlation. The .05 level of probability was used to determine whether hypotheses in the study should be accepted or rejected. Selection of the previously mentioned tests were determined by the nature of the date used in this study. Data for the study were analyzed by the computer located in the Systems Network Computer Center on the campus of Louisiana State University, Baton Rouge, Louisiana.
A total of 84 patients were included in this study. Each patient was categorized as completing the program successfully or unsuccessfully. Patients were categorized as completing the program if they had obtained employment, found an alternative living arrangement, or both. Those unsuccessful in completing the program simply left the premises (dropped out) without obtaining approval from the administrators (see Appendix C). Such patients are considered unsuccessful patients for the purpose of this study. Of the total of 84 patients included in this study, 32 (38 per cent) were successful and 52 (62 per cent) were unsuccessful.

The major hypothesis of the study suggested a possible association between success in the program and the number of times the patients had been admitted to treatment for alcohol addiction in this or similar programs prior to the 1983-84 enrollment at O'Brien House. The following is a list of the number of patients according to the number of times they had been previously admitted for their alcohol addiction.
Seventy per cent of the patients in this study had fewer than three previous admissions in this or similar programs, for their alcohol addiction. Forty-two per cent of the patients with fewer than three previous admissions completed the program and 58 per cent did not complete the program.

Thirty per cent of all patients in this study had three or more previous admissions for their alcohol addiction. Twenty-eight per cent of the patients with three or more previous admissions completed the O'Brien House program, and 78 per cent did not.

When completion status in the program was compared according to the average number of previous treatment admissions, it was found that the patients who completed the program had a mean number of 1.6 previous admissions for treatment for their alcohol addiction compared to a mean of 2.3 previous admissions for patients who did not complete the program. The difference was statistically significant as shown by $F = 4.88$ with 1 and 82 d.f., $p <$
(see Table I). The association between fewer previous admissions and success in the program was positive.

These data would suggest that the higher the number of previous admissions for alcohol addiction the lower the chance for success of completing the program at the O'Brien Half-way House. This factor may have implications for determining admissions in the future when more patients than the facility can accommodate are seeking admission.

The null hypothesis $H_{01}$ [that there is no statistically significant difference between the number of prior treatments for alcohol addiction and success in subsequent admissions for treatment] was rejected in that a statistically significant difference between the number of prior treatments for alcohol addiction and successful completion of O'Brien House program was found. This association between the two major variables in this study establishes the basis for further analysis.

Before presenting the variables associated with the number of previous treatments for alcohol addiction, data concerning other variables associated with successful and unsuccessful completion of treatment will be presented.
TABLE I

A COMPARISON OF THE LIKELIHOOD OF COMPLETION OF TREATMENT AT THE O'BRIEN HALF-WAY HOUSE PROGRAM DURING FY 1983-84 BY THE NUMBER OF PREVIOUS ADMISSIONS TO SUCH PROGRAMS

<table>
<thead>
<tr>
<th>Program Status of Patients</th>
<th>Number of Patients</th>
<th>Per Cent of Patients</th>
<th>Mean Number of Previous Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>32</td>
<td>34</td>
<td>1.6</td>
</tr>
<tr>
<td>Not Completed</td>
<td>52</td>
<td>56</td>
<td>2.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>84</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

\[ F = 4.88 \text{ with } 1 \text{ and } 82 \text{ d.f.} \]
\[ p < .02 \]
Other Variables Associated with Successful and Unsuccessful Completion of the O'Brien House Program

When the patients in this study were categorized according to successful and unsuccessful completion of treatment, it was found that fifty-two of the total 84 patients studied were not successful in completing the program and 32 patients were successful. These patients will be further described according to the selected variables of sex, race, age, living arrangement prior to enrollment, number of previous treatments, support systems contacts while in treatment, last place of permanent residence, employment status at admission, and length of stay in treatment. The tables pertaining to these comparisons are present in Appendix G (Tables I-VII). The statistical test used in this analysis was the chi square test.

Sex. Of the total 84 patients included in this study, 64 were males and 20 were females. When the 32 patients who were successful in completing the program were categorized by sex, it was found that 72 per cent were males and 28 per cent were females. When the 52 patients who were unsuccessful in completing were categorized, it was found that 79 per cent were males and 21 per cent were females. There is no statistically significant difference found between the completion of the program and the sex of the patients as shown by $X^2$ with 1 d.f. $p < .47$ (see Appendix G, Table I, page 157).
Race. Eighteen of the 84 patients in this study were black and 66 were white. When the 32 patients who successfully completed treatment were categorized by race, it was found that 31 per cent were black and 69 per cent were white. When the 52 patients who were unsuccessful in completing treatment were categorized, it was found that 15 per cent were black and 85 per cent white. There is no statistically significant difference found between completion of the program and race of the patients as shown by $X^2 = 2.96$ with 1 d.f. $p < .09$. Even though not statistically significant, the difference might have been enough to suggest a closer look at the relationship (see Appendix G, Table II, page 158).

Age. The ages of the patients in this study ranged from 18 to 65 years with a mean age of 36 years. Forty-nine of the 84 patients were younger than the mean age and 35 patients were older. When the 32 patients who were successful in completing treatment were categorized according to whether or not they were older or younger than the mean age, it was found that 66 per cent of the patients were younger than 36 years and 34 per cent were older. When the ages of the 52 patients who were unsuccessful in completing the program were compared to the mean age, it was found that 54 per cent were younger than the mean age of 36 years and 46 per cent were older. There is no statistically significant
difference found between completion of the program and the age of the patients as shown by \( X^2 = 1.13 \) with 1 d.f. \( p < .29 \) (see Appendix G, Table III, page 159).

Living Arrangement Prior to Enrollment. When the 84 patients in this study were categorized according to their living arrangement prior to their enrollment at O'Brien House, it was found that 29 patients were living with others, family or friends -- and 55 were living alone. When the 32 patients who were successful in completing treatment were categorized according to prior living arrangements, it was found that 19 per cent lived with others and 81 per cent lived alone. When the 52 patients who were unsuccessful in completing treatment were categorized according to prior living arrangements, it was found that 44 per cent lived with others and 56 per cent were living alone. This relationship was significant at the .05 level of probability as shown by \( X^2 = 5.69 \) with 1 d.f. \( p < .02 \) (see Appendix G, Table IV, page 160). Patients living alone prior to treatment were more likely to be successful in completing treatment than those living with others.

Social Support Systems Contacts While in Treatment. The patients enrolled at O'Brien House were permitted to have contact, in person or via the telephone, with anyone of their choice. Fifty-six per cent of the 84 patients did not have contact with any support system
while in treatment; and 47 patients had contacts with support systems. When the patients who were successful in completing treatment were categorized according to whether or not they had contacts with social support systems, it was found that 38 per cent of these patients did not and 62 per cent did have contacts with social support systems. When the patients who did not complete the program were categorized as to whether or not they had contact with social support systems, it was found that 52 per cent of the patients who did not complete treatment did not have contacts with social support systems, and 48 per cent did have contacts. There is no statistically significant difference found between completion and social support systems contacts as shown by $X^2 = .90$ with 1 d.f. $p < .34$ (see Appendix G, Table V, page 161).

**Last Place of Permanent Residence.** Alcoholics who are classified as part of the "skid row" population are often considered as nomadic or transient, moving from one city to the next and enrolling in the treatment facilities of the various cities. When the patients who were successful were categorized according to the variable of last place of permanent residence, it was found that for 28 per cent the last place of permanent residence was Baton Rouge, Louisiana, and for 72 per cent of these patients the last place of permanent
residence was city other than Baton Rouge. When the 52 patients who did not complete the program were categorized according to their last place of permanent residence, it was found that 69 per cent of these patients were from a city other than Baton Rouge and 31 per cent were from Baton Rouge. There is no statistically significant difference found between completion of the program and last place of permanent residence as shown by $X^2 = .07$ with 1 d.f. $p < .80$ (see Appendix G, Table VI, page 162).

**Employment Status at Admission.** Twenty-one of the total 84 patients in this study were employed at admission and 63 patients were unemployed. When the 32 patients who were successful in treatment were categorized according to employment status at admission, it was found that 28 per cent of these patients were employed and 72 per cent were unemployed. When the 52 patients who did not complete the program were categorized according to employment status at admission, it was found that 23 per cent of these patients were employed and 77 per cent were unemployed. There is no statistically significant difference found between completion of the program and employment status at admission as shown by $X^2 = .27$ with 1 d.f. $p < .60$ (see Appendix G, Table VII page 163).
Length of Stay in Treatment. The patients in this study were assigned to one of three categories according to the number of days they stayed in treatment—less than a month, a month, or more than a month. Of the total 84 patients in this study, 40 of the patients were categorized as staying in treatment for less than a month; 13 for a month and 31 for more than a month.

When the 32 patients who were successful in treatment were categorized according to how long they stayed in treatment, it was found that 28 per cent of these patients stayed less than a month, 22 per cent a month, and 50 per cent stayed in treatment more than a month. When the 52 patients who did not complete treatment successfully were assigned to a category according to how long they stayed in the program, it was found that 60 per cent of the patients stayed less than a month; 11 per cent, a month and 29 per cent stayed more than a month. This relationship was significant at the .05 level of probability as shown by $X^2 = 7.90$ with 2 d.f. $p < .02$ (see Appendix G, Table VIII page 164). The patients who stayed in the program less than a month were the most likely not to complete treatment successfully and those who stayed more than a month were the most likely to successfully complete treatment.
Of the total of 84 patients included in this study, 89 per cent were found to have had previous treatment for their alcohol addiction prior to their enrollment at O'Brien House during the 1983-84 fiscal year. These patients were analyzed according to selected variables.

The statistical tests used to analyze these data were the analysis of variance and correlation coefficient, as appropriate using the .05 probability level to identify significance.

Sex. When the 84 patients in this study were categorized according to sex, it was found that 76 per cent were males and 24 per cent were females. The males had a mean number of 2.2 previous treatments for their alcohol addiction compared to 1.6 for the females. The difference was significant at the .05 level of probability as shown by $F = 3.69$ with 1 and 82 d.f. $p < .05$ (see Table II). The difference was in the direction of males having been admitted for more previous treatments for alcohol addiction than females.

Since the data indicate a statistically significant difference between sex and having fewer treatments for alcohol addiction, the null hypothesis $H_02a$ [that there is no significant difference between the number of
<table>
<thead>
<tr>
<th>Sex</th>
<th>Number of Patients</th>
<th>Per Cent</th>
<th>Mean Number of Previous Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>64</td>
<td>76</td>
<td>2.2</td>
</tr>
<tr>
<td>Female</td>
<td>20</td>
<td>24</td>
<td>1.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>84</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

F = 3.69 with 1 and 82 d.f.  
*p < .05*
previous treatments for alcohol addiction and sex] is rejected.

Race. There were 21 per cent black and 79 per cent white patients enrolled at O'Brien House during this study. The black patients had a mean number of 2.05 previous treatments for their alcohol addiction compared to 2.07 for the white patients. This relationship was not significant at the .05 level of probability as shown by $F = .00$ with 1 and 82 d.f. $p < .95$ (see Table III). Therefore, the null hypothesis $H_0$: [that there is no significant difference between the number of previous treatments for alcohol addiction by race] could not be rejected.

Living Arrangements Prior to Enrollment in O'Brien House. When patients were analyzed as to whether they were living with someone i.e., family or friends -- or living alone, it was found that 65 per cent of the patients were living alone and 35 per cent were living with others. Those who lived with someone had a mean number of 2.2 previous treatments for alcohol addiction and those who lived alone, 1.7. This variable was not significant at the .05 level of probability as shown by $F = 2.71$ with 1 and 82 d.f. $p < .10$ (see Table IV).

Since the data indicate that there was not a statistically significant difference between living arrangements prior to enrollment at O'Brien Halfway
TABLE III

A COMPARISON OF PATIENTS ENROLLED AT O'BRIEN HOUSE, BATON ROUGE, LOUISIANA BY RACE ACCORDING TO THE NUMBER OF PREVIOUS TREATMENTS FOR ALCOHOL ADDICTION

FY 1983-84

<table>
<thead>
<tr>
<th>Race</th>
<th>Number of Patients</th>
<th>Per Cent</th>
<th>Mean Number of Previous Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>66</td>
<td>79</td>
<td>2.07</td>
</tr>
<tr>
<td>Black</td>
<td>18</td>
<td>21</td>
<td>2.05</td>
</tr>
<tr>
<td>TOTAL</td>
<td>84</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

F = .00 with 1 and 82 d.f.

p < .95
TABLE IV

A COMPARISON OF PATIENTS ENROLLED AT O’BRIEN HOUSE, BATON ROUGE, LOUISIANA BY LIVING ARRANGEMENTS PRIOR TO ENROLLMENT ACCORDING TO THE NUMBER OF PREVIOUS TREATMENTS FOR ALCOHOL ADDICTION

FY 1983-84

<table>
<thead>
<tr>
<th>Living Arrangements</th>
<th>Number of Patients</th>
<th>Per Cent</th>
<th>Mean Number of Previous Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Someone</td>
<td>29</td>
<td>35</td>
<td>2.2</td>
</tr>
<tr>
<td>Alone</td>
<td>55</td>
<td>65</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>84</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

F = 2.71 with 1 and 82 d.f.
p < .10
House and having had fewer previous treatments for alcohol addiction, the null hypothesis, \( H_0^{2c} \) [that there is no significant difference between the number of previous treatments for alcohol addiction by living arrangements prior to enrollment at O'Brien Halfway House] could not be rejected.

**Marital Status.** The patients in this study were categorized on the variable of marital status as presently married, single (never married, single), and now single but married at one time (separated, widowed, divorced). Thirteen per cent of the patients were presently married, 44 per cent were presently single, forty-three per cent were now single had been married at one time. The patients who were presently married had a mean number of one previous treatment for alcohol addiction, those who were presently single had a mean of 2.02 treatments, and those now single but married at one time had a mean of 2.4 treatments. This variable was significant at the .05 level of probability as shown by \( F = 6.09 \) with 2 and 81 d.f. \( p < .003 \) (see Table V). The patients who were presently married were likely to have had fewer previous treatments for their alcohol addiction than those who were presently single or those who were now single but previously married.

These data suggest that single patients who had been married but were mostly divorced or separated were
TABLE V

A COMPARISON OF PATIENTS ENROLLED AT O'BRIEN HOUSE, BATON ROUGE, LOUISIANA BY MARITAL STATUS ACCORDING TO THE NUMBER OF PREVIOUS TREATMENTS FOR ALCOHOL ADDICTION FY 1983-84

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Number of Patients</th>
<th>Per Cent</th>
<th>Mean Number of Previous Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>11</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Single - Never Married</td>
<td>37</td>
<td>44</td>
<td>2.02</td>
</tr>
<tr>
<td>Single - Once Married</td>
<td>36</td>
<td>43</td>
<td>2.40</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>84</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

\[ F = 6.09 \text{ with } 2 \text{ and } 81 \text{ d.f.} \]
\[ p < .003 \]
more likely to have had the largest number of previous treatments and those married at the time of the study were more likely to have had fewer previous treatments. Unsuccessful marriages appear to be associated with more previous treatments for alcohol addiction.

Since the data indicate a statistically significant difference in previous treatments for alcohol addiction but marital status, the null hypothesis [that there is no significant difference between the number of previous treatments for alcohol addiction and marital status] is rejected.

Support Systems Contact While in Treatment. The patients in this study were categorized as having had contact with support systems while in treatment or not having had support contacts while in treatment for their alcohol addiction. It was found that 56 per cent had contacts with support systems and 44 per cent did not. The patients with support contacts had a mean number of 1.76 previous treatments for their addiction compared to 2.49 for those without support. This relationship is significant at the .05 level of probability as shown by $F = 6.50$ with 1 and 82 d.f. $p < .01$ (see Table VI). The patients with support contacts were more likely to have had fewer previous treatments for their alcohol addiction than those with no support system contacts.
Since the data indicate a statistically significant relationship between having support system contacts while in treatment and having had fewer previous treatments for alcohol addiction, the null hypothesis [that there is no significant difference between the previous number of treatments for alcohol addiction and support system contacts while in treatment] is rejected.

The support system contacts for these patients were from spouses, parents, friends, siblings, and/or employers via the telephone or in person. Some of the patients had contacts with more than one support system.

Seven of the 11 patients, who were married, had contacts with their spouses. This group had a mean number of .85 previous treatments for their alcohol addiction and those who did not have contact with their spouses had 2.09 mean number. This variable was significant at the .05 level of probability as shown by \( F = 4.50 \) with 1 and 81 d.f. \( p < .01 \) (see Table VI). The patients who had contact with their spouses were more likely to have fewer previous treatments for their alcohol addiction than those who did not. This finding supports the previous data concerning positive spouse influence.

Fourteen of the patients had support contacts with their parents. These patients had a mean number of 1.85 previous treatments and those who did not have contact
with their parents had 2.0 mean number. This variable is not significant at .05 level of probability as shown by \( F = 1.27 \) with 1 and 81 d.f. \( p < .28 \) (see Table VI).

Fifteen of the patients had support system contacts with a friend or friends while in treatment. These patients had a mean number of 1.60 previous treatments compared to a mean number of 2.03 for those patients who did not. This variable is not significant at .05 level of probability as shown by \( F = 2.94 \) with 1 and 81 d.f. \( p < .06 \) (see Table VI). However, the difference is surely sufficient to suggest a closer look at the roles of friends in support of alcoholic patients.

Six of the patients in this study had contact with their employer while enrolled at O'Brien House. These patients had a 2.7 mean number of previous treatments for their alcohol addiction and those who did not had a mean number of 1.9. This variable is not significant at .05 level of probability as shown by \( F = 2.23 \) with 1 and 81 d.f. \( p < .11 \) (see Table VI).

Twenty of the patients had support system contacts with their siblings. These patients had a mean number of 2.1 previous treatments for their alcohol addiction compared to a mean number of 1.91 who did not. This variable was not significant at the .05 level of probability as shown by \( F = 1.35 \) with 1 and 81 d.f. \( p < .27 \) (see Table VI).
### TABLE I

A COMPARISON OF PATIENTS ENROLLED AT O'BRIEN HALFWAY HOUSE BATON ROUGE, LOUISIANA, BY SOCIAL SUPPORT SYSTEMS CONTACTS ACCORDING TO NUMBER OF PREVIOUS TREATMENTS FOR ALCOHOL ADDICTION, FY 1983-84

<table>
<thead>
<tr>
<th>Social Support Systems Contacts</th>
<th>Number of Patients</th>
<th>Per Cent of Total</th>
<th>Mean Number of Treatments</th>
<th>(a)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Support</td>
<td>37</td>
<td>44</td>
<td>2.49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>47</td>
<td>56</td>
<td>1.76</td>
<td>6.50</td>
<td>&lt;.01</td>
</tr>
<tr>
<td></td>
<td>84</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Types of Social Support Contacts Received

| Spouse                          | 7                  | 63                | 0.85                       |      |     |
| No Spouse                       | 4                  | 37                | 2.09                       | 4.50 | <.01|
|                                 | 11                 | 100               |                            |      |     |

TOTAL

| Parents                         | 14                 | 17                | 1.85                       |      |     |
| No Parents                      | 70                 | 83                | 2.0                        | 1.27 | <.28|
|                                 | 84                 | 100               |                            |      |     |
TABLE VI, cont'd

<table>
<thead>
<tr>
<th>Social Support Systems Contacts</th>
<th>Number of Patients</th>
<th>Per Cent of Total</th>
<th>Mean Number of Treatments</th>
<th>$f$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>15</td>
<td>18</td>
<td>1.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Friends</td>
<td>69</td>
<td>82</td>
<td>2.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>84</strong></td>
<td><strong>100</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>6</td>
<td>.07</td>
<td>2.7</td>
<td></td>
<td>&lt;.11</td>
</tr>
<tr>
<td>No Employee</td>
<td>78</td>
<td>93</td>
<td>1.9</td>
<td>2.23</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>84</strong></td>
<td><strong>100</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siblings</td>
<td>20</td>
<td>24</td>
<td>2.1</td>
<td></td>
<td>&lt;.27</td>
</tr>
<tr>
<td>No Sibling</td>
<td>64</td>
<td>76</td>
<td>1.9</td>
<td>1.35</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>84</strong></td>
<td><strong>100</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) Findings are reported with 1 and 82 d.f.
(b) A number of patients had social contacts with more than one social support system.
Last Place of Permanent Residence. Patients were examined according to last place of permanent residence and placed into three categories: Baton Rouge, Louisiana, other Louisiana cities, and out-of-state. There were 30 per cent of the patients whose last place of permanent residence was Baton Rouge, Louisiana. These patients had a mean number of 2.3 previous treatments for alcohol addiction. Fifty-four per cent of these patients were from other Louisiana cities and these patients had a mean number of 1.70 previous treatments for their alcohol addiction. Those patients whose last place of permanent residence was another state accounted for 17 per cent of the total population. The mean number of previous treatments for this group of patients was 2.9. This variable is significant at .05 level of probability as shown by $F = 5.72$ with 2 and 81 d.f. $p < .005$ (see Table VII). The patients from another Louisiana city, other than Baton Rouge, had fewer previous treatments for alcohol addiction than any other category included in this variable.

Since the data indicate a statistically significant difference between the last place of permanent residence and having had fewer previous treatments for alcohol addiction, the null hypothesis $H_0$ that there is no significant difference between the number of previous
### TABLE VII

A COMPARISON OF PATIENTS
ENROLLED AT O'BRIEN HALFWAY HOUSE, BATON ROUGE, LOUISIANA,
BY LAST PLACE OF PERMANENT RESIDENCE ACCORDING
TO NUMBER OF PREVIOUS TREATMENTS FOR ALCOHOL ADDICTION
FY 1983 - 84

<table>
<thead>
<tr>
<th>Last Place of Permanent Residence</th>
<th>Number of Patients</th>
<th>Per Cent</th>
<th>Mean Number of Previous Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baton Rouge, La.</td>
<td>25</td>
<td>30</td>
<td>2.3</td>
</tr>
<tr>
<td>Another Louisiana City</td>
<td>45</td>
<td>54</td>
<td>1.7</td>
</tr>
<tr>
<td>Out-of-State</td>
<td>14</td>
<td>17</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>84</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

F = 5.72 with 2 and 81 d.f.  
P < .005
treatments for alcohol addiction and last place of permanent residence] is rejected.

**Education.** The educational level of patients in this study was categorized as either completed high school or not having completed high school. Forty three per cent of the patients in this study had completed high school and 57 per cent had not completed high school. The patients who had completed high school had a mean of 1.70 previous treatments for their alcohol addiction and those who did not complete high school had a mean of 2.40. This relationship was significant at .05 level of probability as shown by $F = 6.76$ with 1 and 82 d.f. $p < .01$ (see Table VIII). The patients who completed high school had fewer previous treatments for their alcohol addiction than those who did not complete high school.

Since the data indicate a statistically significant difference between having completed high school and having had fewer previous treatments for alcohol addiction, the null hypothesis $H_{03i}$ [that there is no significant difference between the number of previous treatments for alcohol addiction and education] is rejected.

**Admission Employment Status.** When the patients in this study were categorized according to their admission employment status, it was found that 25 per cent of the
TABLE VIII

A COMPARISON OF PATIENTS ENROLLED AT O'BRIEN HALFWAY HOUSE
BATON ROUGE, LOUISIANA ACCORDING TO EDUCATIONAL STATUS
AND NUMBER OF PREVIOUS TREATMENTS FOR ALCOHOL ADDICTION FY-1983-84

<table>
<thead>
<tr>
<th>Educational Status</th>
<th>Number of Patients</th>
<th>Per Cent</th>
<th>Mean Number of Previous Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed High School</td>
<td>36</td>
<td>43</td>
<td>1.70</td>
</tr>
<tr>
<td>Did Not Complete High School</td>
<td>48</td>
<td>57</td>
<td>2.40</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>84</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

$F = 6.76$ with 1 and 82 d.f.
$p < .01$
84 patients were employed and 75 per cent were unemployed. Those who were employed had an average of 1.95 previous treatments for their alcohol addiction and those who were unemployed had an average of 2.11. This association was not statistically significant at .05 level of probability as shown by $F = .24$ with 1 and 82 d.f. $p < .63$ (see Table IX).

Since the data indicated that there was not a statistically significant difference between admission employment status and having had fewer previous treatments for alcohol addiction, the null hypothesis $H_0$ [that there is no statistically significant difference between the number of previous treatments for alcohol addiction and admission employment status] could not be rejected.

**Job Skills.** The job skills of the patients in this study were placed into three categories: unskilled, semi-skilled, and skilled. Fifty-five per cent of the patients were unskilled, 13 per cent semi-skilled, and 30 per cent skilled. The patients in the unskilled category had a mean number of 2.3 previous treatments for their alcohol addiction, those in the semi-skilled had a mean of 1.7, and those in the skilled category had a mean of 1.83. Although patients in the unskilled category had more previous treatments for alcohol addiction than those in the semi-skilled or skilled
TABLE IX

A COMPARISON OF PATIENTS ENROLLED AT O'BRIEN HALFWAY HOUSE
BATON ROUGE, LOUISIANA, ACCORDING TO ADMISSION EMPLOYMENT STATUS
AND NUMBER OF PREVIOUS TREATMENTS FOR ALCOHOL ADDICTION FY 1983-84

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Number of Patients</th>
<th>Per Cent</th>
<th>Mean Number of Previous Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>21</td>
<td>25</td>
<td>1.98</td>
</tr>
<tr>
<td>Unemployed</td>
<td>63</td>
<td>75</td>
<td>2.11</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>84</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

F = .24 with 1 and 82 d.f.
p < .63
categories, this association was not statistically significant at .05 level of probability as shown by $F = 1.76$ with 2 and 81 d.f. $p < .18$ (see Table X). The null hypothesis $H_0^{3j}$ [that there is no significant difference between the number of previous treatments for alcohol addiction and job skills] could not be rejected.

**Length of Stay in Treatment.** The length of time that these patients stayed in treatment was divided into three categories: less than a month, one to two months and three months or more. Forty-eight per cent of the patients in this study stayed in treatment for less than a month, 15 per cent stayed one to two months, and 37 per cent three months or more. The patients who stayed in treatment for less than a month had an average of 2.13 previous treatments for alcohol addiction; those who stayed one to two months had an average of 1.5 previous treatments, and there had been 2.3 average previous treatments for those who stayed three months or more. This association is not statistically significant at the .05 level of probability as shown by $F = 1.90$ with 2 and 81 d.f. $p < .16$ (see Table XI). The null hypothesis $H_0^{3k}$ [that there is no significant difference in the number of previous treatments for alcohol addiction and the length of stay in treatment] is accepted.
TABLE X

A COMPARISON OF PATIENTS ENROLLED AT O'BRIEN HALFWAY HOUSE
BATON ROUGE, LOUISIANA, ACCORDING TO JOB SKILLS AND THE
NUMBER OF PREVIOUS TREATMENTS FOR ALCOHOL ADDICTION FY-1983-84

<table>
<thead>
<tr>
<th>Job Skills</th>
<th>Number of Patients</th>
<th>Per Cent</th>
<th>Mean Number of Previous Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unskilled</td>
<td>47</td>
<td>55</td>
<td>2.30</td>
</tr>
<tr>
<td>Semi-Skilled</td>
<td>13</td>
<td>15</td>
<td>1.70</td>
</tr>
<tr>
<td>Skilled</td>
<td>24</td>
<td>30</td>
<td>1.83</td>
</tr>
</tbody>
</table>

TOTAL 84 100

F = 1.76 with 2 and 81 d.f.
p < .18
TABLE XI

A COMPARISON OF PATIENTS ENROLLED AT O'BRIEN HALFWAY HOUSE
BATON ROUGE, LOUISIANA ACCORDING TO THE LENGTH
OF STAY IN TREATMENT AT O'BRIEN HOUSE AND THE NUMBER OF
PREVIOUS TREATMENTS FOR ALCOHOL ADDICTION

FY 1983-84

<table>
<thead>
<tr>
<th>Length of Stay in Treatment</th>
<th>Number of Patients</th>
<th>Per Cent</th>
<th>Mean Number of Previous Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than a Month</td>
<td>40</td>
<td>48</td>
<td>2.13</td>
</tr>
<tr>
<td>One to Two Months</td>
<td>13</td>
<td>15</td>
<td>1.50</td>
</tr>
<tr>
<td>Three or More Months</td>
<td>31</td>
<td>37</td>
<td>2.30</td>
</tr>
<tr>
<td>TOTAL</td>
<td>84</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

F = 1.90 with 2 and 81 d.f.
p < .16
Employment Status at Discharge. When patients were categorized according to their employment status at discharge, it was found that 52 per cent of the patients were employed and 48 per cent were unemployed. Those patients who were employed at discharge had a mean number 1.7 previous treatments for alcohol addiction and those who were unemployed had a mean number of 2.5. This association was significant at the .05 level of probability as shown by $F = 7.20$ with 1 and 82 d.f. $p < .01$ (see Table XII).

Since the data indicated a statistically significant difference between the employment status of the patients at discharge and having had fewer previous treatments for alcohol addiction, the null hypothesis $H_0: \text{there is no significant difference between the number of previous treatments for alcohol addiction and employment status at discharge}$ was rejected.

Religious Affiliation. When the patients in this study were categorized according to their religious affiliation, it was found that 51 per cent were affiliated with the Baptist religion, 38 per cent Catholic, 6 per cent Pentecostal Holiness, and 4 per cent were not affiliated with a religion. The patients who were affiliated with the Baptist religion had a mean number of 2.11 previous treatments for alcohol addiction, Catholic 2.1, Pentecostal Holiness a mean of
TABLE XV

A COMPARISON OF PATIENTS AT O'BRIEN HALFWAY HOUSE, BATON ROUGE, LOUISIANA, ACCORDING TO THE RELATIONSHIP BETWEEN CRIMINAL HISTORY AND THE NUMBER OF PREVIOUS TREATMENTS FOR ALCOHOL ADDICTION

FY 1983 - 84

<table>
<thead>
<tr>
<th>Criminal History</th>
<th>Number of Patients</th>
<th>Per Cent</th>
<th>Mean Number of Previous Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>60</td>
<td>71</td>
<td>2.2</td>
</tr>
<tr>
<td>No</td>
<td>24</td>
<td>29</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>84</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

\[ x^2 = 2.77 \text{ with } 1 \text{ and } 82 \text{ d.f.} \]
\[ p < .10 \]
1.6 and those who were not affiliated with a religion had a mean of 2 previous treatments. This association was not significant at the .05 level of probability as shown by $F = .24$ with 3 and 80 d.f. $p < .86$ (see Table XIII).

Since the data indicated that there was not a statistically significant difference between religious affiliations and having had fewer previous treatments for alcohol addiction, the null hypothesis $H_0$ [that there is no significant difference between the number of previous treatments for alcohol addiction and religious affiliation] could not be rejected.

Age of the Patients. The ages of the patients in this study ranged from 18 to 65 years old. The mean age was 36 years old. When the association between the age of the patients and the number of previous treatments for alcohol addiction was analyzed using the correlation test, a positive association was found as shown by $r = .13$ $p < .21$ (see Table XIV). The positive relationship suggests that the older the patient was the more previous treatments were reported for alcohol addiction. However, this association was not statistically significant at $p < .05$, therefore, the null hypothesis [that there is no significant relationship between the number of previous treatments for alcohol addiction and the age of the patients] could not be rejected.
TABLE XIII

A COMPARISON OF PATIENTS ENROLLED AT O'BRIEN HALF-WAY HOUSE
BATON ROUGE, LOUISIANA ACCORDING TO RELIGIOUS AFFILIATIONS
AND NUMBER OF PREVIOUS TREATMENTS FOR ALCOHOL ADDICTION FY-1983-84

<table>
<thead>
<tr>
<th>Religious Affiliations</th>
<th>Number of Patients</th>
<th>Per Cent</th>
<th>Mean Number of Previous Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptist</td>
<td>43</td>
<td>51</td>
<td>2.1</td>
</tr>
<tr>
<td>Catholic</td>
<td>32</td>
<td>38</td>
<td>2.1</td>
</tr>
<tr>
<td>Pentecostal-Holiness</td>
<td>5</td>
<td>6</td>
<td>1.6</td>
</tr>
<tr>
<td>None</td>
<td>4</td>
<td>5</td>
<td>2.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>84</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

F = .24 with 3 and 80 d.f.

p < .86
TABLE XIV


<table>
<thead>
<tr>
<th>Variables</th>
<th>Correlation Coefficient</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Patient</td>
<td>.13</td>
<td>&lt;.21</td>
</tr>
<tr>
<td>Age Alcohol Use Started</td>
<td>-.18</td>
<td>&lt;.09</td>
</tr>
<tr>
<td>Number of Years of Alcohol Use</td>
<td>.37</td>
<td>&lt;.005</td>
</tr>
</tbody>
</table>
Age Alcohol Use Started. The mean age at which the patients in this study started using alcohol was 19.8 years. When the association between the age at which the patients started using alcohol and the number of previous treatments for alcohol addiction was analyzed using the correlation test, a negative association was found as shown by $r = -.18 \ p < .09$ (see Table XIV). The negative relationship suggests that the younger the patient was when alcohol use began, the more previous treatments reported for alcohol addiction. However, this association was not statistically significant at $p < .05$; therefore, the null hypothesis [that there is no significant difference between the number of previous treatments for alcohol addiction and the age alcohol usage started] could not be rejected.

Number of Years Alcohol Was Used. The mean number of years that the patients in this study used alcohol was 18 years. When the association between the number of years that the patients used alcohol and the number of previous treatments for alcohol addiction were analyzed using the coefficient test, a positive association was found as shown by $r = .37 \ p < .005$ (see Table XIV). The positive relationship indicates that the more the number of years that the patients reported having used alcohol, the more the number of previous treatments for alcohol addiction they reported.
Therefore, the association was statistically significant at p < .05, and the null hypothesis [that there is no significant relationship between the number of previous treatments for alcohol addiction and the number of years the alcohol was used] is rejected.

**Criminal History.** When the 84 patients in this study were categorized as to whether or not they had a criminal history, it was found that 71 per cent of the patients had a criminal history and 29 per cent did not. The patients who had a criminal history were found to have a mean number of 2.2 previous treatments for their alcohol addiction and those who did not have a criminal history had a mean number of 1.7. This association was not statistically significant at .05 level of probability as shown by F = 2.77 with 1 and 82 d.f. p < .10 (see Table XV).

Since the data indicated that there was not a statistically significant difference between having a criminal history and having had fewer previous treatments for alcohol addiction, the null hypothesis H03o [that there is no statistically significant difference between the number of previous treatments for alcohol addiction and criminal history] is accepted.

**Military Status.** When the 84 patients in this study were categorized as to whether or not they had been in the military, it was found that 42 per cent had
TABLE XV

A COMPARISON OF PATIENTS AT O'BRIEN HALF-WAY HOUSE, BATON ROUGE, LOUISIANA ACCORDING TO THE RELATIONSHIP BETWEEN CRIMINAL HISTORY AND THE NUMBER OF PREVIOUS TREATMENTS FOR ALCOHOL ADDICTION

FY 1983 - 84

<table>
<thead>
<tr>
<th>Criminal History</th>
<th>Number of Patients</th>
<th>Per Cent</th>
<th>Mean Number of Previous Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>60</td>
<td>71</td>
<td>2.2</td>
</tr>
<tr>
<td>No</td>
<td>24</td>
<td>29</td>
<td>1.7</td>
</tr>
</tbody>
</table>

TOTAL          | 84                 | 100      |                                   |

\[ x^2 = 2.77 \text{ with 1 and 82 d.f.} \]
\[ p < .10 \]
been in the military and 58 per cent had not. The patients who had been in the military were found to have had a mean number of 1.86 previous treatments for their alcohol addiction and those had not been in the military had a mean number of 2.37 previous treatments for their addiction. This association was not significant at .05 level of probability as shown by $F = 3.40$ with 1 and 82 d.f. $p < .06$ (see Table XVI).

Since the data indicated that there was not a statistically significant difference between being in the military and having fewer previous treatments for alcohol addiction, the null hypothesis $H_0$ [that there is no statistically significant difference between the number of previous treatments for alcohol addiction and military status] could not be rejected.

**DATA SOURCE FOR THE FOLLOW-UP STUDY**

Data on the 26 patients included in the follow-up study were gathered by personal interviews using a prepared interview schedule, Alcoholism Responsibility Scale (used to measure internal and external locus of control) developed by H. M. LeCourt, and research observations in a quasi-participant role. This phase of the research was severely restricted by the Director of O'Brien House. This restriction resulted from the administration's interpretation of an opinion on P.L. 92-255, which governs the confidentiality of records on
TABLE XVI

A COMPARISON OF PATIENTS AT O'BRIEN HALF-WAY HOUSE,
BATON ROUGE, LOUISIANA ACCORDING TO THE RELATIONSHIP BETWEEN
MILITARY STATUS AND THE NUMBER OF PREVIOUS TREATMENTS
FOR ALCOHOL ADDICTION

FY 1983 - 84

<table>
<thead>
<tr>
<th>Military Status</th>
<th>Number of Patients</th>
<th>Per Cent</th>
<th>Mean Number of Previous Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>35</td>
<td>42</td>
<td>1.86</td>
</tr>
<tr>
<td>No</td>
<td>49</td>
<td>58</td>
<td>2.37</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>84</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

$x^2 = 3.40$ with 1 and 82 d.f.
$p < .06$
patients and sets forth the penalties for violations.

Section 2.52-1 Research, Audit and Evaluation - Basis and Purpose Status includes the following:

"... You have indicated that when a former patient cannot be found at the address previously given to the program and no forwarding address is available, the study plan calls for inquiring as to the patient's current address of a relative or friend listed by the former patient as a person to whom disclosures might be made in the case of an emergency. In this communication, the former patient's relationship to the alcoholism treatment program would be revealed to the relative or friend.

The regulations permit disclosures of a patient's prior status if the patient's written consent is obtained in accordance with Subpart C and without the patient's written consent in accordance with Subparts D or E: (a) in a medical emergency, (b) to qualified personnel for research or program evaluations, or (c) pursuant to an authorizing court order.

It was pointed out to the Director of O'Brien House that the writer was considered a qualified researcher; the Training Office of the Division of Alcohol and Drug Abuse in DHHR called the director and verified the writer's research

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1 In the Observer-as-Participant role the researcher's identity is known, and the researcher interacts with members of the group without becoming fully involved in all activities of the group (Wagenaar, 1981: 105).
qualifications. However, the administration still interpreted this section to mean that if a telephone contact or a personal contact was made at the home of a patient, someone other than the patient talked to the researcher, and the researcher inquired into the whereabouts of the patient, this would constitute a violation of the law and the agency could be held liable and required to pay a fine of not more than $500 in the case of a first offense and not more than $5,000 in the case of each subsequent offense. The administration felt that the liability was too great; therefore, the personal interviews and all other inquiries as to the whereabouts of other patients were restricted to the patients who had returned to the O'Brien Halfway House for treatment. As a result of this restriction, additional data were gathered on 26 (33 per cent) of the 84 patients who were included in this study. Because of the small number of personal interviews conducted, these data will be presented primarily using frequencies to quantify various observations or responses.

Participant observation, according to Cole, "allows the sociologist to better understand other people by having been close in several ways to the people's lives described in the report" (Cole, 1981:48), although the researcher did not fully use the technique, she had worked with a number of these patients when they
were enrolled for treatment and had developed good rapport with them. Thus, the quasi-participant role seemed more appropriate. In an attempt not to be viewed in an authoritative position by those who were once again enrolled at O'Brien House, the researcher conducted these interviews at night and on week-ends. During these times, there was an atmosphere of being in a home situation and everybody seemed more equal.

The researcher attended a number of open Alcoholics Anonymous meetings with the patients and was given a 30-day sobriety chip(2) at one of the meetings. In addition to the A.A. meetings, the researcher was invited to attend a number of social outings at a local restaurant, Coffee Call, (in Catfish Town). It has been stated that rapport had already been developed. In addition, the researcher was accompanied by a recovering alcoholic who was well liked and respected by these patients.

Program Completion Status and Prior Number of Treatments

When the 26 patients in this follow-up study were categorized according to their completion status at

---

2 A sobriety chip is a token given at specific intervals, i.e. thirty days, one year, etc. in recognition of the period of alcohol abstinence.
O'Brien Halfway House, it was found that 10 patients were successful in treatment and 16 patients were unsuccessful.

When the 10 patients who completed treatment were further categorized according to the number of previous treatments for alcohol addiction, it was found that two of the patients did not have any previous treatments for alcohol addiction, six patients had one, one had four, and one had five previous treatments for alcohol addiction (see Table XVII).

When the 16 patients who did not complete treatment were categorized according to the number of previous treatments for alcohol addiction, it was found that one patient had one prior treatment for alcohol addiction, eleven patients had two, three had three, and one patient had four previous treatments (see Table XVII).

These limited data appear to suggest that there is a positive relationship between fewer previous admissions for alcohol addiction, and greater chances for success in subsequent admissions.

Present Situation of Patients

The categories for drinking behaviors and present living arrangements of the 26 patients were: (1) returned to drinking - once again enrolled as patients at the O'Brien Halfway House, (2) returned to previous drinking behavior - living in abandoned houses, (3)
TABLE XVII

A LIST OF THE 26 PATIENTS IN THE FOLLOW-UP STUDY AS COMPLETING OR NOT COMPLETING TREATMENT AT THE O'BRIEN HOUSE PROGRAM DURING FISCAL YEAR 1983-84 BY THE NUMBER OF PREVIOUS ADMISSIONS TO SUCH PROGRAMS

<table>
<thead>
<tr>
<th>Number of Previous Treatment Programs</th>
<th>Completed</th>
<th>Not Completed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>One</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Two</td>
<td>0</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Three</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Four</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Five</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>10</strong></td>
<td><strong>16</strong></td>
<td><strong>26</strong></td>
</tr>
</tbody>
</table>
returned to previous drinking behavior -living in the graveyard, and (4) remained sober -living in different arrangements than the one before entering into O'Brien Halfway House.

Four of the 26 patients were once again enrolled for treatment at the O'Brien Halfway House. One completed treatment and three did not. One of the patients who did not complete treatment and had returned to O'Brien Halfway House stated, "This time I am going to do it for myself. The last time I did it for a man, and when he left I had a slip."

When these four patients were further categorized according to previous number of treatments for alcohol addiction, it was found that two patients had had two previous treatments, one patient three, and one patient four treatments prior to enrolling at O'Brien House.

Five of the 26 patients were living in abandoned houses. Four of these patients did not complete treatment and one did. These houses were used throughout the city because there was not a defined "skid row" in Baton Rouge that could be identified like Camp Street in New Orleans where alcoholics could be found sleeping on the sidewalks. One of these patients asked the question, "Do ya'll have any empty beds at O'Brien House? Do you think you can get me in? It's getting ready to get cold, and I cannot spend the winter in here."
When these five patients were further categorized according to previous number of treatments for alcohol addiction it was found that: one patient had had one previous treatment for alcohol addiction; two patients two; and two had had three treatments for alcohol addiction prior to enrolling at O'Brien Halfway House.

Three of the 26 patients would spend their days on the local streets begging the passersby for money under the pretext of purchasing food, only to use the money to purchase additional alcohol. These few would spend their nights in the city graveyards in open-ended tombs. The researcher would have to arrive at the graveyard at about 6:30 a.m. to interview these patients before they would start their day. As a result of the early arrivals and the knocking on several tombs trying to find the one in which the patient slept, the researcher was given the name "little grave robber" by one of these patients. He remarked, "You must think that I am crazy for leaving O'Brien House to live out here. Man, I could not handle the way that old sissy counselor at Substance Abuse was always talking about wanting to make love to me. I might be a drunk, but I ain't no fag. I could be somewhere else, but I like the freedom out here - don't nobody bother me except you, little grave robber."

When these three patients were further categorized according to previous treatments for alcohol addiction,
it was found that one patient had had two, and two patients three previous treatments for alcohol addiction.

Fourteen of the 26 patients were sober. Eight of these patients completed treatment and six patients did not complete treatment. All of these patients were in different living arrangements from the one which they were a part before entry into the O'Brien House. One of these patients was living with a local minister and his wife. He stated, "As long as I lived with those guys in that apartment, all I did was drink. I have been in and out been in and out of all types of treatment around the country. Somehow, I knew that if I didn't make it this time, I would never make it. So, I had to go somewheres else."

When these fourteen were further categorized according to the number of previous treatments for alcohol addiction, it was found that two patients had had no previous treatments for addiction. Six patients had had one treatment; five patients two, and one had had five previous treatments for alcohol addiction.

**Locus of Control**

Locus of control involves the attempt of people to control their environment in important life situations (Rotter, 1982). The control can be perceived as being internal or external.
The role of reinforcement, reward, or gratification in acquisition and performance of knowledge and skills is very important. If a person perceives the reinforcement for his behavior as positive, he is most likely to repeat the behavior.

If the person perceives the reinforcement of his behavior to be based on his own behavior or the traits within himself, he is said to have an internal locus of control. The following are some statements that an alcoholic would make that would be attributed to an internal locus of control: "I can make it if I want to hard enough"; "I have chosen a poor solution to some of life's problems"; "I have learned to become an alcoholic"; and "If I make up my mind to quit drinking, I can do it."

If a person perceives the reinforcement of his performance to be the result of luck, chance, fate; the control to be the result of a powerful other, such as God; or as unpredictable because of forces surrounding him, such as voodoo, the person is considered to have an external locus of control. The following are some statements that alcoholics could make that would be attributed to an external locus of control. "If the cards are 'stacked against' me, I will never make it;' "I am a victim of bad luck or fate"; and "Without the right breaks, I don't stand a chance of staying sober."
The Alcoholism Responsibility Scale developed by H. M. LeCourt was used to measure the patients' locus of control. The scale consists of 64 item statements. Thirty-two items reflect internal locus of control and thirty-two an external locus. Each subject or topic has an external locus and internal locus statement. A "yes" response to one statement reflected an internal locus of control and a "no" response to the other statement reflected an external locus of control and vice versa. Many of these patients found some of the statements to be somewhat confusing. One patient asked, "Did you sit up in the ivory tower of LSU and make up dem questions? You should have asked some recovering drunk to help you with dem cause most of dem, don't make no sense."

**Analysis of Internal and External Locus of Control.**

All statements were positively scored, and scores reflect an ascending order of externality and internality. The mean score for the internal locus of control for the patients in this study was 21.15 out of a possible 32.00. When the association between number of previous treatments for alcohol addiction and the internal locus of control was analyzed using the correlation test, a negative association was found as shown by $r = -.50 \ p < .009$ (see Table XVIII). This
indicated that as internal locus of control increased, there was a significant likelihood of a reduction in the number of previous treatments. This association was highly significant statistically and the null hypothesis $H_0^{4a}$ (that there is no statistically significant relationship between the number of previous treatments for alcohol addiction and the internal locus of control) is rejected.

The mean score for the external locus of control was 20.23 out of a possible 32.00. When the association between the number of previous treatments for alcohol addiction and the external locus of control was analyzed using the correlation coefficient test, a positive association was found as shown by $r = .13$ $p < .52$ (see Table XVIII). However, this low correlation coefficient was not statistically significant at $p < .05$, and the null hypothesis $H_0^{4b}$ (that there is no statistically significant relationship between the number of previous treatments for alcohol addiction and the external locus of control) could not be rejected.

**Interview Schedule.** An interview schedule, developed through exploratory research and conferences with resource persons, was used to obtain some additional information on the 26 patients in the follow-up study. This information will be used to further describe the
A Comparison of the Patients Enrolled in the O'Brien Halfway House, Baton Rouge, Louisiana, by the Internal and External Locus of Control and Number of Previous Treatments for Alcohol Addiction.

FY 1983-84

<table>
<thead>
<tr>
<th>Variables</th>
<th>Correlation Coefficient</th>
<th>p</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Locus of Control</td>
<td>-.50</td>
<td>&lt; .009</td>
<td>21.15</td>
</tr>
<tr>
<td>External Locus of Control</td>
<td>.13</td>
<td>&lt; .52</td>
<td>20.23</td>
</tr>
</tbody>
</table>

(a) Maximum score = 32.00
present situations and life styles of the 26 patients, one year later, as related to the number of previous treatments for alcohol addiction.

The limited number of patients in the study, 26, severely restricted types of tests that could be used in this analysis. However, the analysis of variance at \( p < .05 \) level of probability was used to analyze these data. Frequencies will be used to describe these data as well as trends as they relate to the field of alcoholism.

Sobriety. Sobriety, freedom from the use of alcohol, is the ultimate goal of the alcoholism treatment program at O'Brien House. One year after treatment for alcohol addiction, fourteen of the 26 patients had maintained their sobriety and 12 had returned to their previous drinking behaviors. When the 14 who maintained their sobriety were categorized according to the number of previous treatments for alcohol addiction, it was found that these patients had a mean of 1.64 previous treatments. When the 12 patients who returned to their previous drinking behaviors were categorized according to the numbers of previous treatments for alcohol addiction, it was found this group had a mean number of 2.33 previous treatments. This association is not statistically significant at \( p < .05 \) level of probability as shown by \( F = 2.32 \) with 1 and 24 d.f. \( p < .14 \) (see
Table XIX). Therefore, the null hypothesis $H_{05a}$ (that there is no statistically significant difference between the number of previous treatments for alcohol addiction and sobriety) could not be rejected. However, this 86 per cent probability level does support the possibility that those patients with fewer previous treatments for alcohol addiction were more likely to gain sobriety; therefore, this difference cannot be ignored.

**Feelings of Inferiority.** Feeling inferior to others was the major reason that the patients in this study gave for their drinking behaviors. Fifteen of the 26 patients stated that they drank alcohol because of a feeling of inferiority and 11 patients gave other reasons, such as boredom, loss of a loved one, and depression. The fifteen who gave feelings of inferiority as the major reason for their drinking behavior had a mean number of 2.13 previous treatments for alcohol addiction and those who gave other reasons for drinking alcohol had a mean number of 1.72 previous treatments for alcohol addiction. This association was not significant at $p < .05$ level of probability as shown by $F = .74$ with 1 and 24 d.f. $p < .40$ (see Table XX). Therefore, the null hypothesis $H_{05b}$ (that there is no statistically significant difference between the number of previous treatments for
Table XIX

A Comparison of Patients Enrolled at O'Brien Halfway House, Baton Rouge, Louisiana, According to Sobriety and the Number of Previous Treatments for Alcohol Addiction.

FY 1983-84

<table>
<thead>
<tr>
<th>Sobriety Status Maintained</th>
<th>Number of Patients</th>
<th>Mean Number of Previous Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14</td>
<td>1.64</td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>2.33</td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
<td></td>
</tr>
</tbody>
</table>

F = 2.32 with 1 and 24 d.f.

p < .14
Table XX

A Comparison of the Patients Enrolled in the O'Brien Halfway House, Baton Rouge, Louisiana, by Selected Variables and Number of Previous Treatments for Alcohol Addiction.

FY 1983-84

<table>
<thead>
<tr>
<th>Selected Variables</th>
<th>Number of Patients</th>
<th>Mean Number of Previous Treatments</th>
<th>Analysis of Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings of Inferiority</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>15</td>
<td>2.13</td>
<td>$F = .74$ with 1 and 24 d.f.</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>1.72</td>
<td>$p &lt; .07$</td>
</tr>
<tr>
<td>Denial of the Existence of Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>25</td>
<td>1.88</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>4.00</td>
<td></td>
</tr>
<tr>
<td>&quot;Power&quot; Greater Than Oneself Can Restore to Sanity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>22</td>
<td>1.82</td>
<td>$F = 2.20$ with 1 and 24 d.f.</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>2.75</td>
<td>$p &lt; .15$</td>
</tr>
</tbody>
</table>
alcohol addiction and feelings of inferiority) is accepted.

Denial of the Existence of Problems Relating to Alcohol Use. As stated earlier in this study, it is estimated that the number of people in the United States who suffer from the disease alcoholism ranges upward from 9,000,000 people; however, only 15 per cent of these people seek help in solving their alcohol related problems. One of the reasons that some people do not seek help with these problems is that they deny that they have problems with alcohol. When the 26 patients in this study were categorized as to whether or not they perceived themselves as having alcohol-related problems, 25 of these patients indicated that they did have problems and one indicated no problems relating to the use of alcohol. It was noted that the one who denied the problem with alcoholism had had 4 previous treatments compared to 1.88 previous treatments for those who did not deny the existence of these problems.

"Power" Greater Than Oneself Can Restore Sanity. Alcoholics Anonymous is a major component used to help the patients at O'Brien Halfway House solve their alcohol-related problems. One of the twelve steps of A.A. includes the position that an alcoholic must come to the realization that a "Power" greater than himself or
herself can restore sanity. This phrase also teaches the patient to develop an external locus of control. In addition to fostering an external locus of control by teaching this philosophy, O'Brien Halfway House requires all patients to take antabuse, a drug used in aversive therapy which causes the patient to become violently ill when alcohol is consumed in any form.

Twenty-two of the 26 patients in this study indicated that only a "Power" higher than themselves can restore them to their sanity, and four indicated that they can restore themselves to their sanity. The 22 who indicated that only a "Power" higher than themselves could restore them to their sanity had a mean number of 1.82 previous treatments for alcohol addiction, and those who indicated that they could restore themselves to sanity had a mean number of 2.75. This association was not statistically significant at .05 level of probability as shown by \( F = 2.20 \) with 1 and 24 d.f. \( p < .15 \) (see Table XX). The null hypothesis (that there is no statistically significant difference between the number of previous treatments for alcohol addiction and a "Power" greater than oneself can restore sanity) cannot be rejected.
Chapter V

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Alcoholism is a leading health problem in the United States because of the large number of people who suffer from the disease. In East Baton Rouge Parish, there are approximately 17,000 alcoholics. The social costs of alcoholism for the primary persons affected by the illness, for their families, for their employers, and for their entire communities are incalculable.

Current estimates indicate that only 15 per cent of the nation's alcoholics enter into a treatment program to receive services for their problems. Premature terminations and erratic attendance at the alcoholism treatment facilities have been major obstacles in providing services to those who do enter into treatment.

Halfway houses came into existence in the 1950's to provide services to meet the needs of alcoholics who were in transition between the institution and the community. Halfway houses for skid row alcoholics are part of a package of decriminalizing chronic drunkenness. Before the halfway house concept in treatment, skid row alcoholics were said to have been treated with a series
of arrests, imprisonments, handouts, and exhortations to save their "mortal souls."

The theoretical framework for this study is based on previous research concerning the prior treatments that patients have had for alcohol addiction in various treatment programs and the relationship between the number of prior treatments and success with their addiction in subsequent programs.

This study examined whether or not the number of treatments for alcohol addiction that the patient has had prior to admission into O'Brien House (a halfway house) during fiscal year 1983-84 is associated with successful completion of the program. It further examined other selected variables that might be associated with (1) successful and unsuccessful completion of the O'Brien House program and (2) selected variables that might be associated with the number of previous treatments for alcohol addiction that the patient had prior to admission at O'Brien Halfway House. Finally, in a follow-up study involving as many of the above patients as could be located and interviewed, the study determined the drinking behavior and lifestyle one year later.

The study covered a period of one year - July 1, 1983, to June 30, 1984. A year's span of time was chosen to allow the study to include a representative sample of
the patients who enrolled for treatment, thereby avoiding biasing the sample with just those patients who enter into treatment during the various seasons of the year.

Data for the major part of the study were gathered from the case records kept by the program. Total number of 205 patients admitted during the year was reduced to 84 for the purpose of being included in the study. Twenty of the cases were eliminated because they were without sufficient data for the completion of the research questionnaire, 48 were eliminated because these patients were on hold to be transferred to another agency, and 53 were eliminated because these patients had problems relating to drugs other than alcohol.

Statistical tests used in analyzing the data were the chi square test, the analysis of variance, and Pearson's Product Moment Coefficient of Correlation. The .05 level of probability was used to determine whether hypotheses in the study should be accepted or rejected. Selection of the previously mentioned tests was determined by the nature of the data for the relationships.

Data were also gathered from 26 of the above-mentioned patients, through personal interviews by using a questionnaire, which was developed through exploratory research and conferences with resource persons, and the
Alcoholism Responsibility Scale developed by Le Court, which was used to measure internal-external locus of control. Frequencies were used to describe the selected variables, and analysis of variance to test for statistically significant differences in selected variables by completion of status.

General Characteristics of the Population

The general characteristics of the 84 patients included in this study were as follows:

1. All suffered from alcohol addiction.
2. All enrolled for treatment at O'Brien Halfway House during FY 1983-84.
3. Thirty-two successfully completed treatment; 52 did not successfully complete treatment.
4. Previous treatments for alcohol addiction were as follows:
   a. no previous treatment - 9
   b. one previous treatment - 18
   c. two previous treatments - 32
   d. three previous treatments - 11
   e. four previous treatments - 11
   f. five previous treatments - 3
5. There were 64 males and 20 females
6. There were 18 blacks and 66 whites
7. Age ranged from 18 to 65 years with a mean of 36 years.
8. Eleven patients had been married; 37 were never married; and 36 had been previously married but were later widowed, divorced, or separated.
9. Prior to enrollment, 29 patients lived with others -- i.e. family or friends -- and 55 lived alone.
10. Forty-seven were unskilled; thirteen were semi-skilled; and 24 were skilled.
11. At admission, 21 were employed and 63, unemployed.
12. At discharge, 44 were employed and 40, unemployed.
13. Forty-eight patients did not complete high school; 36 completed high school.
14. Forty patients stayed in treatment less than a month; 13 stayed one to two months; and 13 stayed three or more months.
15. There were 43 Baptists; 32 Catholics; 5 members of the Pentecostal Holiness Church's; and 4 did not list any religious affiliation.
16. Sixty patients had a criminal history, 24 did not.
17. Thirty-five patients had a military history and 49 did not.

18. Mean number of years since alcohol use was started was 19.8, and mean number of years alcohol was used was 18 years.

**Primary Problem of Study**

When the patients were further compared concerning the primary problem in this study, successful and unsuccessful completion of treatment, statistically significant differences were found between the success or lack of success in subsequent programs for alcohol addiction and the number of previous treatments for alcohol addiction ($p < .02$).

$H_{01}$, there is no statistically significant difference between the number of prior treatments for alcohol addiction and success or lack of success in subsequent programs for alcohol addiction is rejected. The more previous treatments for alcohol addiction, the less the chances are for success in subsequent programs for alcohol addiction.

**Secondary Problem of Study**

When the patients were further compared concerning a secondary problem in this study, subject background variables, statistically significant differences were found between success or lack of success in subsequent...
programs for alcohol addiction and selected variables as follows:

1. Patients stay in treatment for alcohol addiction \( (p < .02) \). Therefore, \( H_{O2g} \), there is no statistically significant difference between success in the program for alcohol addiction at the O'Brien House and length of stay in treatment, is rejected.

2. Living arrangements prior to enrollment \( (p < .02) \). Therefore, \( H_{O2h} \), there is no statistically significant difference between success in the program for alcohol addiction at the O'Brien House and living arrangements prior to enrollment into O'Brien House, is rejected.

Therefore, the null hypotheses, there is no statistically significant difference between success in the program for alcohol addiction at the O'Brien House and selected demographic and background variables cannot be rejected.

1. \( H_{O2a} \), sex \( (p < .47) \);
2. \( H_{O2b} \), race \( (p < .09) \);
3. \( H_{O2c} \), age \( (p < .29) \);
4. \( H_{O2d} \), support systems contacts while in treatment \( (p < .34) \);
5. \( H_{0e} \), last place of permanent residence \( (p < .80) \);

6. \( H_{0f} \), employment status at admission \( (p < .60) \).

**Number of Previous Treatments**

When the 84 patients in this study were further compared concerning the secondary problem in this study, number of previous treatments for alcohol addiction, and demographic and subject background variables, statistically significant differences were found at .05 level of probability between the number of previous treatments and selected variables. Therefore, the following hypotheses are rejected:

1. \( H_{0a} \), there is no statistically significant difference between the number of previous treatments for alcohol addiction and sex \( (p < .05) \).

2. \( H_{0e} \), there is no statistically significant difference between the number of previous treatments for alcohol addiction and marital status \( (p < .003) \).

3. \( H_{0f} \), there is no statistically significant difference between the number of previous treatments for alcohol addiction and support systems contacts while in treatment \( (p < .01) \); and there is no statistically significant
difference between the number of previous treatments for alcohol addiction and spouse support systems contacts ($p < .01$).

4. $H_{03g}$, there is no statistically significant difference between the number of previous treatments for alcohol addiction and last place of permanent residence ($p < .005$).

5. $H_{03h}$, there is no statistically significant difference between the number of previous treatments for alcohol addiction and education ($p < .01$).

6. $H_{03i}$, there is no statistically significant difference between the number of previous treatments for alcohol addiction and employment status at discharge ($p < .01$).

7. $H_{03j}$, there is no statistically significant difference between the number of previous treatments for alcohol addiction and age alcohol use started ($p < .05$).

There was not a statistically significant difference found at the .05 level of probability between number of previous treatments for alcohol addiction and demographic and subject background variables. Therefore, the following null hypotheses could not be rejected:

1. $H_{03b}$, age ($p < .21$);
2. $H_0^3_c$, race ($p < .95$);
3. $H_0^3_d$, living arrangements prior to enrollment at O'Brien Halfway House ($p < .10$);
4. $H_0^3_f$, support systems contacts with
   a) parents ($p < .28$),
   b) friends ($p < .06$),
   c) employer ($p < .11$),
   d) siblings ($p < .27$);
5. $H_0^3_i$, admission employment status ($p < .63$);
6. $H_0^3_j$, job skills ($p < .18$);
7. $H_0^3_k$, length of stay in treatment ($p < .16$).
8. $H_0^3_m$, religious affiliations ($p < .86$);
9. $H_0^3_n$, age alcohol use started ($p < .09$);
10. $H_0^3_p$, criminal history ($p < .10$); and
11. $H_0^3_q$, military status ($p < .06$).

**Tertiary Problem of Study**

There is a statistically significant difference at the .05 probability level between the number of previous treatments for alcohol addiction and one of the third problems of this study, internal locus of control, $p < .009$. Therefore, the following null hypothesis is rejected:

$H_0^4_a$, there is no statistically significant difference between the number of previous treatments for alcohol addiction and internal locus of control.
There is not a statistically significant difference at the .05 level of probability between the number of previous treatments for alcohol addiction and external locus of control ($p < .52$).

The following null hypothesis could not be rejected: $H_{04b}$, external locus of control ($p < .52$).

A statistically significant difference was not found between the number of previous treatments for alcohol addiction and the following selected demographic and background variables. Therefore, the following hypotheses could not be rejected:

1. $H_{05a}$, sobriety ($p < .14$);
2. $H_{05b}$, feelings of inferiority ($p < .40$);
3. $H_{05c}$, denial of existence of problems relating to alcohol use ($p < .15$);
4. $H_{05d}$, "Power" greater than oneself can restore to sanity ($p < .07$).

Conclusions

On the basis of the findings in this study, certain conclusions have been drawn pertaining to those findings that were relevant for the purpose of this study. The following statements interpret the major findings of the study:

1. The higher the number of previous admissions for alcohol addiction, the lower the chances
for success in subsequent admissions to O'Brien Halfway House. This finding generally supports research reported earlier in this report concerning a positive association between fewer previous treatments for alcohol addiction and success in subsequent programs (see Miller, 1968; Rosenblatt, 1969; Higgins, 1969; Maulsby, 1977; Carpenter, 1979; Bournazian, 1983; and Mayo, 1983).

2. The patients who were not successful in completing treatment lived alone before they enrolled in treatment at O'Brien Halfway House. This finding also generally supports earlier research reported in this study (see Cohen and Woemer, 1976).

3. The longer the length of stay of the patients enrolled in treatment, the more likely they will complete treatment successfully. This finding was also consistent with the research by Barden, et al (1983), which stated that time in treatment is important in the recovery from alcoholism since it is a disease that becomes worse with time and it takes time in treatment to reverse many of the inappropriate behaviors
that have become progressively worse with time.

4. Males were more likely to have had more previous treatments for alcohol addiction than females; therefore, males were more likely not to complete treatment than females. Perhaps this phenomenon exists because there was an under-representation of females in treatment, 64 males to 24 females. The finding is also inconsistent with the findings reported earlier by Sethna and Harrington (1971) where it was revealed that women were more likely not to complete treatment than men. More research on differences by sex concerning success of halfway house treatment would seem to be indicated.

5. The patients who were currently single, but once married (widowed, divorced, etc.), had more previous treatments for alcohol addiction than patients who were married or single, never married, patients and were least likely to complete treatment. This finding supports earlier reported research (Zax et al, 1961) which suggested that marital instability was characteristic of alcoholic patients and this
fact should not be minimized. Perhaps alcoholics are too impaired in their capacity for stable relationships involving mature responsibilities. Alcoholics who are poorly adjusted in marriage are often poorly adjusted in many other areas. However, in 1972, Altman et al conducted a study of the correlation between being divorced, separated, or widowed and not completing treatment. These factors were found to be negatively correlated with patients not completing treatment; therefore, the finding suggest further research on the issue.

6. Patients who did not have social support contacts, while enrolled in treatment, had more previous treatments for alcohol addiction than those who had social support system contacts; therefore, these patients were more likely not to complete treatment. This finding is consistent with the findings of Finlay (1978) which states alcoholics are better treatment prospects if they are actively in a social system than if they are not.

The patients whose social support system contacts came from their spouses, had had fewer
previous treatments than those whose contacts were parents, friends, employers, and/or siblings. Therefore, the finding from the study indicates patients whose social support systems contacts, while in treatment, were with their spouse were more likely to complete treatment. This finding is also consistent with findings of Sethna and Harrington (1971) which stated married patients are more likely to complete the treatment for alcohol addiction because the spouse usually encourages the patient to remain in treatment for his or her addiction.

7. The patients whose last place of permanent residence was outside of the state of Louisiana had more previous treatments for alcohol addiction than in state. This finding was consistent with the finding of Baekeland (1973) which stated that the patients most likely not to complete treatment were those who did not have a nuclear family, community ties, or other binding obligations, and who had with greater geographic mobility.

8. The patients in this study who did not complete high school had more previous treatments for
alcohol addiction than patients who completed high school. This finding was consistent with a study conducted by Dobb (1971) which stated that patients with more education generally stay in treatment longer than their counterparts.

9. The patients who were unemployed while enrolled at O'Brien Halfway House had more previous treatments for alcohol addiction than those who were employed; also these unemployed were more likely not to complete treatment.

10. There was a positive relationship between more years of alcohol use and more previous treatments for alcohol addiction. Also, the more years that the patients reported having used alcohol, the more likely they would drop out of treatment before completion.

11. The lower the internal locus of control score the more likely the patient has had a number of previous treatments for alcohol addiction, therefore; they are more likely to drop out of treatment.
Recommendations

The following are some recommendations presented from this study:

1. Patients who enrolled at the O'Brien Halfway House for alcohol addiction treatment should be encouraged to establish social support systems contacts while in treatment. If the social support control is with the spouse, the spouse should be included in the treatment process.

2. Patients should be encouraged to continue the transition from institution to the community in an orderly manner. The patients should be encouraged to seek and become a part of a positive social support system after having completed treatment.

3. The O'Brien Halfway House may want to reassess its program as it relates to female patients. It might examine whether or not the program has been primarily male oriented and females have therefore had to adjust to it, or is it that the females are not taking advantage of this type of service.

4. Additional research should be conducted on marital instability as a characteristic of the alcoholic patient as it relates to previous
treatments for alcohol addiction and success in treatment.

5. The patients should be encouraged to enroll in adult education programs or vocational rehabilitation programs to learn skills that will increase their ability to obtain a job, thereby improving the patients' chances for success in a halfway house.

6. Patients should be taught information related to the development of an internal locus of control, thereby, improving their chances for success in an alcoholism treatment program.

7. When decisions must be made concerning admission of patients into O'Brien Halfway House, with other factors appearing to be equal, an important factor which should be considered is the number of previous treatments for alcohol addiction as it relates to the possibility of success in treatment.

9. A majority of the patients enrolled in treatment for alcohol addiction at O'Brien Halfway House will drop out before successful completion. Therefore, the agency should develop some strategies to decrease the likelihood of patients dropping out of
treatment before successful completion of the program.
BIBLIOGRAPHY


Dodd, J., 1971. "A Retrospective Analysis of Variables Related to Duration of Treatment in a University Psychiatric Clinic." Journal of Nervous and Mental Disease, 151, 75-85.


I, Rudolph Bowden, Executive Director of O'Brien House, Inc. has given my permission for Barbara Quillen Humbles, who is a graduate student at Louisiana State University Department of Extension Education, to complete a research project at this facility involving a study of the attrition rate and variables which influence patients to drop out of a halfway house program.

I have requested that personal interviews and other inquiries into the whereabouts of former patients at O'Brien House be restricted to those patients who have returned to O'Brien House for treatment. This restriction is based upon the Federal Confidentiality Law which prohibits a researcher from making inquiries of the patient's family as to the patient's whereabouts. The violation of this Law could result in penalties of $500 to $5000 for which the agency would be liable.

Rudolph Bowden
APPENDIX B
Definition of Technical Terms

For the purpose of this study, these terms are defined as follows:

Abstinence - In the area of alcoholism, the state of being without alcohol on which the subject is dependent.

Alcoholism - Addition to or psychological and physiological dependency on the use of alcohol to the point that it is damaging to one's physical or emotional health, interpersonal relationships, or economic functions. The inability of a person to do without drinking or to limit his drinking once he starts.

Antabuse - Disulfiram, a drug used in aversive treatment of alcoholism. It blocks the normal metabolism of alcohol and produces increased blood concentration of acetaldehydes, which causes very unpleasant reactions when alcohol is consumed in conjunction with this medication.

Anxiety - Apprehension, tension, or uneasiness that stems from the anticipation of danger, the source of which is largely unknown or unrecognized.

Attrition - Premature termination of a patient from an alcoholism program before the patient begins to realize maximum benefits from the service; dropping out of treatment prematurely.

Attrition Rate - Percentage of patients who drop out of an alcoholism treatment program prematurely. It will be calculated by the following formula:

\[
\text{Splitting} = \frac{\text{Drop Outs}}{\text{Admission}} \times 100
\]

Consortium - Partnership; association; an agreement among agencies within the alcohol treatment system to give aid to the patients in the system.

Correlation - The correlation is said to be positive when high scores on one variable associate with high scores on another variable, or when low scores on the first variable associate with low scores on the second.
Demographic - Science dealing with statistics of human populations.

Depression - A morbid sadness or dejection.

External Locus of Control - Outside factors to which a person attributes control over his environment.

Family of Orientation - The family unit into which you are born.

Family of Procreation - The family unit in which you are a spouse or mate which will produce children.

In-patient - One of the four modalities of treatment within the alcoholism treatment delivery system. This treatment is characterized by the patient being physically removed from his regular environment for a period of 90 days.

Impulsivity - A sudden inclination or tendency to act.

Internal Loss of Control - The internal or inward factors that a person feels gives him control over his environment.

Lapse - A slipping or falling away; dropping out.

Married - Will include patients who are legally married, common law married, or consider themselves married.

Minnesota Multiphasic Personality Inventory (MMPI) - Test (cognitive) instrument used in the identification of personality characteristics.

National Institute on Alcohol Abuse and Alcoholism (NIAAA) - A federal government agency located in the Department of Human Resources which has the responsibility for funding and overseeing the operations of alcoholism treatment program.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurosis</td>
<td>An emotional maladaptation characterized chiefly by anxiety arising from some unresolved, unconscious conflicts.</td>
</tr>
<tr>
<td>Out-patient</td>
<td>One of the four modalities of treatment within the alcoholism treatment delivery system. This program is characterized by patients living in their own environment and visiting the treatment program for a minimum of one (1) service per week.</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>The generic term for any type of treatment that is based primarily upon the verbal or nonverbal communication with the patient as distinguished from the use of drugs.</td>
</tr>
<tr>
<td>Resentment</td>
<td>The feeling that one has been injured or insulted.</td>
</tr>
<tr>
<td>Semi-Skilled Labor</td>
<td>Job that requires limited skill, training, or ability, such as painter, cashier.</td>
</tr>
<tr>
<td>Separated</td>
<td>Not living with spouse, whether legally separated or not.</td>
</tr>
<tr>
<td>Significant</td>
<td>A statistical term used to indicate that the results of a study are not simply a matter of chance.</td>
</tr>
<tr>
<td>Skilled Labor</td>
<td>Job requiring specialized ability or training, such as carpenter, nurse's aid, computer operator, secretary, electrician, welder, automobile mechanic, plumber.</td>
</tr>
<tr>
<td>Social Stability</td>
<td>Terms used to indicate that a person is living in conditions that characterize steadfastness of purpose, such as married, living with family of procreation, and employed.</td>
</tr>
<tr>
<td>Socioeconomic</td>
<td>Terms that are both social and economic.</td>
</tr>
</tbody>
</table>
APPENDIX C
BACKGROUND FOR STUDY

Setting. The study was focused on the halfway house program at O'Brien House, Inc., located at 1231 Laurel Street, Baton Rouge, Louisiana. According to Pat O'Brien, one of the founders of O'Brien House, this agency was incorporated in 1971 as a private, non-profit organization for the purpose of providing therapeutic, halfway house services to individuals with problems relating to the misuse of alcohol. In 1979, O'Brien House began to provide services to individuals with problems relating to other drugs in addition to alcohol. According to Haertzen et al (1975) and Monroe et al (1975), who conducted studies in which persons labeled alcoholics and other drug addicts were presented matched items, it was found that alcoholics tended to ascribe the same beneficial properties and desirable effects to alcohol as the other addicts did to their drug of choice. The fact that the drugs were pharmacologically different did not influence their responses. Therefore, it appeared that needs of these individuals are similar.

O'Brien House provides services to individuals who are unemployed and have no other place to live. These individuals would otherwise spend time in jail or on skid row. This agency provides food, clothing, shelter,
psychotherapy treatment - which includes Alcoholics Anonymous meetings, supervised antabuse treatment, chances for employment, a haven from skid row and contact with sober former skid row persons.

In order for an individual to be eligible for admission to O'Brien House, the person must meet the following criteria: (1) be at least 18 years of age, (2) be ambulatory, (3) be able to take daily dosages of antabuse, (4) be able to find/seek employment, and (4) be able to enroll in school to obtain skills that will enhance his/her employment potential.

Treatment Models. The O'Brien House services encompass three models of treatment for alcoholism: (1) the Alcoholics Anonymous program, (2) psychoanalysis, and (3) the "new" medical program. In each model, there are differences and similarities in the definition of alcoholism, in beliefs about etiology, behavior, treatment, prognosis, and personnel used in treatment, in the rights and duties of the families, and in the rights and duties of society.

According to Siegler et al (1968), the Alcoholics Anonymous Model defines alcoholism as an incurable, progressive, and often fatal disease. Alcoholism is also considered a spiritual problem for alcoholics. Alcohol is poison to an alcoholic, though not to others.
An alcoholic is a person whose life has become intolerable through the use of the drug. The theory on which this model is based is that alcoholics are emotionally impaired people who drink to cover up their inadequacies. The result of this drinking behavior is that the body chemistry causes them to become addicted to alcohol, thereby creating a circular process of further inadequacies and further drinking. The alcoholic's behavior is said to be motivated by his/her need to get enough of the drug to control withdrawal symptoms. According to the A.A. model, the best treatment for an alcoholic is permanent, continuous involvement in A.A. This model further stresses that with the help of A.A., alcoholism can be arrested, although never cured. The prognosis is said to be hopeless, without A.A. Recovering Alcoholics who were helped through this model are permanently charged with helping other alcoholics who ask for help. The members of A.A. also feel that it is difficult for anyone who is not an alcoholic to understand the world of the alcoholic. This model further states that alcoholics have the same rights as any other patient with a serious illness. The families of alcoholics have the right to be treated as any other family having a member with a serious illness. The family also has the duty to seek help from A.A. and its affiliated family groups.
Finally, the A.A. model states that society has the right to be spared the dangers and social costs of the disease alcoholism. Society ought to recognize that A.A. is the only existing therapy that has a sustained and growing record of success.

The psychoanalytic model, according to Siegler et al (1968), defines alcoholism as the symptom of a deep, underlying neurosis. Alcoholics are addictive personalities. The theory on which this model is based is that the alcoholic is an infantile person and the key to understanding his inability to achieve maturity lies in the early emotional experiences of this person. The behavior of the alcoholic should be interpreted as a symbolic means of expressing unconscious conflicts. This model states that the only treatment for alcoholism is psychotherapy just as it is for all other neurosis. This model further states that the prognosis for the alcoholic is not encouraging because psychotherapy may be needed for a long period of time to help lead the patient into a more mature attitude toward life. The personnel treating the alcoholic should be trained in psychotherapy. The alcoholic has the right to have alcoholism seen as a symptom of an underlying conflict rather than as a moral failure. The family has the right to have its alcoholic relative seen as a person with a neurosis, not as immoral. Finally, this model
states that society does not have any special rights in connection with the alcoholic neurosis; however, it does have the duty to encourage families to raise emotionally healthy children who will not become alcoholics and to provide some kind of low-cost psychotherapy for families that need it.

The final model of alcoholism on which the treatment services at O'Brien House are based is called the "new" medical model. This model is very similar to the psychoanalysis and Alcoholics Anonymous model. According to Siegler et al (1968), alcoholism is defined as a progressive, often fatal, disease that is possibly hereditary. Alcoholics are sick people whose body chemistry is such that they can become addicted to alcohol. The patient that can be diagnosed as an alcoholic exhibits a number of symptoms that distinguishes him/her from a schizophrenic, manic-depressive, or a person with head injuries.

The theory on which this model is based is that alcoholics may have a defect in metabolism, possibly amino acids. There are also probably some sociocultural and psychological factors that contribute to this disease. The "new" medical model agrees with the Alcoholics Anonymous model that the behavior of an alcoholic stems from the need to control withdrawal symptoms. The treatment of an alcoholic should consist
of medicines that will help the alcoholic to abstain from drinking without impairing his/her health. The prognosis at the present is grave; however, medical science will provide new information, new treatment, and new preventive measures for alcoholism. Physicians who are aided by nurses, psychotherapists, and social workers are the proper personnel for treating alcoholics. Finally, the alcoholic's rights, the family's rights, and the rights of society in this model are similar to those of the Alcoholics Anonymous Model. The alcoholic has the right to be treated as a medical patient with a serious illness, the family of the alcoholic has the right to be treated as a family with a seriously ill member, and society has the right to be spared the dangers and social cost of the disease alcoholism.

Treatment Consortium

O'Brien House was a part of the District II Treatment Consortium. The consortium consisted of a number of agencies in East Baton Rouge Parish which, through a written agreement, provide treatment to patients addicted to drugs. The other agencies in the consortium were: the Baton Rouge Detoxification Center, which provided in-patient physiological drug withdrawal treatment; the Baton Rouge Substance Abuse Center, which provided outpatient psychotherapy and antabuse therapy;
East Louisiana State Hospital in Jackson, Louisiana, which provided in-patient treatment, and Greenwell Springs, which provided in-patient treatment for adolescents. This was the only treatment consortium in the state of Louisiana.

Patient Flow

A patient may be referred to O'Brien House by another treatment agency in the city or be self-referred. There were no involuntarily committed patients. All potential patients were sent to the Baton Rouge Substance Abuse Center, where they were screened for admission into the consortium. If accepted as a patient, the individual was referred to Baton Rouge Detoxification Center for five to seven days to be physiologically withdrawn from drugs. After detoxification was completed, the patient was sent to O'Brien Halway House, then referred to East Louisiana State Hospital for a 30-day in-patient treatment program. After this in-patient treatment was completed, the patient could return home and receive outpatient psychotherapy and antabuse therapy at the Baton Rouge Substance Abuse Clinic. However, a number of patients did not have a home to which to return after discharge; therefore, these patients were referred to O'Brien House, which provided an alternative to sleeping in the streets or spending time in jail. These patients
usually stayed at O'Brien House for three months; however, this time could be extended.

During this period of time, the patient was required to seek employment or enroll in school, obtain an alternative "normal" living arrangement, take daily dosages of antabuse, attend A.A. meeting, and participate in psychotherapy. Psychotherapy was performed at O'Brien House on a limited basis; however, intensive outpatient psychotherapy was provided to these patients at the Baton Rouge Substance Abuse Clinic.

**Program Outcome.** O'Brien House considered the patients as having successfully completed the program if they: (1) remained sober while at the facility, (2) found an alternative "normal" living arrangement — i.e., an apartment, living accommodations with friends, family, etc. — and/or (3) found a job. Treatment was considered unsuccessful or prematurely terminated if the person: (1) returned to drinking while at the facility, and/or (2) left the program overnight without approval.

**Patient General Characteristics.** The general characteristics of the patients at O'Brien House during fiscal year 1983-84 were as follows: (1) drug dependent — i.e., alcohol, cocaine, marijuana, hallucinogens, or pills; (2) males and females; (3) black and white; (4) at least 18 years old; (5) unemployed; and (6) having no place to live. These
patients were referred to as derelicts or members of skid row.

**Staff.** During the 1983-84 fiscal year, the staff at O'Brien House consisted of an executive director, a housekeeper-counselor, assistant housekeeper, two cooks, and two desk persons. The housekeeper-counselor also served as the general manager and the monitor of antabuse therapy and urine collection.

The majority of the staff are recovering alcoholics who have had very little formal training in the treatment of addictive behaviors.
APPENDIX D
INTERVIEW SCHEDULE

Directions: The following is a list of questions which have been designed to better understand some of the factors which influence patients to drop out of treatment before they realize the maximum benefits of the services. Please answer the questions with the words that best describe the way you feel about the questions.

1. Have you remained sober since you left treatment at the O'Brien House?
   Yes ____________ No ____________
   If yes, how long have you been sober?
   Years ____________ Months ____________

2. How old were you when you first came to the realization that drinking was a problem for you?
   Years ____________

3. How many years were you abusing alcohol when you came to this realization (that alcohol was a problem for you)?
   Years ____________

4. How much alcohol did you drink per day? ____________

5. Are you employed? Yes ______ No ______
   If yes, what type of job do you have? ____________
   How much is your yearly income from this job? ____________
   Does your employer know that you have received treatment for alcoholism? ____________
   Does your employer support you in your recovery? ______
   If no, what is your source of income? ____________

6. To what extent would you say that you are afraid? Would you say that you are afraid --
   Most of the time ____________
   Some of the time ____________
   Seldom ____________
   Never ____________

If you are afraid, how do you handle this emotion?

__________________________________________________________________________________________
7. Do you feel inferior to others? Yes ___ No ___
   If yes, do you feel equally inferior to all people?
   Yes _____ No _____ Not Applicable ______
   What type of people do you feel inferior to?
   ____________________________
   ____________________________
   How do you handle this emotion?
   ____________________________

8. To what extent do you still have the desire to drink?
   Very Often ____________________
   Fairly Often __________________
   Occasionally _________________
   Seldom _________________________
   Never __________________________
   If you still have this desire, how do you handle this emotion?
   ____________________________

9. To what extent do you avoid the old friends that you had when you were drinking? Would you say you avoid them --
   Very Often ____________________
   Fairly Often __________________
   Occasionally _________________
   Seldom _________________________
   Never __________________________

10. To what extent do you feel powerless over alcohol?
    Completely Powerless ______
    Somewhat Powerless ______
    Not Powerless at All ______

11. To what extent are you depressed?
    Very Often _________________
    Fairly Often _________________
    Occasionally _________________
    Seldom _________________________
    Never __________________________
    When you feel depressed, how do you handle this emotion?
    ____________________________
12. To what extent are you bored? Would you say --
   Very Often __________________
   Fairly Often _______________
   Occasionally ______________
   Seldom _____________________
   Never ______________________

   When you are bored, how do you handle this emotion?

13. To what would you say that you are in control of your temper? Would you say --
   Most of the time _____________
   Some of the time ____________
   Seldom ______________________
   Never _______________________  

   What do you do to stay in control of your temper?

14. To what extent would you say that you make excuses for your behavior? Would you say --
   Most of the time _____________
   Some of the time _____________
   Seldom ______________________
   Never _______________________ 

15. To what extent would you say that you are cunning in your dealings with other people? Would you say --
   Most of the time _____________
   Some of the time _____________
   Seldom ______________________
   Never _______________________ 

16. I have come to believe that a power greater than myself can restore me to my sanity.
   Yes _________   No _________

17. I have admitted to myself and another individual that I am an alcoholic.
   Yes _________   No _________

18. I do the first that comes to my mind.
    Yes _________   No _________

19. I can still drink a small amount of alcohol now if I want to and nothing will happen to me.
    Yes _________   No _________
20. To what extent do you make an attempt to make amends to others if to do so will not injure them or yourself?
   Most of the time _____________
   Some of the time _____________
   Seldom _________________
   Never _________________

21. I try to be available to help anyone else who is suffering from alcoholism.
   Yes _______________ No __________

22. To what extent do you feel that you are taking care of yourself physically, that is your health? Would you say --
   Very well _______________
   Somewhat well ____________
   Not well at all __________

23. To what extent has not drinking improved your economical situation? Would you say --
   Very much _______________
   Somewhat _______________
   Not much at all ____________

24. To what extent does other people's attitude toward you affect you?
   Very much _______________
   Somewhat _______________
   Little ______ None ______

25. To what extent do you feel that other people are supporting on encouraging you in your recovery?
   Very much _______________
   Somewhat _______________
   Little ______ None ______

26. Are you self conscious of your behavior when it is inappropriate in a given situation?
   Yes _______________ No __________

   If yes, how you correct it?

27. Do you find yourself in conflict with others?
   Yes _______________ No __________

   If yes, would you say that you are in conflict with others?
   Most of the time __________
   Some of the time __________
   Seldom ______ Never ______
28. Do you find yourself experiencing internal conflict?
   Yes ________  No ________

   If yes, would you say that you experience internal conflict --
   Most of the time ___________
   Some of the time ___________
   Seldom _____  Never ______

   How do you handle this emotion?

29. To what extent has your Higher Power been a force in your recovery? Would you say --
   Very much ___________________
   Somewhat ____________________
   A Little _____________________
   Not at all ____________________

30. Who do you choose to call your Higher Power? ______

31. What has been the most effective method in redeveloping your spiritual awareness?

I WOULD LIKE TO ASK YOU A FEW PERSONAL QUESTIONS --

32. How old were you on your last birthday? ______

33. Indicate sex --   Female ________  Male ______

34. Indicate race --   Black ________  White ______
   Specify Others _______________

35. How many years of school have you completed? ______

36. Have you ever been married?   Yes ___  No ___
   If yes, are you still living with your spouse?
      Yes ___  No ___
   If you are single, do you still live with your parents?
      Yes ___  No ___
   If no, with whom do you live? _______________
37. When you were in treatment, did anyone visit or support you?  .

   Yes ______ No ______

If yes, who? _____________________________________________

38. Have you ever attempted to get help for your alcoholism before now?  Yes ______ No ______

If yes, how many times?  ______________________

Did you complete the treatment at that program?  Yes _______ No ______

If no, why not? ____________________________________________
ALCOHOLISM RESPONSIBILITY SCALE

Directions: The following is a list of questions which have been designed to better understand some of the factors which influence patients to drop out of treatment before they realize the maximum benefits of the services. Please answer the questions appropriately.

I more strongly believe that:

1a) I can "make it" if I want to hard enough.
1b) If the cards are "stacked against" me, I will never "make it."

2a) I am the victim of bad luck or fate.
2b) I have chosen a poor solution to some of life's problems.

3a) I have learned to become an alcoholic.
3b) Heredity played a major role in becoming an alcoholic.

4a) My drinking is a "disease."
4b) My drinking is a poor solution to problems in my life.

5a) If I could understand why I got this way, I would be well on my way to being cured.
5b) My behavior reflects what I place the most value in—alcohol or family, job, etc.

6a) I am "sick" or "ill."
6b) I am "irresponsible."

7a) I was born to be an alcoholic.
7b) The experiences I have had and how and how I have reacted to them played a large part in determining whether I would become an alcoholic.

8a) I can be the biggest "con man" in the world.
8b) I am the victim of society and others around me.
9a) I am just no good and I probably never will be.  
   b) I can be rehabilitated but only with my help.  

10a) If I make up my mind to quit drinking, I can do it.  
   b) Without the "right breaks," I don't stand a chance of staying sober.  

11a) The Service is the main reason why I was forced into drinking in the first place.  
   b) I can choose to refuse a drink even if others expect me to drink with them.  

12a) What happens to me, as an alcoholic, is up to me.  
   b) I don't have very much control over the direction my life takes.  

13a) My staying sober involves taking responsibility for my behavior and placing more value on sobriety than on drunkenness.  
   b) If I could get the "right breaks," I could kick the habit.  

14a) I would give anything to stay sober.  
   b) If I placed more value in staying sober than in drowning my troubles in alcohol, I would stay sober.  

15a) Other people can drive me to drink.  
   b) I have repeatedly chosen the easy way out of bad situations.  

16a) I can make the choice to not drink no matter how my parents have treated me.  
   b) My parents don't realize how much they have put me on the road to alcoholism.  

17a) Physical problems often cause me to drink too much.  
   b) My drinking too often causes me physical problems.
18a) If people understood me better, they would realize that I can't help myself.
b) I earn most of the contempt that others show toward me.

19a) I have made the choice of becoming an alcoholic, not other people.
b) If society were different, I wouldn't have had to become an alcoholic.

20a) I need a rehabilitation program that will help me.
b) I need to take an active part in my own treatment, whenever I seek help.

21a) I have given my life over to alcoholism.
b) Alcoholism has taken over my life.

22a) I certainly get a "raw deal" in life.
b) I generally get what I ask for in life.

23a) When pressure builds up, I can't keep from drinking.
b) Even when things are tough, I am responsible for staying sober.

24a) If I haven't stayed sober, it has been because sobriety wasn't important enough to me.
b) Sometimes no matter how hard I try, I can't seem to stay sober.

25a) I can control other people with my drinking behavior.
b) When I am drunk, I am an easy victim of other people's manipulations.

26a) If anyone really cared about me, I wouldn't have to drink.
b) If I cared enough about other people, I wouldn't drink.

27a) I can't justify my drinking by focusing on a "rough childhood" or a lost marriage.
b) A woman is the major cause of my being pushed into alcoholism.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>28a) I am responsible for choosing my way of life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Things that have happened to me have pushed me toward alcoholism.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29a) Alcoholism is a behavior problem that only I can change.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Doctors will soon find a cure for my drinking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30a) I have made the choice to drink or not to drink everyday.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) When a way of life, like alcoholism, took over my life it was almost impossible to change.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31a) I can't excuse myself for drinking just because I get frustrated by other people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) When hospital staff give me a &quot;bad time,&quot; they are driving me to drink.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32a) My alcoholism was likely caused by my being influenced by other drinkers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) I have likely chosen the kind of friends that give me an excuse to drink.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PATIENT SUMMARY

1. Patient Reference Number

2. Sex

3. Race/Ethnic Background

4. Age at last birthday

5. Date of Admission to their Program

6. Source of Referral

7. Did Patient have any previous treatment attempts?
   If yes, how many? 
   Did patient complete treatment at last program?

8. Marital Status
   If married, was patient still living with spouse at admission?
   If single, was patient still living with parents at admission?

9. Did patient have support contacts while in treatment?
   If yes, with whom?

10. What was patient's last place of residence?

11. Did patient return home after treatment?

12. What was the highest school year completed?

13. What was employment status at admission?

14. What type of job skill did the patient have at admission?

15. What was the patient's source of income?
16. What was patient's admission diagnosis?

17. When did patient leave program?

18. How long did patient stay at O'Brien House?

19. What was the patient's employment status at discharge/drop out?

20. Reason for discharge -

21. What was the religious affiliation of patient?

22. Type(s) of drug used -

23. How many different drugs did patient use?

24. What age did patient start using drugs?

25. How long has patient used drugs?

26. Was patient in military service?
   If yes, which one?
   How long?
   Was patient in combat?

27. Does patient have a criminal history?
   If yes, which one?

28. Was treatment made?

29. How long was patient sober at admission?
APPENDIX G - TABLE I

A COMPARISON OF PATIENTS WHO WERE SUCCESSFUL AND UNSUCCESSFUL IN COMPLETING TREATMENT AT THE O'BRIEN HALFWAY HOUSE BY SEX BATON ROUGE, LOUISIANA FY 1983 - 84

<table>
<thead>
<tr>
<th>Sex</th>
<th>Successful</th>
<th>Unsuccessful</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>72</td>
<td>79</td>
<td>76</td>
</tr>
<tr>
<td>Female</td>
<td>28</td>
<td>21</td>
<td>24</td>
</tr>
</tbody>
</table>

TOTAL 100 100 100

\[ X^2 = .53 \text{ with 1 d.f.} \]
\[ p < .47 \]
**APPENDIX G - TABLE II**

**A COMPARISON OF PATIENTS WHO WERE SUCCESSFUL AND WHO WERE UNSUCCESSFUL IN COMPLETING TREATMENT AT THE O'BRIEN HALFWAY HOUSE BY RACE**  
Baton Rouge, Louisiana - FY 1983 – 84

<table>
<thead>
<tr>
<th>Race</th>
<th>Successful N = 32</th>
<th>Unsuccessful N = 52</th>
<th>Total N = 84</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>31</td>
<td>15</td>
<td>21</td>
</tr>
<tr>
<td>White</td>
<td>69</td>
<td>85</td>
<td>79</td>
</tr>
</tbody>
</table>

**Per Cent by Race**

\[ x^2 = 2.96 \text{ with } 1 \text{ d.f.} \]
\[ p < .09 \]

| Total | 100 | 100 | 100 |
APPENDIX G - TABLE III

A COMPARISON OF PATIENTS
WHO SUCCESSFULLY COMPLETED AND WHO WERE UNSUCCESSFUL IN COMPLETING
TREATMENT AT THE O'BRIEN HALFWAY HOUSE BY AVERAGE AGE
BATON ROUGE, LOUISIANA - FY 1983 - 84

<table>
<thead>
<tr>
<th>Average Age</th>
<th>Successful</th>
<th>Unsuccessful</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 36</td>
<td>N = 32</td>
<td>N = 52</td>
<td>N = 84</td>
</tr>
<tr>
<td>Above Average</td>
<td>66</td>
<td>54</td>
<td>58</td>
</tr>
<tr>
<td>Below Average</td>
<td>34</td>
<td>46</td>
<td>42</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

\[ x^2 = 1.13 \text{ with 1 d.f.} \]
\[ p < .29 \]
### APPENDIX G - TABLE IV

A COMPARISON OF PATIENTS WHO SUCCESSFULLY COMPLETED AND THOSE WHO WERE UNSUCCESSFUL IN COMPLETING TREATMENT AT O'BRIEN HALFWAY HOUSE ACCORDING TO LIVING ARRANGEMENTS PRIOR TO ENROLLMENT BATON ROUGE, LOUISIANA - FY 1983 - 84

<table>
<thead>
<tr>
<th>Living Arrangements Prior to Enrollment</th>
<th>Successful N = 32</th>
<th>Unsuccessful N = 52</th>
<th>Total N = 84</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Others</td>
<td>19</td>
<td>44</td>
<td>35</td>
</tr>
<tr>
<td>Living Alone</td>
<td>81</td>
<td>56</td>
<td>65</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

\[ x^2 = 5.069 \text{ with } 1 \text{ d.f.} \]
\[ p < .02 \]
APPENDIX G - TABLE V

A COMPARISON OF PATIENTS WHO COMPLETED AND DID NOT COMPLETE TREATMENT AT THE O'BRIEN HALFWAY HOUSE BY WHETHER OR NOT THEY HAD SUPPORT SYSTEMS CONTACTS WHILE IN TREATMENT
BATON ROUGE, LOUISIANA - FY 1983 - 84

<table>
<thead>
<tr>
<th>Support System Contacts</th>
<th>Successful</th>
<th>Unsuccessful</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 32</td>
<td>N = 52</td>
<td>N = 84</td>
</tr>
<tr>
<td>Yes</td>
<td>38</td>
<td>48</td>
<td>44</td>
</tr>
<tr>
<td>No</td>
<td>62</td>
<td>52</td>
<td>56</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

\[ X^2 = .90 \text{ with 1 d.f.} \]
\[ p < .34 \]
APPENDIX G - TABLE VI

A COMPARISON OF PATIENTS WHO SUCCESSFULLY COMPLETED AND THOSE WHO WERE UNSUCCESSFUL IN COMPLETING TREATMENT AT THE O'BRIEN HALFWAY HOUSE BY LAST PLACE OF PERMANENT RESIDENCE

BATON ROUGE, LOUISIANA - FY 1983 - 84

<table>
<thead>
<tr>
<th>Last Place of Permanent Residence</th>
<th>Per Cent by Last Place of Permanent Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Successful (N = 32)</td>
</tr>
<tr>
<td>Baton Rouge, La.</td>
<td>28</td>
</tr>
<tr>
<td>City Outside of Baton Rouge</td>
<td>72</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

$x^2 = .07$ with 1 d.f.

$p < .80$
APPENDIX G - TABLE VII

A COMPARISON OF PATIENTS WHO SUCCESSFULLY COMPLETED AND WHO WERE UNSUCCESSFUL IN COMPLETING TREATMENT AT THE O'BRIEN HALFWAY HOUSE BY STATUS OF ADMISSION
BATON ROUGE, LOUISIANA - FY 1983 - 84

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Successful N = 32</th>
<th>Unsuccessful N = 52</th>
<th>Total N = 84</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>28</td>
<td>23</td>
<td>25</td>
</tr>
<tr>
<td>Unemployed</td>
<td>72</td>
<td>77</td>
<td>75</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

\[ x^2 = .27 \text{ with 1 d.f.} \]
\[ p < .60 \]
APPENDIX G - TABLE VIII

A COMPARISON OF PATIENTS WHO SUCCESSFULLY COMPLETED AND THOSE WHO WERE UNSUCCESSFUL IN COMPLETING TREATMENT AT O'BRIEN HALFWAY HOUSE BY LENGTH OF STAY IN TREATMENT
BATON ROUGE, LOUISIANA - FY 1983 - 84

<table>
<thead>
<tr>
<th>Length of Stay in Treatment</th>
<th>Successful N = 32</th>
<th>Unsuccessful N = 52</th>
<th>Total N = 84</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a Month</td>
<td>28</td>
<td>60</td>
<td>48</td>
</tr>
<tr>
<td>A Month</td>
<td>22</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>More than a Month</td>
<td>50</td>
<td>29</td>
<td>37</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

$X^2 = 7.90$ with 2 d.f.  
$p < .02$
V I T A

Barbara Ann Quillen Humbles was born in Bogalusa, Louisiana, on May 30, 1952. She graduated from Bogalusa High School in 1970. In 1974 she was awarded a Bachelor of Science Degree in Social Welfare from Southern University in Baton Rouge, Louisiana. She received Summa Cum Laude honors during the graduation ceremony.

Following graduation, she worked at the Margaret Dumas Mental Health Center as a counselor. In 1975, she enrolled in the University of Alabama and received the Master of Social Work degree in 1976. Following graduation she worked for the State of Louisiana, Division of Substance Abuse, as an administrator in contract treatment services. In 1979 she received a fellowship from the National Institute of Drug Abuse Management Internship Program and enrolled at Louisiana State University. In 1981 she worked as an alcohol and drug abuse consultant for the Human Resources Development Corporation. In 1982, she worked as an administrative consultant with the O'Brien House, Inc. Since 1983, she has been enrolled as a full-time graduate student at Louisiana State University. She is a candidate for the Doctor of Education in Extension Education degree at the August Commencement, 1985.
Candidate: Barbara Q. Humbles

Major Field: Extension Education

Title of Dissertation: Associations Between Previous Treatments For Alcohol Addiction and Chances for Success at O'Brien Halfway House, Inc., Baton Rouge, Louisiana

Approved:

Major Professor and Chairman

Dean of the Graduate School

EXAMINING COMMITTEE:

Virginia Little Crossay

Leta Verna

William J. Orkand

Date of Examination:

April 30, 1985