A CASE STUDY OF AN EMPLOYMENT PROGRAM
FOR RECOVERING ALCOHOLICS

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The study design called for a longitudinal evaluation of one hundred subjects enrolled in a vocational counseling program for recovering alcoholics. Due to CETA stipend cuts, and slowing of referrals, eighty subjects were studied. Subjects were administered two questionnaires, one at program entry, the second at a six month follow-up point. The study's primary purpose was to identify those factors associated with success. Success was defined as diminution or elimination of the problem drinking pattern and employment at follow-up. A number of hypotheses were tested. The study was carried out over the course of twenty-three months.

The mean age for subjects was 41. There were sixty-one men and nineteen women, 28% were members of a minority group. Subjects were typical of clinical treatment samples, more socially and psychologically impaired than a cross-section of the general drinking population. The majority were referred to the program by out-patient treatment facilities.
Seventy-seven percent of the subjects mailed in their follow-up questionnaire. At follow-up the rate of employment was 56%. Employment was associated with the following factors: Program completion, younger age, some college education or beyond, abstinence or controlled drinking, higher rates of religious participation. Women and minority members were as successful in securing jobs as white males.

The majority of the subjects were abstinent, with 13% problem drinking. Abstinence or controlled drinking was associated with the following factors: Employment, older age, minority group membership, no use of other drugs.

Comparing employed with unemployed subjects, we found the unemployed were more likely to be drinking, and were experiencing higher rates of depression.

Few subjects had strong family or friendship ties.

Counselors predictions of subject performance reflected a favorable bias toward subjects with particular characteristics. Predictions had a high rate of accuracy, raising questions about the effect of counselor bias on subject performance. Overall, subjects rated the impact of the program high to moderately high.
# TABLE OF CONTENTS

| LIST OF TABLES......................................................... | iii |
| ACKNOWLEDGEMENTS...................................................... | vii |

## CHAPTER

1. **INTRODUCTION**......................................................... 1
2. **REVIEW OF THE LITERATURE**.......................................... 5
3. **THE PROGRAM AND THE SUBJECTS**................................... 30
   - Profile of the Population........................................ 40
4. **METHODOLOGY**.......................................................... 52
5. **PROGRAM PARTICIPATION**............................................ 61
6. **FACTORS ASSOCIATED WITH EMPLOYMENT**.......................... 68
7. **FACTORS ASSOCIATED WITH DRINKING**.............................. 82
   - Mortality......................................................... 88
8. **SUBJECTS' SOCIAL SUPPORTS**........................................ 91
   - The Family....................................................... 91
   - Friendship Ties.................................................. 95
   - Religious Ties.................................................. 99
9. **COUNSELOR PREDICTIONS**............................................ 103
10. **SUBJECTS EVALUATE THE PROGRAM**................................ 108
11. **PREDICTING OUTCOMES**.............................................. 113
12. **SUMMARY AND IMPLICATIONS OF THE FINDINGS**................... 118
   - Summary of the Major Findings.................................. 118
   - Implications for Social Work and Social Welfare............... 124
# TABLE OF CONTENTS

## REFERENCES

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFERENCES</td>
</tr>
</tbody>
</table>

## APPENDICES

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Definition of Drinking Concepts</td>
<td>136</td>
</tr>
<tr>
<td>Instruments:</td>
<td></td>
</tr>
<tr>
<td>Initial Questionnaire</td>
<td>137</td>
</tr>
<tr>
<td>Follow-up Questionnaire</td>
<td>155</td>
</tr>
<tr>
<td>Counselor Assessment Sheet</td>
<td>166</td>
</tr>
<tr>
<td>B. Indices</td>
<td>167</td>
</tr>
<tr>
<td>C. Additional Tables</td>
<td>172</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table

1. Education By Sex.............................................. 40
2. Ethnic Group and Education..................................... 41
3. Family History of Problem Drinking.......................... 44
4. Subjects Response Rates........................................ 49
5. Index Descriptions............................................... 60
6. Program Retention By Subject Characteristic.................... 62
7. Family Support & Program Retention............................ 65
8. Friendship Support & Program Retention........................ 65
9. Religious Participation & Program Retention.................... 66
10. Rates of Employment by Age.................................... 69
11. Types of Employment By Age.................................... 70
12. Employment Rates By Subject Characteristic..................... 71
13. Self-Esteem/Optimism (Time I)
    & Employment at Follow-Up..................................... 78
14. Feelings of Depression (Time II)
    & Employment .................................................... 79
15. Drinking Pattern
    By Subject Characteristic..................................... 83
16. Drug Use & Drinking at Follow-Up............................... 84
LIST OF TABLES

TABLE

17. Feelings of Self-Esteem/Optimism (Time I) & Drinking at Follow-Up......................................................... 85
18. Feelings of Depression (Time II) & Employment................................................................. 86
19. Drinking Patterns & Employment Status at Follow-up.. 87
20. Marital Satisfaction................................................................. 92
21. Family Support & Current Drinking Patterns................. 93
22. Family Support & Employment................................................. 94
23. Friendship Support & Current Drinking Patterns...... 96
24. Friendship Support & Employment.............................................. 97
25. Religious Participation & Employment......................... 100
27. Counselor Predictions of Success & Subject Employment Rates................................. 104
28. Counselor Predictions (Time I) of Subject Success by Subject Characteristic......... 105
29. Subjects Evaluate The Program............................. 110
30. Predictors of Employment................................................... 113
31. Predictors of Drinking at Follow-Up.......................... 116
APPENDIX B: Indices

Questions Included in Index

Construction................................................. 168

Tables

B-1  Correlation Matrix of Index Questions................. 170
B-2  Correlation Matrix of Indices.......................... 171
B-3  Alpha Coefficients on Reliability of Indices......... 171
### APPENDIX C: Additional Tables

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-1</td>
<td>Previous Work History Job Description By Sex</td>
<td>173</td>
</tr>
<tr>
<td>C-2</td>
<td>History of Psychiatric Problems Description From Charts</td>
<td>174</td>
</tr>
<tr>
<td>C-3</td>
<td>Subject Arrest Record</td>
<td>175</td>
</tr>
<tr>
<td>C-4</td>
<td>Type of Job(s) Secured by Sex/Education &amp; Previous Work History</td>
<td>176</td>
</tr>
<tr>
<td>C-5</td>
<td>History of Arrest &amp; Employment</td>
<td>177</td>
</tr>
<tr>
<td>C-6</td>
<td>Psychiatric History &amp; Employment</td>
<td>177</td>
</tr>
<tr>
<td>C-7</td>
<td>Other Drug Use</td>
<td>178</td>
</tr>
<tr>
<td>C-8</td>
<td>Psychiatric History &amp; Drinking Patterns</td>
<td>179</td>
</tr>
</tbody>
</table>
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vii
CHAPTER 1

INTRODUCTION

This is a case study of a vocational counseling program for recovering alcoholics. The subjects were eighty men and women ranging in age from 19 through 61, enrolled in the employment program for an average of eight weeks. The center is located in a suburb just north of a large northeastern city.

The problem drinking population labeled alcoholic includes individuals on one end of a continuum, who have had brief episodes of ethanol abuse with few associated problems. Those at the other end have long-term histories of abuse, and a wide range of problems associated with the use of the drug including physical, psychological and social disabilities. The majority of the subjects in this study were typical of the latter group.

The study was carried out over the course of nearly two years; from June of 1981 through May of 1983. June 1981 marked the beginning of the data collection process, when the first questionnaires were administered to subjects. Late in May of 1983 we received the last of the six month follow-up questionnaires. Data analysis and writing occupied an additional seven months.

The original design called for a study of one hundred subjects. This was not possible for a number of reasons, and will be discussed
in detail in a subsequent section. The completion rate was 77.5%, with 62 subjects responding to the follow-up inquiry. In the field of alcoholism treatment, rates of less than 75% are typical (R. Moos, et al, 1978) The Rand Report concluded that there was no evidence that follow-up studies were significantly affected by non-response, provided that at least 70% were followed-up.


The stimulus for this study arose in part as a result of my experience as a social work practitioner at two alcoholism treatment facilities in the County. During a period of nearly six years of practice with the problem drinking population and family members, I was impressed (and frustrated) as were my clients with the paucity of vocational counseling services offered to this population at risk. In addition, where services were available through the Office of Vocational Rehabilitation, there appeared to be a lack of seriousness and motivation in serving recovering alcoholics. Superficial initial contacts (usually after long delays) frequently led no where. Vocational counselors admitted services were not geared to this population.

In a sense recovering alcoholics "fell between the cracks". Viewed as (psychologically) disabled or impaired, often physically impaired, individuals were nevertheless rarely judged eligible for disability benefits. Depending on prevailing treatment theories, the individual was identified as lacking in impulse control (psychiatric category), or afflicted by a disease (disease model).
Both views to some extent suggest a fragility which makes the recovering alcoholic a poor treatment risk. In addition, exposing an individual so impaired to vocational counseling, job training and the world of work has traditionally been viewed as an unnecessary risk to sobriety. Definitions of recovery for the problem drinking population tend to downgrade or ignore integration in the work force. Strategies to return the individual to productive work experience, where utilized, were for the select (most functional proportion of the population). A competitive job market, high unemployment rates and a government philosophy which encourages unemployment to counter inflation, along with a cost-effective consciousness all serve to further undermine the development of employment training, and vocational counseling for the unemployed substance abusing population. These and other issues serve to reinforce the alcoholics sense of alienation and hopelessness.

When the Employment Program came to the County in 1980, I was intrigued with the project. The Program Director, with the cooperation of staff, agreed to permit me to carry-out the study described in ensuing pages.

This study includes a review of the literature, focusing on recent findings in the field of alcoholism treatment, along with a section on the support systems and networks of the alcoholic population. There will be a brief description of the program, and the treatment of clients, followed by staff interviews. A section on description of the study design and methodology will follow. The
The analysis sections will be preceded by a section describing the subject population, a comparison of dropouts with completers, and respondents, i.e., those who mailed in follow-up questionnaires, and non-respondents. The analysis section will focus primarily on those factors associated with employment and a range of drinking patterns at the six month follow-up point, in relation to socio-demographics, feeling states, program participation. We will describe the characteristics of two subjects who were deceased. We will then proceed to sections on subject evaluation (feedback) of the employment program, and Counselors predictions of success for the subject population - defined as employed at six months, and abstinence or non-problem drinking.

The final sections will include a look at the multiple regression analysis - describing the most powerful outcome predictors. This will be followed by a summary of the most significant study findings. Finally, we will discuss some of the implications of the study findings in relation to social work and social welfare.
CHAPTER 2
REVIEW OF THE LITERATURE

The Drinking Problem

There is considerable disagreement among authorities as to the
definition of alcoholism. The LeDain Report identified the fact
that:

...definitions may be as general as "a family of disorders
accompanying chronic heavy drinking" with various social
and economic complications, or they may contain more
restrictive specifications of physical dependency and
addiction, or psychological and physiological harm (LeDain

Jellenek described alcoholism as a progressively deteriorating
disease, which included withdrawal symptoms, physical craving for
the drug and physical dependence on ethanol (E.M. Jellinek, 1960).

Despite wide acceptance of the Disease Theory of Alcoholism,
evidence does not support the underlying hypotheses. These are that
the alcoholic will deteriorate unless he/she remains abstinent, that
the deterioration is always progressive, and that there is a
singular pattern of alcohol abuse. On the contrary, research has
confirmed a wide range of drinking patterns, with variations of
onset time for problem drinking and patterns of recovery
In relation to intense controversy over the precise definition of alcoholism in the literature, J. M. Polich points to the fact that:

...most writers agree as to the basic characteristics of the disorder once it is established. Almost all of them mention the chronic damage to social standing that often results from sustained alcohol abuse. Manifestations of social impairment typically include loss of employment, marital instability or dissolution, loss of family and friends, and alienation from the community. Clearly such social impairment factors may also play a causal role in the excessive use of alcohol (J. M. Polich, et al., p. 68, 1980).

The Rand Report followed a cohort of alcoholics four years after they received treatment at National Institute of Alcohol Abuse and Alcoholism centers (J. M. Polich, et al., 1980). Outcome measures confirmed that there was considerable fluctuation from one drinking status to another over a one to two year period, a switching from "favorable to unfavorable status" (p. 143), with frequent relapse and instability. Alcoholism was described as a "multifaceted and highly variable disorder." The findings of the study pointed to different drinking patterns with "alternate modes of remission" (p. 184) indicating to the authors that abstention as the only type of remission is inadequate. They suggested a more reasonable standard would be to calculate the "total length of time spent in remission periods" (p. 182).

Gottheil in a letter to the editors of the American Journal of Psychiatry, referred to the importance of distinguishing between abstinence as a treatment goal and abstinence as a criterion of treatment success:
As a treatment goal, it (abstinence) is desirable because if one does not drink, one is unlikely to become drunk and suffer the consequences of drunken behavior. If one does drink, however, the data indicate that a progressive downhill course is not inevitable (F. Gottheil, 1982).

Marlett cites more than 75 studies which documented non-problem drinking outcomes in almost every population treated for alcohol problems:

These have been for the most part nonintended moderation outcomes in abstinence-oriented treatment programs....the findings suggest that persons who have less serious drinking problems on their entry into treatment are more likely to acquire a posttreatment pattern of non-problem drinking (G.A. Marlatt, 1983).

Validity of Self-Reports

One of the questions raised in relation to subjects self-reports on drinking, is whether these reports reflect the truth. Cisin responds:

In pursuit of the validity question, it seems appropriate to point out that what is of interest here is not the detailed accuracy of any subject's report; the uniqueness of any individual and the reproducibility of his behavior should be the problem of clinical studies, not of gross, large scale surveys. Rather, what is of interest here is the classification of individuals into rather broad categories. Thus, the question of validity ought not to be asked about the truthfulness of any individual statements, but about the resultant summary classification of each individual...the ultimate interest of the study is in relationships between drinking behavior on the one hand and psychological, social, and demographic characteristics on the other. (D. Cahalan, et al., p. 10, 1969).

Drinking, Treatment and Employment

Studies reported by Levinson and Gillies confirmed that problem drinking impairs the individual's ability to function in the work-
place, or to succeed in treatment programs (T. Levinson, 1977, M. Gillies, 1974). In "The Process of Recovery from Alcoholism", the authors compared a population of married recovered and relapsed alcoholics with matched community controls and found:

...no difference between recovered alcoholics and community controls on four indices of occupational functioning, but the relapsed alcoholics were much less likely to be working, much more likely to have changed jobs and (not surprisingly) to have lower incomes than members of either of the other two groups (R. H. Moos, et.al., 1981).

Winting described the Salvation Army's use of work therapy as it was applied to skid row alcoholics (V. G. Winting, 1982). In 1979 there were 126 Adult Rehabilitation Centers in the U.S. with a capacity of over 12,000 beds. Premature departure from the programs was linked to the "alcoholic problem" being "unarrested" (P. 436).

A follow-up evaluation of 260 alcoholics exposed to a multimodal behavioral program found failure to remain abstinent was associated with a fairly high probability that a return to social drinking would ultimately lead to a relapse of destructive drinking (R. F. Freedberg, 1981). As a result, a fairly large proportion of the subjects who had returned to drinking had been fired, laid off or retired. This finding, of a high probability of failure, inability to retain employment for the problem drinking population was confirmed by other researchers (M. F. Levy, 1981, M. Tomsovic, 1974, J. Dwoskin, 1979, J. Finney, 1981, R. H. Moos, 1981).

Gottheil summarized a comprehensive review of the literature, including a total of 384 alcoholism studies carried out between
1952-1973, focused on an analysis of the drinking behavior of patients and found:

...a significantly greater improvement in drinking status for the treated patients as compared to the untreated or minimally treated patients (E. Gottheil, 1980).

The Therapeutic Effects of Employment

A number of studies point to "work", either subsidized or full-time work found through employment programs, as strongly related to rehabilitation and the diminution or elimination of problem drinking patterns (H. J. Williams, 1964, F. Duckert, 1980). Freedberg and Johnston point to work as sometimes acting as a preventative factor in relation to problem drinking, especially where the individual is invested in continuing on the job (E. J. Freedberg & W. E. Johnston, 1981). When such individuals are confronted on the job after an episode of problem drinking, the incident may serve as a catalyst for positive change. Confirming what Freedberg and Johnston point to, Slater reported that some patients choose to stay in the community; although in need of re-hospitalization for treatment of alcoholism in order to save their job:

Since being readmitted to the hospital means taking leave from work, the need for additional treatment could easily place their jobs in jeopardy. Additionally, employment may help the person feel he is a contributing member of society (E. J. Slater, et.al., 1983).

She goes on to say that employment contributes not only to life stability, but also to a healthier psychological profile. Smart, reporting the results of a large scale study of 1,091 alcoholics
treated in a variety of treatment services, found the unemployed client showing the least improvement (R. Smart, 1978). Bromet reported a strong correlation between having been treated successfully for alcoholism and job and income status at follow-up. Those with better treatment outcomes tended to have jobs with better incomes (E. Bromet, 1977). "Working regularly" for a salary has been identified as a crucial variable in rehabilitation and recovery from alcoholism (J. Dwoskin, 1979, P. 338).

Psychological States

In a study designed to determine demographic and psychological predictors of rehospitalization in a group of 238 alcoholic patients followed six months after hospital discharge, one finding was that:

Being depressed, angry, inert, and thoughtful (preoccupied) was associated with relapse (E. Slater, 1983, P. 211).

Earlier, Mayer and Cummings found that feelings of well-being accounted for improved drinking behavior (diminution or abstinence), and isolation and alienation were associated with high drop-out rates among VA alcoholic outpatients (J. Mayer, 1970, R. E. Cummings, 1977). Johnson identified the stress of unemployment and other life stresses such as death in the family and divorce as being associated with the onset of alcoholism (P. Johnson, 1982). These kinds of stresses appeared to be precipitating factors more so in the case of women's problem-drinking than in the case of men.
Seeyle reported the findings of a follow-up study of 100 patients released from a psychiatric hospital two and one-half years after treatment for alcoholism (E. Seeyle, 1979). Seventy-five percent of the subject population had received a diagnosis of "psychoneuroses or personality disorder". The group was comprised of primarily upper class patients. The results - A greater number of men showed improvement than did women. The author concluded that upper-class patients responded better to treatment than did patients from lower classes. (More men were identified as upper-class). She concludes:

It seems probable that the type of treatment we offered, stressing an individual psychiatric or psychological and medical approach to the treatment of alcoholism, is one to which persons of higher socioeconomic status would be able to respond (P. 61).

Cronkite and Moos stress the importance of psychological treatment as it has a tendency -

to reduce stressors and increase the use of effective coping responses, both of which lead to better outcome (R. Cronkite & R. Moos, 1980, p. 311).

They also describe the symptom of depression as significant in predicting stressful situations after treatment. The authors cite the importance of needed work in the area of identifying other post treatment factors, including work environment, which account for change.

Referring to the findings of the Rand Report, Room cites the one "constant" for clients at entry into programs is that they are "down". He goes on to say:
Treatment agencies need to pay attention to the client's state of mind beyond removing alcohol's pharmacological influence on it. Anyone treating alcoholism is also de facto in the business of suicide prevention (Robin Room, 1980, P. 358).

Length of Stay in Treatment/Program Participation

The Rand Report showed a correlation between amount of treatment and improvement at follow-up (J. M. Polich, et. al, 1980). This was confirmed by F. Duckert, (1980) and earlier by D. A. Pemberton (1967). Gottheil summarized a series of outcome studies and pointed to an "adequate period of treatment" as yielding better outcome results than minimal treatment or no treatment (E. Gottheil, 1980).

The treatment delivery system has been identified as a crucial variable in treatment outcome studies (R. J. Crawford, 1976, J. Welte, 1981). In my review of the literature, I could find only one study where no difference was reported between two groups of treated alcoholics. Kish studied a population of 89 patients who were enrolled in an 84 day program, and compared their alcohol related behavior at a six month follow-up point with a population of 99 subjects who had been enrolled in a 60 day program, and found no significant difference (G. B. Kish, 1980).

Room commenting on the Rand Report (1980) pointed to the finding that the length of stay in initial treatment was associated positively with improved outcome, but that "repeated episodes" of treatment were associated with poorer outcomes (R. Roizen, 1980). Repeated stays in treatment might be a reflection of repeated bouts of drinking behavior and related debilitation for the individuals, thus a worsened outcome.
Friesen and Young identify transitional supported work, job skills training and job development as important features of vocational rehabilitation programs. In addition, they stressed high levels of "self-discipline, integrity, dependability" all rooted in a positive work ethic as crucial to the development of self-employment skills (Y. Friesen & M. A. Young, 1981). Strong motivation for treatment and active participation in treatment programs were cited by Smart and Bromet as predictive of positive treatment outcomes (R. G. Smart 1978, E. Bromet, 1977).

Intervening Variable - High Unemployment/Recession

Mellon described vocational outcomes of 286 clients who re-entered the community during periods of high unemployment and economic recession (1973-1976). Clients had completed a six month rehabilitation program (residential) following hospitalization. The author believes that success is tied into the development of critical "survival skills".

High unemployment, inflation, and a recession level economy challenge vocational rehabilitation counselors to find ways of enhancing client motivation while simultaneously giving realistic occupation forecasts based on local labor market and client's skill level (T. A. Mellon, 1981 P. 489).

Slightly more than half of the "graduates" obtained on-the-job training positions at Eagleville Hospital. Mellon underscored the success of a program that incorporates work and therapy conjointly, where the client is a part-time worker and part-time "patient". He says skipping this phase is a way of denying the client time to develop a non-addictive identity.
Program Completers vs. Dropouts/Follow-up Difficulties

A study was undertaken to compare the completers and the early dropouts in a vocational counseling program, to determine what characteristics differentiated one group from the other. The Vocational Opportunities Center offered a drug abusing population a variety of training programs and experiences to facilitate reentry into the world of work. Comparison of the two groups, 100 completers with 50 non-completers, identified three variables which differentiated both groups. Drop-outs were more likely to be using drugs, to be living with addicted individuals, and to be in treatment for active drug abuse problems (R. Steer et al., P. 440 1981).

In discussing the findings, the authors conclude that one of the important implications of this study is that individuals who dropout may not have gotten the drug taking problem under sufficient control.

...to permit them to engage in vocational training or career planning (P. 442).

Based on their findings, the authors suggest, that vocational counseling programs insist that their students "produce evidence" that they have controlled their drug use problem before they be allowed to enter.

Moos and Bliss reported that alcoholics who required more follow-up contact to persuade them to mail in forms had poorer post treatment adjustment on seven of nine measures. A number of follow-up studies of treated alcoholics were summarized (P. LaPonte, 1981). In one study, 150 male veterans treated for alcoholism and
drug abuse in a VA medical center were followed-up six months from the date of admissions. When comparisons were made between the hard-to-follow up group, and the contacted group, on 18 measures, no significant difference between the two groups was found. Further analysis indicated that the results were not a function of length of time spent in treatment nor the length of time between treatment and discharge and follow-up. This study had an unusually high follow-up completion rate (96%). Follow-up included phone contact, mailings, in-person interviews where individuals failed to return mailed interviews. The researchers also enlisted a professional follow-up service who were described as being experienced in contacting substance abuse clients. Levinson cites a study of 30 treated alcoholics who were followed-up at a one year post treatment point. Here less than 50% were available and willingly cooperative at follow-up (T. Levinson, 1977). In another study, reported by the same author, 115 of 154 subjects were successfully contacted and reassessed at a one-year follow-up point. The author accounts for the large number tracked down by:

...generous travel allowance that permitted the researcher to cover about 25,000 miles through Canada and the U.S. to see subjects in their own homes, places of employment, or in other hospitals or institutions...(P. 321)

Comparing Men and Women

A number of studies describe women alcoholics as having experienced more troubled family histories than their male counterpart, with a tendency for women to do less well in treatment programs than
men. (L. Beckman, 1975, D. A. Pemberton, 1967, M. McLachlan, 1979). These authors point to erratic work histories, marital disruption and the dependency of children, as among those factors undermining women's potential for employment success.

Chacon reported the findings of a follow-up study of 1,438 males and 366 females at six and eighteen months following admission to alcoholism treatment programs (C. Chacon, 1978). Outcome measures included employment status, days of inactivity due to drinking. Males and females had similar ethnic and racial compositions, however black females were more heavily represented. In both groups married persons living with spouses were in the minority, the women were more likely to be widowed than the men. The women were younger than the men, with the mean average of 42 for women, 45 for men. Women reported fewer years of heavy drinking. The findings indicated that of the clients who entered the program in non-remission states, the six month remission rate was higher for women 59% as opposed to men 51%. This was described as a statistically significant difference, which the author attributed to younger age, shorter drinking history and the fact that at intake, women drank less than men.

**Employment Status At Followup**

The finding was that for clients available for employment, excluding housewife, both the rates of employment and monthly earnings increased. However, the gain in employment was significantly better for men. In summary, the authors found that while women performed better than males on the drinking criteria, they
experienced smaller gains than the men on employment. The authors account for this difference in part by what is described as "role expectation and sex-role socialization patterns" (P. 106).

Seelye reported the findings of a follow-up study of men and women alcoholics released from an inpatient psychiatric hospital, and found the men doing significantly better than their female counterparts at the two and one-half and five year follow-up point (E. E. Seelye, 1979).

The difference between males and females in a drug treatment program were described. On follow-up women tended to be employed for fewer months than men (V. Ryan, 1981). Ryan concluded that the life of the female addict is more stressful and entails acceptance of more responsibility with the availability of fewer support systems than men. Women in treatment were described as having more family and physical problems than males. As a result, the author suggested that more appropriate treatment should entail addressing these problems by increasing the "sphere of available resources" -

Women may not enter and continue treatment unless the children for which she must provide are cared for adequately....Women need many services which, currently, are not available but may be critical for successful treatment to take place (V. Ryan, 1981, P. 792).

**Ethnicity and Treatment Outcomes**

A number of studies found white subjects tending to show higher rates of improvements in terms of employment status at follow-up than non-whites (J. P. Kern, 1979, J. J. Williams, 1964).
Age as an Outcome Predictor

Both Williams and Welte found that younger people were more likely to return to drinking, and to be employed full-time at follow-up (H. J. Williams, 1964, J. Welte, 1979).

Economic Factors

Studies of treated alcoholics point to upper and middle status clients as more likely to find employment at follow-up. Generally, poor economic resources and unskilled work prior to enrollment in treatment programs are predictive of less successful outcomes. (D. F. Mindlin, 1959, J. Mayer, 1970, H. J. Williams 1964, J. Welte, 1979, E. J. Freedberg, 1981, E. E. Seelye, 1979). Crawford, reported the findings of a longitudinal study of 262 males and 51 females followed-up for 2 years. A total of 71% of the sample was contacted. The majority of failures were derived from low socio-economic groups, mainly single males who had one or two previous admissions. The effect of the subjects' background was described as being mediated by the link between background and post-treatment factors (R. Cronkite & R. Moos, 1980).

...patients with higher socio-demographic status were likely to return to less stressful life situations after treatment. Thus background characteristics may reflect not only what 'the alcoholic brings to treatment' in terms of personal resources and stressors the patient will return to after treatment (R. M. Crawford, 1976, P. 348).

The author also points to the fact that patients from a higher sociodemographic status are more likely to participate actively in the treatment program.
Finally, it is suggest that therapist treatment bias may favor middle and upper class patients; -

Therapists preferred individual psychotherapy of upper-class patients and group psychotherapy and medical approaches is one which persons of lower socioeconomic status would be able to respond (R. G. Smart, 1978).

Family and Network Supports

The social network of a person is described as "the total social field" within which he or she is embedded (R. E. Mitchell, 1980, P. 28). The isolated individual is seen as having minimal opportunity for increasing network support. Carol Swenson uses the term social network to mean:

a person's subjective community, that is those individuals, groups, and parts of formal institutions which have meaning actually or potentially, for a person (C. Germain, 1979 P. 224).

Caplan defines support systems as:

Attachments among individuals and groups that serve to improve adaptive competence in dealing with short-term crises and life transitions as well as long term challenges, stresses and privations...(B. McGowen, 1980, P. 14).

Family Supports

Defects in the family support system have long been identified as having strong potential to undermine the individuals' capacity to cope with a variety of life's stresses. Family supports are crucial variables in maintaining sustained improved functioning, both in terms of diminution or elimination of problem drinking patterns and motivating factors in vocational rehabilitation (J. Mayer, 1970,
Problem drinking patterns are more likely to develop where family supports are weak or absent. Unstable family supports characterized by a family history of problem drinking (and associated problems), are predictive of the later development of drinking problems. Cahalan and Room pointed to home-role instability as a factor often identified as associated with the later development of problem drinking patterns (D. Cahalan & R. Room, 1974). Both marital instability and broken homes were strongly associated with the amount of "character" of drinking. Higher rates of inebriety were more in evidence in societies where kinship systems were "more amorphous, fragmented or unstructured" (P. 77). Studies of the alcoholic treatment population cite strong family ties and supports along with being married as predictors of success. Cronkite and Moos found that among married patients a more positive family milieu was associated with better outcomes (drinking, psychological, social) when subjects were evaluated six months after treatment (R. Cronkite & R. Moos, 1980). Crawford in a two year follow-up study of 62 males and 52 females (71% of the sample were contacted) found treatment success was correlated with being married (R. J. M. Crawford, 1976). This finding was later confirmed by Finney, Moos, Newborn (1980), and Moos, Finney, Cronkite (1980).

In a study comparing two groups of alcoholics, both receiving treatment in a "multi-modal" behavioral program - a group of 151 non-
drinkers were compared at follow-up with 109 heavy drinkers. One of the major findings was that of those who relapsed into heavy drinking, 41% were married, as compared to 73% of the non-drinking population. In addition, married subjects appeared better adjusted on a number of criteria. Referring to a previous study of the subject, the authors state:

Marriage was an important indicator of the ability to develop meaningful relationships, and concluded that the capacity to make and maintain relationships was highly correlated with treatment success (E. Freedberg, 1981).

Weaknesses in the family support system have been described as failing to protect the individual from "inadequate feedback" from the outside world:

Kin and kith supports mainly provide continuing guidance and direction as well as self-validation. Intermittently they are called into operation to sustain their members in acute crisis situations or in dealing with chronic deprivation. (A. H. Katz, 1976 P. 127)

The family is seen as the main refuge from alienation (B. R. Pringle, 1974). Bott first hypothesized that the "dominant variable" in the complex of closeknit networks is the nearby presence of kin of spouses. She said of kinship networks:

They have peculiar importance because of their permanence. They are particularly useful to the individual as a field for expressing and coping with feelings...The implicit assumption appears to be that relatives are in some way parts of oneself and one is part of them, even if one had never seen them. One can break off a friendship but one cannot break off a 'blood' relationship (E. Bott, 1971 P. 149).

In a study carried out by Litwak, the aged strongly favored family and neighbors over formal organizations for tasks having a
great deal of unpredictability. In cases where individuals had neither neighbors or kin to turn to in times of crisis, they often found themselves without service. Overall, proximity to kin strongly facilitated caring responses (E. Litwak, 1982).

Golan and Leinhardt refer to the family as ranking first among natural support systems: -

These relationships are felt to be of much greater personal and emotional importance than the more specialized and formal relationships that are maintained with doctors, clinics, schools so forth....(S. Leinhardt, P. 273, 1977 and N. Golan, 1980).

Referring to a study carried out by Komorovsky in 1940, House, noted that the nature of the relationship of the worker and his spouse prior to unemployment was a critical factor in determining the degree of deterioration in family functioning that took place during the course of unemployment. (p. 63) House, again refers to a study carried out in 1979 by Berkman and Syme:

These researchers analyzed data gathered between 1965 and 1974 on 2,229 men and 2,496 women aged 30 to 69 in 1965 and randomly sampled the population of Alameda County, California. They assessed whether the presence or absence of four kinds of social ties in 1965 - marriage, contacts with friends, church membership, and informal and formal associations - affected the likelihood of a person dying over the next nine years. People low or lacking in each type of social tie were from 30 percent to 300 percent more likely to die than those who had each type of relationship. Generally, these trends hold for both sexes and at all age levels, although marriage had the strongest protective effect for men while contacts with friends were most protective for women. (H.S. House, 1981, p. 52).

Bacon, writing of "Alcoholism and Social Isolation" summarized the findings of a study of 1200 men arrested for drunkenness. There
was a comparative lack of primary group affiliations for the population. Less than 1/5 were married, 65% reported their spare time was spent alone, whereas only 14% of a control group gave these answers. Summing up:

The sociological analysis showed the inebriated to be members of groups and participants in group activities far less than the total population; the failure in membership and participation became exaggerated when primary groups (marriage and friendship) were considered (S. D. Bacon, 1947 P. 221).

Friendship Networks

In a recent article in Social Work Fine described "cultures of drinking" as existing in many workplaces. The author suggested that interventions designed to ameliorate drinking problems incorporate techniques which are compatible with an understanding of the "impact and social benefits" of these networks (M. Fine, 1982 P. 437). A proportion of the problem drinking population rely on ethanol as a primary social facilitator. In Tavern Culture, The Sustenance of Homeless Men Dumont described the function of the tavern in this way:

Whatever might be said of the countless families, nervous systems and lives it has devastated, there can be little argument against alcohol's tendency to mitigate the psychological and social forces that cause people to preserve their separateness, unique individuality, and loneliness... The regulars at the Star Tavern form a cohesive and durable social system. They are their only reference group. They are almost universally alienated from their families. Except for occasional spurts of unskilled labor they have no identity as part of the work force....For these men the tavern provides the only opportunity for socialization. It is a distortion to say that they spend their days in a bar-room only to drink......This is a chronically depressed group, and characteristically their talk revolves around loss, illness, isolation and death (M. Dumont, 1967 PP. 942-943).
Dumont suggests that the barroom and bartender be put on the list of health and welfare resources, that it be given official sanction, rather than being seen as a social evil:

The barroom hangout of homeless men does not exist only to exploit and aggravate social pathology. It performs a life-sustaining function for men who have literally nothing else. It may provide their only opportunity for a tolerant and supportive environment, for socialization, for rest and warmth. (P. 944)

Collins and Pancoast refer to the bartender in Tavern Cultures:

Peter differentiated his role as bartender from his roles as friend and landlord, but he was sensitive to the emotional and physical needs of the men and willing to invest time and effort in meeting them (Collins & Pancoast, 1976, P. 47).

The male drinking clique has been described as providing an informal system of mutual help in an SRO village community; where alcoholism is identified as the predominant social problem:

Drinking serves many functions. For the solitary person it relieves loneliness; for social cliques it is the paramount shared activity from which all other collective activities radiate (J. H. Shapiro, 1971, P. 24).

Maguire refers to research on stress-factors tied into the onset of alcoholism and other debilitating disorders. He cites evidence that support-systems serve as moderating or "buffering" agents. Victims, or "hosts" are described as people who maintain a marginal status in society, deprived of "meaningful social contact" (L. Maguire, 1981 P. 38). Kincannon reviewed 265 published studies of "psychologically oriented" treatment programs - and interpreted the findings to indicate that the social networks of the client population were the prime contributors to their sustaining improvement or lack of change. -
The availability of a social environment which supports an alcohol free vocational and recreational lifestyle is pointed to as the prime motivator for recovery of alcohol addicts. Social networks have boundaries, within the boundaries shared similarities provide for the interpersonal support and understanding which gives a person security and a sense of union (J. C. Kincannon, 1982 P. 55).

Some of the dangers inherent in either sudden or gradual withdrawal from ethanol without social supports are described by Cobb. In a comparative study of two groups of alcoholics, one sent to a police farm for alcoholism, and a second group who had contacted tuberculosis and referred to a sanitorium, retrospective evaluation indicated:

Men who tried to stop drinking on their own, i.e., without the support of an organized program has 20 times the likelihood of being admitted to the tuberculosis sanitorium as their peers who did not try to stop or who tried with support (S. Cobb, 1976 P. 307).

Quinn found that escapist drinking was:

significantly elevated only among those who have high job stress and are not supported by their supervisors (S. Cobb, 1976 P. 312).

The author points to social support as a facilitator for remaining in treatment and speeding recovery. A series of studies measuring social network affiliations in relation to psychological adaptation were summarized by Mitchell. The author describes individuals who suffer from psychiatric disorders as affiliated with fewer networks:

......characterized by fewer linkages overall, fewer intimate relationships, greater asymmetrical and dependent relationships, and lower scores on indices or perceived support (R. E. Mitchell, 1980 P. 36).
Smart, reported the findings of a study of 1091 alcoholics treated in a variety of treatment settings, and followed-up on at one year. The findings included the following:

A variety of patient characteristics are important in predicting outcomes. The most important are directly or indirectly associated with alcoholic symptoms (drinking assessment) and the patient's personal resources (e.g., social stability, employment, positive assessment of life conditions). It appears that alcoholics who have many symptoms but have retained some social stability and social supports do best in treatment (R. G. Smart, 1970, P. 70).

In The Process of Recovery from Alcoholism, the authors indicated that recovered alcoholics reported a more extensive network of social supports (Moos & Finney, 1981).

Holser recommends that treatment interventions be focused at other parts of the client system in order to reinforce and maximize client change and to provide a sustaining effect. She suggests that the behavior of parents, employers, peers, and social service systems though not usually thought to be within the province of treatment personnel, be included in both the process of analyzing the problem(s) and targeting interventions (M. A. Holser, 1981).

Alcoholics Anonymous As A Support-Network

Bacon described AA as presenting a primary group or "quasi-primary group structure", (P. 230) which might successfully overcome barriers faced by the alcoholic.

They present a primary group structure in which the individual can learn to enjoy relaxed interpersonal relations; can develop a sensitivity to meaningful stimuli to daily living and stimuli to avoidance of demoralizing attitudes and habits; can build or rebuild a more satisfactory and more realistic appreciation of the self (S. D. Bacon, 1945 P. 232).
AA affiliation is encouraged and mandated almost universally in treatment facilities. There is some evidence that longterm affiliates may be a self-selected group, and that particular personal characteristics may predispose some clients to longer term participation than others (J. M. Polich, 1980 PP. 126-130). Trice, characterized the successful AA affiliate as having:

- Affiliative and group dependency needs, a proneness to guilt considerable experience with social processes which have labeled him as deviant, and relative physical stability at the time of entrance into treatment (H. M. Trice, 1970 P. 57).

The AA doctrine stresses lifelong abstinence. Rates of abstinence have been described as particularly high among current regular AA attenders. However, a four year follow-up evaluation indicates:

The problem rate at 4 years for current, regular AA attenders is slightly lower that the rate for those who never attended AA, but the difference is not statistically significant (P > .10). Those subjects who attended AA irregularly or attended in the past generally had higher problem rates (J. M. Polich, 1980 P. 127).

The author goes on to describe the possibility of self-selection process at work:

Whether this correlation arises from a causal effect of regular AA attendance or from some other factor is a question that our data are not well suited to answer. Other explanations readily come to mind. For example, it is possible that people who originally intended to abstain were more likely than others to attend AA regularly, or that those who tried but failed to abstain dropped out of AA more frequently (P. 127).

In relation to longterm AA affiliation:

...although 71% of our sample attended AA at some point, only 18 percent attended AA regularly at the 18 month followup, and only 14 percent were doing so at the 4 year point (P. 179).
The Costs and Benefits/Analysis

A series of supported work projects started by the Vera Institute of Justice based on the belief that placement in a low stress job might work as a strategy for rehabilitation where described. There were several major questions Vera sought to answer. One was: "Would work experience in such an environment prepare employees for the competitive world?" (L. Friedman, 1980 P. 171). The other related to the financial costs in dollars to the taxpaying public. The subjects for this study were ex-addicts and ex-offenders, 1/3 of whom had serious drinking problems.

Outcomes indicated an overwhelming measure of success. One year after entry into the program 70% of the experimentals were working compared to 34% of the controls (matched group). In terms of economics - For each dollar the taxpayer invested in 1975,

...he gets $1.25 during the next two years in services increased taxes and reduced welfare and criminal justice costs (P. 187).

Room reflects on the value of treatment programs:

Treatment for alcoholism seems at best modestly effective, and even the cheapest treatment is probably not cost-effective in terms of increased productivity for the economy as a whole. The fundamental justification for providing treatment for alcoholism is thus in terms of humanity rather than cost-benefit analysis: a just and humane society would provide assistance for those who are needy or suffering (R. Room, 1980 P. 358).

A number of items discussed in this section will be investigated in the study. These include:
1) The feeling states of subjects, 2) The relationship between program participation and employment, 3) Socio-demographic features of the population in relation to outcomes (drinking and employment), 4) The possible therapeutic effects of employment, 5) The impact of network ties on the subject population.
At the time this study was undertaken, the program was housed in a rundown two story wood frame building in the downtown (village) shopping area of a northern suburb. Upon entering the building, one proceeded up a flight of narrow stairs to the second floor, where the program was underway. There was a large classroom, windows covered by plastic (to keep out the cold in Winter). There were about twenty chairs with arm rests, a blackboard, video equipment. The room was usually smokefilled, as recovering alcoholics smoke at a 99% rate. Several articles were tacked on the wall, recent interviews with program staff, and one describing the situation of a well-known government employee who had fudged his resume and was later found-out, and forced to resign.

The kitchen off of the classroom contained a refrigerator where clients kept lunches, with a supply of peanut butter and jelly for those who had brought none. There was a large coffee urn, always filled. There was a "livingroom", used for group sessions, and at times for individual interviews, and several (three) small private offices, two opening out onto a business office, with copy machine and typewriter. There were two bathrooms. Just two flights down
and several doors away was a small neighborhood pub/restaurant offering Friday night drinking specials. The bus stopped across the street, so the center was readily accessible by clients from all over the County, very often by transportation with two buses. Those who had cars found off street parking readily available. Whenever I entered I found a group in session, and several clients phone contacting prospective employers.

**History** - The program has its roots in a large northeastern city, where the first center was opened in 1978 by the Director of the program under study. At that time he was a volunteer for the National Council on Alcoholism, and had approached a large corporation to provide a grant for a six month demonstration project, with the express purpose of dealing with employer resistance to hiring recovered alcoholics. This grant of $15,000 enabled the program to begin. It subsequently was financed by the State Department of Labor and the State Division of Mental Health. Once funding from these two sources became available, the program was able to broaden and improve its services. The original program is now continuing to operate under a different directorship, and is totally autonomous from the one under study.

The suburban program was opened in May 1980 with funding from the Council on Alcoholism, the Office of Vocational Rehabilitation and The Office of Employment and Training. A CETA stipend cut shortly after this study was undertaken has not been restored.

The basic premise of the program is that "an employment program is a necessary adjunct to the treatment process". (R. M. Gilinsky,
The four day a week program includes the following components:

...Social services, which include both individual and group counseling, job preparation, which focuses on skills for employment such as interviewing techniques and resume writing, job development which guides the clients to consider many different kinds of job opportunities, and regular follow-up after employment. Time spent in the program varies with each individual and averages about eight to ten weeks. During that period clients continue their relationship with the treatment center that initially referred them. The counselors evaluate each incoming client in individual sessions, which are then followed by group meetings that deal with self-evaluation, examination of attitudes and expectations about work and identification of potential barriers to employment. The counselors help the clients identify strengths and weaknesses with the goal of having the recovering alcoholics see themselves realistically both as people and as prospective employees. (R. M. Gilinsky, 1982)

Most of the training is undertaken in groups. The rationale being that members of the group are "both supportive and critical of each other...with many of them establishing lasting friendships". (J. Undercoffler, 4/20/81). The Director interviewed for a local paper described the primary purpose of the program in this way:

They come here to learn job preparedness, not how to cope with being sober. They learn how to get their emotions in order and develop confidence and self-esteem. They learn how to prepare a resume and behave during an interview. We teach them how to deal honestly with the past - how to talk about the gaps in their employment. They can't lie about that five years when they didn't have a job. They learn that lying undermines their sobriety. (J. Undercoffler, 1981)

One of the premises underlying the program may relate to the suggestion of Friesen that work is learned behavior which must be introjected over an extended period of time; and that:
much of the inappropriate and self-defeating job attainment and job retention behavior seen in substance abuse treatment settings is because of a lack of this introjection (Victor Friesen, 1981, P51).

He notes that this population is particularly resistant to treatment as a result of a short "hold" (P512) time on the attention span and motivation when compared to other rehabilitation groups.

Criteria for acceptance into the program include, an ability to read at an eighth grade level, involvement in a program of recovery through Alcoholics Anonymous or other acceptable therapy, and sustained abstinence for a recommended minimum period of ninety days. Abstinence is seen as one predictor of program participation success. The program in addition, requires that clients be drug-free (illicit) and in stabilized physical and mental health. The majority of clients are referred by treatment programs, and Alcoholics Anonymous. The program is strongly AA oriented, and uses AA involvement as part of its job readiness criteria.

The goal of the program is to place the recovered alcoholic in a productive employment situation. It's stressed that:

the amount of the paycheck is not so important as the fact of that paycheck. It means a person has better feelings about himself. They take on a new sense of responsibility (Undercoffler 7/22/80)

The Staff

The director is a 55-year-old former corporation executive, entrepreneur with experience in sales promotion and marketing. He's married and the father of three children aged 29, 26, and 24. He grew up in a large Southern city, where he graduated college. His
major was in History and Political Science. He then spent two years in the Army as an Investigator. He left his job as a corporation executive as a result of a problem drinking pattern that got out of control. He was hospitalized for detoxification, and spent 28 days in the program. When he was released, he found there was a "great deal of uncertainty" about his employment future. He volunteered his services to the National Council on Alcoholism. He both suggested and took the initiative in requesting funding for the pilot program, which was opened in 1978. Bill is still involved in corporate work. About fifty percent of his time is spent as a consultant for a well known department store chain (employee assistance program) and a network of seventy therapists who serve the program. As far as his personal philosophy is concerned, he says "The only way to maintain sobriety is to have a sense of humor." He impresses me as a hard-driving individual, with high expectations (exacting personality) of both himself and others.

Job Developer

Fred is in his mid 50's, from a "WASP" background. He was for many years a high school Social Studies teacher and educational administrator in a suburban school district. He's a recovered alcoholic whose educational career ended in 1978 due to what he describes as educational and political pressures, unrelated to his drinking problem. He was not happy in the school system. He's married, and the father of three children, aged 26, 24, and 22. He's been involved in the Employment Program since 1980. As he puts
it, he was interested in getting into something related to alcoholism treatment, although he wasn't actively pursuing it. Fred describes his main responsibility as overcoming the stigma in the minds of some people - opening up possibilities of hiring recovered alcoholics. To this end, he visits businesses, leaving literature about the program. He believes about 80% of the placements are still working. Fred points out to potential employers that there's always a risk of hiring an individual with an uncontrolled drinking problem. In hiring graduates of the Employment Program, at least the employer has some assurance that the potential employee has "beaten" the problem. Fred speaks of a society with a "strong work ethic... anyone who is unemployed is going to feel inferior, depressed, guilty... most people want to work, they are very unhappy being unemployed." He says the economic downturn has had its effects on the program. It's led to a possible resistance to refer potential clients as a result of slowdown in job placements. For example, for one listing a potential employer may get forty or fifty phone calls. "The market for the job seeker is very competitive. We attempt to prepare them for this eventuality using much reality therapy - they are generally well prepared for the interview."

Vocational Counselor

Ingrid is 38 and Finnish born. She's been in this country for ten years. Her father was a diplomat. She recalled that as a child her father was placed in Paris, and she attended French Catholic School where she was ostracized by her French neighbors for being
"different." She attended prep school in Beirut, Lebanon (This was co-educational American), returning to Finland every summer. She has a degree in Physical Therapy granted in Finland (equivalent of a B.S.). She remembers studying physical therapy partly as a result of family pressures. Ingrid was married at 18 to a Finn, and has three children, 17, 11, and 10; the last an adopted male Korean child. She talks of a large extended family, and frequent visits from nieces and nephews (from Finland). Ingrid describes the Finns as "heavy drinkers." While she is familiar with the problem, she has no personal history of problem drinking. Ingrid decided to leave the field of physical therapy eight years ago. She took a course in Alcoholism Counseling at the County Council on Alcoholism, also had field training at a large treatment facility with a detoxification rehabilitation unit. She drove one hundred miles a day to gain this experience. She's also worked at a hospital alcoholism unit as a per diem consultant. Ingrid experiences the work at the Employment Program as "very exciting and challenging." In response to a question about the client population, she describes their general "sickness" and high levels of emotional instability. She says it's sometimes hard to "let go," but she recognizes that she's not a "miracle worker." Working very closely with the other Counselor as a "team" has been important to her, there's a compatibility. She's interested in learning "what are the components of reinforcing success?" She mentions the "Reentry Group," designed to provide support for clients recently placed in jobs. This is a high stress period.
Vocational Counselor

Sue is a 41-year-old white woman, she's married, and the mother of two sons, 18 and 13. She has a Master's degree in Guidance and Counseling (granted 1 1/2 years ago), and a B.A. in Sociology. She's also completed the training program at the County Council on Alcoholism for Alcoholism Counseling. She has a teaching license. She worked as a teacher for many years in the Pupil Personnel Department of a local high school. She recalled wanting to pursue a degree in Social Work, but was discouraged by family members who viewed the field as fraught with danger. Sue reflects that she was nevertheless able to move into a "helping profession" without the two year requirement. Prior to her entry into the field of alcoholism vocational counseling, she had no personal exposure to the problem. She was able to describe the alcoholism counseling training program. Five hundred hours, one year of education on alcoholism. She was taught the "Disease Concept" of alcoholism. After a written and oral exam, she received a certificate. Sue describes her role in the program as a "little bit of everything" - outreach, vocational counseling, liaison between the Alcoholism Council and various treatment facilities. She too refers to the difficulty of working with seriously troubled clients. She says most of the clients have had at least one psychiatric hospitalization.
**Group Staff Interview**

The three staff members, excluding Director, were asked a number of questions about the client population. The first related to program rationale for retaining clients for more than eight weeks. The responses included: 1) It's an individualized program, each person must go through it at his/her own speed. 2) Some clients have not been able to get a job, therefore they're retained in the program. 3) In some clients emotional instability (depression, suicidal thoughts) account for a longer stay, 4) they may be technically ready, but then put on "hold" because they have not yet connected with an AA sponsor or other support networks., 5) A client may give no indication of being reliable and dependable i.e., they may have a record of poor attendance, 6) Even though they have reached a level of job readiness, they may be difficult to place due to their (home) geographic location, no drivers license... - "We will continue to hold them in the program." For those asked to leave the program, the door is always open. They may return at a later date....there are very few cases where the door is closed. A number return to the referring treatment facility.

**Informal Associations**

"Graduates" often drop in on a day off. Staff sometimes mix informally with clients during the lunch break. Ingrid mentions meeting graduates for lunch at a local diner for a session (support/treatment), she saw one such graduate for at least six months a few times a week. Staff describe a crucial period of adjustment, seeing themselves as "a bridge" (between treatment and employment).
General Impressions of the Client Population

There appeared to be a consensus that minority group members appear to be more responsive to the program, to be less grandiose in their aspirations. While these clients are often educationally "deprived" they tend to be easier to work with. Their difficulties tend to be less manifest in psychiatric disorders. Overall, the staff is impressed by what they see as generally a very disturbed population; many of those who do live with families, live with very troubled family members. For the rest, there is a general paucity of family supports. Most clients have had a number of detoxifications.

Program Goals

Staff described the major goals as - The development of coping skills, improved personal adjustment, socialization skills, values clarification, assertion (improved sense of competence). Ultimately the hope is that the client will "get working, develop a track record at the same time maintaining their support network and sobriety."

Overall the staff of the Employment Program impressed me as being strongly, and very positively committed to working with their recovering alcoholic clients. They have each been personally sensitized to the experience of being "different," either as the result of a drinking problem, family mobility, or their sex. In the case of the two women counselors, both were constrained in their career choices by family pressures.
Profile of the Population

The majority of the subjects, 72% were white, with 28% non-white or members of a minority group. There were 19 women (13 white, 5 black, 1 "mulatto") and 61 men (43 white, 16 black, 2 Puerto Rican, 1 "mulatto", and 1 Indian). The age ranged from 19 to 61, with the mean age of 41. The greatest concentration for both white and non-white populations was in the 31-50 age groups. One-hundred percent of the black population fell into this category, and 66% of the white population. There were 12 subjects in the 51-61 age group, and 7 in the 30 and under group.

Education by Sex

There was no measurable difference in levels of education by sex (Table 1). Thirty-one percent of both male and female subjects had some high school education or less, 31% of the females and 28% of the males were high school graduates, and 37% of the females and 41% of the males experienced some college education or beyond.

<table>
<thead>
<tr>
<th>EDUCATION BY SEX</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>To High School</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>HS Graduate</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Some College or More</td>
<td>37</td>
<td>41</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>N</td>
<td>(19)</td>
<td>(61)</td>
</tr>
</tbody>
</table>

\[ x^2 = .1323, \quad df = 2, \quad p \text{ NS} \]
Education By Ethnic Background

There was a significant difference in levels of education by ethnic background (Table 2). Whites were much more likely to have had higher levels of education, with 52% college educated (or beyond). The vast majority (86%) of minority subjects had 12 years of education or less.

<table>
<thead>
<tr>
<th>ETHERIC GROUP &amp; EDUCATION</th>
<th>White</th>
<th>Black &amp; Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>To High School</td>
<td>16</td>
<td>64</td>
</tr>
<tr>
<td>HS Graduate</td>
<td>32</td>
<td>22</td>
</tr>
<tr>
<td>Some College or More</td>
<td>52</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>N</td>
<td>56</td>
<td>(22) (78)</td>
</tr>
</tbody>
</table>

\[ x^2 = .1819 \quad df = 2 \quad p = .001 \]

Marital Status

Twenty percent of the subjects were married - 22% of the women, and 20% of the men. The mean age for married subjects was forty-six. Thirty-eight percent described themselves as single, 40% of the men, and 33% of the women. Nine percent, 16% women, and 7% of the men were involved in a relationship with a person of the opposite sex. There were 11% widows, and 2% widowers. Sixty-five percent of the subjects reported having no children.
Referral Sources

Sixty percent were referred to the program by outpatient alcoholism treatment programs, with the second largest group 15% coming into the program through AA or a friend in AA. Twenty-five percent accounted for their knowledge of the program to a friend (8), a newspaper article (3), inpatient rehabilitation facility (2), inpatient psychiatric facility (2), family members (2), one each from - The Salvation Army, a physician, self-help group (For The Alcoholic).

Culture

Ethnoreligious ancestry was 34% Irish, 13% American, 8% German, 6% English. The majority of subjects grew up in Catholic families (mothers 58%, fathers 50%). The remainder reported - Protestant (43% father, 38% mother), Jewish 1%. Of those who grew up in Protestant households, subjects checked Baptist 14%, Episcopalian 6%, Presbyterian 3%. Ninety-four percent of the subjects were born in this country, with 76% reporting both parents were U. S. citizens. When asked about their own religious affiliation subjects checked - 26% Catholic, 20% Protestant, 46% were not affiliated with a religion.

Socio-Economic Status

The majority of the subjects 54% described themselves as Working Class, 33% said they were Middle Class, 6% Lower Class, 5% Upper Class.
Previous Work History

On the average, subjects were unemployed for six months prior to enrolling in the program, with 10% unemployed for less than 6 months, 22% unemployed for a year or more, and 10% unemployed from 6 to 20 years. With few exceptions (among men only) the employment history was predominantly blue-collar (pink collar) working-class (Appendix C). At their last place of employment, subjects were employed for a mean period of 22 months, with 8% employed for 11 weeks or less, and 36% employed for four years or more (up to 7 years).

Psycho-Social and Family Histories

Thirty-six percent reported growing up in a household (before the age of 16) without both parents. Of these subjects 15% lived with mother alone, 5% with father alone, 5% with grandmother, 4% grandparents, 4% grew up in institutions. In response to the question: "Have you ever had a close relative with a serious drinking problem?", 79% answered "yes". (Table 3) The majority 51% reported Father's drinking problem. Few subjects escaped at least one hospitalization for alcohol detoxification and rehabilitation. Forty-four percent reported a history of psychiatric treatment (Appendix C). Fifty-one percent (Appendix C) had an arrest record, 57% of the men, and 37% women. Many of these arrests appeared to be drinking related, with a fair number of felony offenses (12).
FAMILY HISTORY OF PROBLEM DRINKING
SUBJECT SELF REPORTS

Have you ever had a close relative with a serious drinking problem?" 79% or 63 subjects answered "yes" - Some subjects had as many as five family members with a problem drinking history. The breakdown was as follows:

<table>
<thead>
<tr>
<th>Relative with Problem Drinking History</th>
<th>% of Subjects Identifying Family Member - With Problem</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>51</td>
<td>41</td>
</tr>
<tr>
<td>Uncle</td>
<td>30</td>
<td>24</td>
</tr>
<tr>
<td>Brother</td>
<td>21</td>
<td>17</td>
</tr>
<tr>
<td>Mother</td>
<td>21</td>
<td>17</td>
</tr>
<tr>
<td>Grandfather</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Grandmother</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Sister</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Spouse</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Others</td>
<td>14</td>
<td>11</td>
</tr>
</tbody>
</table>

Drinking History

In response to the question "How old were you when you had your first drink of alcohol?", a significant number of subjects reported very early introduction to alcohol. The mean was 14 years of age, with 19% reporting their first drink at 10 years or younger (down to age 3). When asked: "How old were you when you started to drink on a regular basis?", 34% reported the onset of regular drinking was at age 16. The mean age in response to this question was 20. That is, by age 20, 65% of the subjects were drinking on a regular basis. Early introduction to the use of ethanol increases the risk of developing a physical dependence on the drug, and a greater probability of problem drinking patterns in later years. (LeDain Report, 1973, Cahalan and Room 1974).
When subjects were asked: "The last time you started drinking, what were the main reasons you started?", the largest number 23% alluded to emotional problems and isolation, others described a need to escape, boredom, and a variety of other reasons. Some samples follow:

...depression, guilt, loneliness

41 year old male

...having no special goals, loneliness
poor coping ability

39 year old male (born in Ireland)

...depression

56 year old male (born in China to missionary parents)

...I could not handle rejection by a friend, and the rage, at the time that went with it.

44 year old female

Subjects were asked: "The last time you stopped drinking, what were the main reason(s) you stopped?". The vast majority of responses alluded to the negative effects of drinking, i.e., physical illness, followed in importance by fear of becoming ill, pressures from family members and friends, and a wish to improve one's life.

A closer look at the population sample

Subjects drinking histories reveal patterns which tend to be predictive of the later development of problem drinking. There was a pattern of early introduction to ethanol, and regular drinking by
age 20 or earlier. Cahalan and Room reported the best predictors in the later development of problem drinking patterns relate to father's heavy drinking, home-role instability, work-role instability, and membership in an ethnoreligious group with "favorable attitudes toward the use of ethanol" (Cahalan and Room, 1974, p. 224). In American Drinking Practices, the authors found religious fundamentalists, those without religious affiliation, and disadvantaged ethnicity as factors associated with the development of problem drinking patterns (Cahalan, Cisin and Crossley, 1969).

Among our subjects, 51% of the fathers were reported to have been problem drinkers (this number excludes a fairly high percentage of other family members with serious drinking problems). Thirty-six percent of our subjects reported growing up in a home (under the age of 16) without both parents — This is one clear measure of possible early life family instability. Our subjects came overwhelmingly from cultures (ethnoreligious groups) with favorable attitudes toward the use of ethanol (Irish, English, German, American), or from Fundamentalist Protestant (abstaining) cultures, 46% had no religious affiliation, 28% were members of disadvantaged minority groups. All of these features are associated with the high risk of developing problem drinking patterns.

High intake patterns are prevalent for men living with neither wife nor children (Cahalan and Room, 1974). Women alcoholics are reported to come from families with more alcoholism, and experience
more family and childhood disharmony than women who do not experience drinking problems (L. Beckman, 1975). Our subject population appears to be a rather isolated group, with 80% living alone. This is atypical of the general population profile. The Rand Report cited a marriage rate of 30% among the most impaired group of problem drinkers (Rand Report, 1980). The cohort is impaired on measures of both social and economic adjustment. Eight subjects, 10%, were unemployed for between six and 20 years, with 22% unemployed for a year or more. The arrest rate of 51% is significant. In addition 44% reported psychiatric histories.

Program staff were impressed with what they described as high levels of emotional instability. Serious psychological problems appeared to be the norm.

The Rand Report cites the fact that clinical treatment programs tend to service a higher proportion of public inebriates, long-term debilitated alcoholics from lower socio-economic groups who are unemployed and lack family affiliations (J. Polich et al, 1980). In contrast, surveys of the general population reveal that drinking problems peak for men between ages 21 to 24, and for women from 45-59 (Cahalan, Cisin, Crossley, 1969, D. Cahalan, 1976). In addition, the largest number of problem drinkers do not get help, with a fairly large proportion "maturing-out" of the pattern. (D. Cahalan, 1976, p. 48, R. Roizen, 1978).

In terms of subjects' explanations for the onset of drinking, and for stopping - responses reflect (as far as onset is concerned)
the levels of emotional instability, identified as one impressive factor associated with problem drinking onset. Health factors related to impaired functioning have also been identified as motivating factors in moves toward recovery (abstinence, or diminution of the drinking) (Rand Report, 1980).

Response Rates

The study outcome analysis will focus on only respondents, subjects who mailed in their questionnaires at the six month follow-up point. The analysis of indexes will also use only numbers obtained from the respondent population. Therefore, it will help us to differentiate the respondent from non-respondent groups (Table 4).

Respondents were more likely to have "graduated" from the program than non-respondents. Of the subjects who dropped out, 40% returned their follow-up questionnaires, compared to a return rate of 60% for program graduates.

There was no measurable difference in return rates by ethnic background. Both minority and white subjects returned their questionnaires at a rate of 77%.

On the educational continuum, there were only slight differences in response rates for those with some college or beyond 78%, and those with some high school or less, 84%. High school graduates had a return rate of 70%.
### SUBJECT RESPONSE RATES

<table>
<thead>
<tr>
<th>Subject Characteristic</th>
<th>Respondent</th>
<th>Non Respondent</th>
<th>Total N</th>
<th>( X^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnic Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>77%</td>
<td>23</td>
<td>100%</td>
<td>(56)</td>
</tr>
<tr>
<td>Black &amp; Other</td>
<td>77%</td>
<td>23</td>
<td>100%</td>
<td>(22)</td>
</tr>
<tr>
<td>Total N</td>
<td></td>
<td></td>
<td></td>
<td>(78)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To High School</td>
<td>84%</td>
<td>16</td>
<td>100%</td>
<td>(25)</td>
</tr>
<tr>
<td>HS Graduate</td>
<td>70%</td>
<td>30</td>
<td>100%</td>
<td>(23)</td>
</tr>
<tr>
<td>Some College or Beyond</td>
<td>78%</td>
<td>22</td>
<td>100%</td>
<td>(32)</td>
</tr>
<tr>
<td>Total N</td>
<td></td>
<td></td>
<td></td>
<td>(80)</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>95%</td>
<td>05</td>
<td>100%</td>
<td>(19)</td>
</tr>
<tr>
<td>Male</td>
<td>72%</td>
<td>28</td>
<td>100%</td>
<td>(61)</td>
</tr>
<tr>
<td>Total N</td>
<td></td>
<td></td>
<td></td>
<td>(80)</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>94%</td>
<td>06</td>
<td>100%</td>
<td>(16)</td>
</tr>
<tr>
<td>Unmarried</td>
<td>73%</td>
<td>27</td>
<td>100%</td>
<td>(63)</td>
</tr>
<tr>
<td>Total N</td>
<td></td>
<td></td>
<td></td>
<td>(79)</td>
</tr>
</tbody>
</table>

When we look at return rates by sex we see that women were more likely to return their follow-up questionnaires. Here the return rate was 95%, compared to a return rate for men of 72%.

Subjects who had a psychiatric history or arrest record, or both, returned their questionnaire at the same rate as subjects who had neither a history of arrest nor psychiatric treatment.
Married subjects returned their questionnaires as a higher rate, 95%, compared to a return rate of 73% for unmarried subjects.

Summary

The program staff consisted of two Vocational Counselors, a Job Developer and the Program Director.

Group treatment was the primary interventive technique employed with the subject population. In addition, each subject was assigned a Vocational Counselor and seen in individual sessions on a regular basis. One of the purposes of these sessions was to monitor each client's progress in the program as he/she progressed through succeeding phases. The ideal period of enrollment was described as eight weeks. Some subjects were retained for briefer or longer periods.

The short range goals of the program included the development of coping skills, improved personal adjustment and socialization skills, and an enhanced sense of competence. The long range goal was to place each client in a productive work situation.

The majority of the subjects were referred from outpatient treatment facilities. As a group they were typical of clinical treatment samples, more socially and psychologically impaired than a cross section of the general drinking population. Their employment histories were blue collar/pink collar, non-professional, with a few exceptions. They were unemployed for a mean period of six months prior to entering the program. Twenty-two percent had been unemployed for a year or more, and 10% for from six to twenty years.
Subjects who returned their follow-up questionnaires at the highest rates were those who had graduated from the program, women, and those who were married.
CHAPTER 4

METHODOLOGY

The study is best described as a case study of an employment program for recovering alcoholics. The original design called for a longitudinal study of one-hundred clients. The projected time table called for willing subjects entering the employment program from June of 1981 to be administered an initial questionnaire - this would continue until the one-hundred subjects completed the instrument. At a point six months from the date subjects left the program, they were each to be mailed a follow-up questionnaire. The proposal estimated a time period of eleven and one-half months for the collection of all baseline data and the administration of the initial questionnaire. Due to a number of factors, there was a considerable slowdown in the processing of clients - to the extent that it took fifteen months to collect baseline data and administer initial questionnaires to eighty (not the projected one hundred) subjects.

Shortly after the data collection process was initiated (Sept/October 1981) CETA, the Comprehensive Employment and Training Act was radically cut. Stipends to program clients in the amount of $30 a week above the regular welfare grant, and a minimum wage stipend for non-public assistance clients, were eliminated. This acted as
probably one strong disincentive for potential clients to enroll in the program. In addition, this was a period of high unemployment (and although the County had slightly higher rates of employment than the City proper), competition for jobs was keen. One of the effects appears to have been a slowing-down of referrals from out-patient facilities which provided the majority of clients to the program. The holding of clients in treatment programs was both protective from the agencies standpoint, i.e., shielding clients from the harsh reality of a very competitive job market, thereby reducing the risk of reentry stress for "fragile" individuals. It also served to keep program enrollments up. This was a time when programs were being carefully scrutinized for potential cuts. Some were falling by the wayside. There were also fewer self-referred clients than in previous months; as a feeling of uncertainty pervaded the atmosphere.

Including the follow-up inquiry, the total time for data collection took twenty-three months for the study of eighty subjects. This was three months beyond the original projection for the anticipated one hundred subjects. In all, twenty visits were made to the program site to administer the initial questionnaire.

**Study Design** - The primary objective of the study was to discern whether vocational counseling and alcoholism have a particular relationship; and to uncover and identify those background characteristics associated with various levels of performance in the vocational counseling program and at follow-up. Criteria of success
include gainful employment, and diminution or elimination of problem drinking patterns. There are several underlying assumptions of the study. One is that vocational counseling enhances the potential of some clients (a proportion of the 80 subjects) to reenter the work world. Particular individuals with specific pre-treatment characteristics, benefited to a greater extent from participation in the program than others. We were also interested in gaining insight into the special unmet needs of segments of the subject population.

A six months follow-up was necessary, as previous research indicates this period is needed to ascertain what levels stabilization or recovery the individual has achieved. Patterns of fluctuation in drinking predominate, and abstinence or controlled drinking at the time of termination from the program do not necessarily indicate long term gain. In addition, readjustment to a work environment measured in shorter intervals would not be a dependable measure of adjustment (D. J. Armor, 1976).

The number of subjects studied (80) permit us to make only tentative assumptions about patterns of success, and the relationships between pre-treatment characteristics, program participation and outcomes.

A number of hypotheses were tested. The first stems from the suggestion that AA (Alcoholics Anonymous) affiliates may be a self-selected group; with the possibility that sectarianism and AA display certain characteristics in common (M. G. Petrunik, 1972, G. A. Taylor, 1954, M. Bean, 1975 H. M Trice, 1970 Brother Frances Casey, 1978).
Hypothesis I - Religiousity will contribute to a person's ability to accommodate to a regime of Alcoholics Anonymous, which will in turn effect program success.

A second hypothesis is based on research which indicated family support to be a motivating feature in the life of the married alcoholic to the extent that it may enhance capacity for recovery from alcoholism and improve motivation toward vocational rehabilitation and work/role stability (J. H. Williams, 1964, D. A. Pemberton, 1967, H. Mayer, 1970).

Hypothesis II - Improvements in the life of the married alcoholic will favor shifts in marital relationship functioning which in turn will effect program success.

There were several derivative hypotheses. One relates to a finding that friendship support contributes to the alcoholics improvement or lack of change (L. Maguire, 1981, J. C. Kincannon, 1982, S. Cobb, R. G. Smart, 1970):

Hypothesis III - Friendship support acts as a prime contributor to the recovering alcoholics improvement or lack of change.

A second derivative hypothesis identifies work as crucial to rehabilitation and recovery from alcoholism (J. Dworskin, 1979, F. Duckert, 1980):

Hypothesis IV - Employment is a crucial factor in affecting drinking patterns, and emotional states.

A third derivative hypothesis relates to religious participation as an important social tie, which has the potential of enhancing particular individuals capacity to withstand the stresses of job seeking behavior and employment (J. House, 1981).

Hypothesis V - Religious participation effects ones ability to withstand the stresses of job seeking behavior and employment.
The initial questionnaire was designed to collect socio-demographic and other baseline data on work history, family and network supports, drinking history, AA attendance, degree of religiosity and feeling states. The six month follow-up collected data on changes in work status, drinking patterns, network affiliations, and family functioning. In addition, the follow-up instrument included a series of questions designed to provide the program with feedback about subjects perceived and measured changes which they (subjects) attributed to the impact of the program.

The "Consent for Follow-Up Release Form" attached to the initial questionnaire requested clients give the name of family member or friend to whom their whereabouts was known in the event we lost contact with them. This was designed to minimize subject attrition. In addition, the program willingly shared information about subjects job placement, levels of program participation, drinking or drug relapse, whereabouts and overall status on an ongoing basis; so that cross-checking was possible. We therefore did not rely primarily on self-reports of drinking at six months, but were able to cross-check with program staff and records, in an attempt to keep to a minimum unreliable self reports (Rand Report, 1980 P.195).

In addition to the instruments described, we had ready access to the program's charts on each subject, which contained vocational and program impact instruments. This provided data on subject program performance, psychiatric and educational history, psychosocial evaluation and job placement status. Counselor Assessment Sheets
provided us with Counselors predictions of client outcome "success" and some evaluation of program participation and support network affiliation. Detailed data was not available on the treatment programs from which the subjects were referred, or were in some cases currently under treatment.

In order to insure subject confidentiality, each client was given a code number, the listing of code breakdown was contained in a locked file cabinet on the premises of the program.

The Study Process - I was available to subjects at the time initial questionnaires were administered, to answer any questions they had about the purposes and scope of the study. Most subjects were enthusiastic about participating in the study. They were each offered a small incentive for completing and mailing back the follow-up inquiry ($5). Four potential subjects refused to complete an Initial Questionnaire. There was a follow-up completion rate of 77.5%, or 62. The majority of the subjects (42) were sent at least one follow-up reminder letter after a waiting period of a week to ten days after the instrument was mailed to them. Some required several phone contacts in addition. Several questionnaires were lost in the mail or misplaced. These individuals were mailed duplicates. Attempts were made to locate individuals who had moved with no forwarding address. The names of family members or friends already supplied were used to this end. Several individuals (3) who were contacted at follow-up refused to complete the questionnaire, (2) were know to be employed. In all (8) individuals could not be traced. We used the model of Moos and Bliss (1978) to increase
incentive for reluctant respondents - resistant or refusing to return follow-ups, we offered $10 to these subjects. Twelve (12) individuals responded favorably, mailing in their questionnaires.

Due to a clerical error, twenty-one individuals were mailed follow-up questionnaires at a point six months from the time they were administered the initial questionnaire, instead of six months from the time they "graduated" or dropped-out of the program. As soon as the error was picked-up, we began to contact these individuals, either by mailing, or phone at the six month (or beyond) point. The Employment Program also shared status information with us regarding this population of subjects. We were able to contact all those involved in the error, and corrections in status (drinking, employment, and other) were included in the analysis.

Major Limitations - The subject population is somewhat unrepresentative of the alcoholic population in general. This may be a self-selected group of individuals more highly motivated, in some cases less debilitated than typical clinical treatment population samples, and problem drinkers who do not seek vocational counseling service. Characteristics of the subject population are unlike those of the total population of untreated problem drinkers. Therefore, the findings of this study, generalizability, will be limited to like populations.

The Analysis

The analysis focuses on factors associated with employment and drinking at follow-up. We will look at the support networks of the
subject population, attempting to gauge the impact of different
levels of family and friendship support. We will also examine
religious participation as it may have affected outcomes, and its
relationship to AA attendance. We will examine feelings of optimism
(Time I) in relation to outcomes, and feelings of depression
(Time II) in relation to various levels of change. We will compare
counselors' prediction of subjects' success with actual subject
outcomes.

The SPSS (Statistical Package for the Social Sciences) program
was employed in the data analysis process. The major part of the
analysis was a simple bivariate analysis, with the findings
displayed in tabular form. Frequencies were small, and for the
final analysis data was collapsed into no more than three
categories. Since we studied a sample of subjects entering the
program, Chi Square tests were run for each table. Level of signi-
ficance is listed with each table. Chi Square levels of .05 or less
are considered significant.

A multiple regression to predict Drinking and Employment was
analyzed. The fact that this is a small, relatively homogenous
population sample attenuates the relationship between independent
and dependent variable.

In the construction of Indexes, variables (questions) were
selected which appeared to be related and then run for tests of
reliability. The criteria for including subjects in the Index
analysis was: - In an index with three items, subjects had to have
answered two out of three of the questions. In an index with two items, subjects had to have answered both questions. Five indexes were constructed. The correlation matrix of Indices (Appendix B) indicates they were weakly correlated with each other. The maximum correlation was .415 for Feelings (Time I), and Feelings (Time II). These two indices were tapping subject feeling states at two different times; the first at program entry, or shortly thereafter, the second at the six months follow-up point, typically eight months later.

Indices are described in Table 5.

<table>
<thead>
<tr>
<th>Index Name</th>
<th>No. of Items</th>
<th>Type of Questions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Support</td>
<td>2</td>
<td>Strength of tie measured in terms of &quot;affection&quot; and &quot;good opinion&quot;</td>
</tr>
<tr>
<td>Friendship Support</td>
<td>3</td>
<td>Strength of tie measured in terms of &quot;liking&quot;, &quot;respect&quot; and &quot;going out of their way to help&quot;.</td>
</tr>
<tr>
<td>Feeling I (Optimism/Self-Esteem)</td>
<td>2</td>
<td>Measures feelings of inferiority, optimism</td>
</tr>
<tr>
<td>Feelings II (Depression)</td>
<td>3</td>
<td>Measures of &quot;depression&quot;, &quot;Spirit&quot; levels and &quot;tension&quot;.</td>
</tr>
<tr>
<td>Religious Participation</td>
<td>2</td>
<td>Membership in organized religious group and frequency of workshop</td>
</tr>
</tbody>
</table>

*See Appendix B for questions included in each Index and Alpha Coefficients on Reliability of Indices.
CHAPTER 5
PROGRAM PARTICIPATION

Factors Associated with Program Retention

Socio-demographic characteristics and psychological states appear to predispose particular subjects to early termination from treatment. A number of longitudinal studies have pointed conclusively to the fact that length of stay in treatment is correlated to improved states at follow-up; i.e., better prospects of employment, and abstinence or diminution of problem drinking (J. M. Polich, 1980, F. Duckert, 1980, D. A. Pemberton, 1967 E. Gottheil, 1980). Adequate periods of treatment appear to yield better outcome results. The ideal period of program participation for our subjects was described as eight weeks. The mean number of weeks subjects were actually enrolled in the program was eight weeks. In ensuing sections, we will look more specifically at outcomes (drinking, employment status) in relation to program stay. At this point, it will help us to identify those characteristics which appear to distinguish the drop-out from the completers or "graduates".

Women were retained in the program (Table 6) at a slightly higher rate than men, 67% of the women graduated from the program, compared to a completion rate of 53% for men.
### TABLE 6  
PROGRAM RETENTION BY  
SUBJECT CHARACTERISTIC

<table>
<thead>
<tr>
<th>Subject Characteristic</th>
<th>Graduate</th>
<th>Dropout</th>
<th>Total</th>
<th>N</th>
<th>$X^2$</th>
<th>df</th>
<th>p</th>
<th>NS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>67%</td>
<td>33</td>
<td>100%</td>
<td>15</td>
<td>.9474</td>
<td>1</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>53%</td>
<td>47</td>
<td>100%</td>
<td>57</td>
<td></td>
<td>1</td>
<td>p</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
<td></td>
<td></td>
<td></td>
<td>72</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-30</td>
<td>87%</td>
<td>13</td>
<td>100%</td>
<td>8</td>
<td>4.2306</td>
<td>2</td>
<td>p</td>
<td>NS</td>
</tr>
<tr>
<td>31-49</td>
<td>56%</td>
<td>44</td>
<td>100%</td>
<td>51</td>
<td></td>
<td>1</td>
<td>p</td>
<td>NS</td>
</tr>
<tr>
<td>50+</td>
<td>43%</td>
<td>57</td>
<td>100%</td>
<td>14</td>
<td></td>
<td>1</td>
<td>p</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
<td></td>
<td></td>
<td></td>
<td>73</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ethnic Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>56%</td>
<td>44</td>
<td>100%</td>
<td>52</td>
<td>.0553</td>
<td>1</td>
<td>p</td>
<td>NS</td>
</tr>
<tr>
<td>Black &amp; Other</td>
<td>53%</td>
<td>47</td>
<td>100%</td>
<td>19</td>
<td></td>
<td>1</td>
<td>p</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
<td></td>
<td></td>
<td></td>
<td>71</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To High School</td>
<td>40%</td>
<td>60</td>
<td>100%</td>
<td>23</td>
<td>.4022</td>
<td>1</td>
<td>p</td>
<td>NS</td>
</tr>
<tr>
<td>HS Graduate</td>
<td>62%</td>
<td>38</td>
<td>100%</td>
<td>21</td>
<td></td>
<td>1</td>
<td>p</td>
<td>NS</td>
</tr>
<tr>
<td>Some College or beyond</td>
<td>66%</td>
<td>34</td>
<td>100%</td>
<td>29</td>
<td></td>
<td>1</td>
<td>p</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
<td></td>
<td></td>
<td></td>
<td>73</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>50%</td>
<td>50</td>
<td>100%</td>
<td>14</td>
<td>.2172</td>
<td>1</td>
<td>p</td>
<td>NS</td>
</tr>
<tr>
<td>Unmarried</td>
<td>57%</td>
<td>43</td>
<td>100%</td>
<td>58</td>
<td></td>
<td>1</td>
<td>p</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
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<td></td>
<td></td>
<td>72</td>
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<td><strong>Psychiatric History</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prev. History</td>
<td>49%</td>
<td>51</td>
<td>100%</td>
<td>29</td>
<td>.8201</td>
<td>1</td>
<td>p</td>
<td>NS</td>
</tr>
<tr>
<td>No History</td>
<td>60%</td>
<td>40</td>
<td>100%</td>
<td>37</td>
<td></td>
<td>1</td>
<td>p</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
<td></td>
<td></td>
<td></td>
<td>66</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Looking at age we find the highest rate of dropout was in the fifty and over age group. The highest rates of retention was in the youngest age group (18-30).

There was no measurable difference in rates of retention by ethnicity. White subjects completed at a rate of 56%, minority group subjects at a rate of 53%.

When we look at retention rates by education, we find subjects with less than a high school education were somewhat more likely to dropout (60%) than subjects who had completed high school and beyond, 38% and 34% respectively.

Several subjects who failed to complete the program report being disappointed due to a misunderstanding, possible lack of information about program components:

I thought it would be a program to point out to me my abilities and to develop my abilities.

60 year old male, H.S. graduate

I was expecting more of a program which obtained CETA jobs and the like

32 year old male, H.S. graduate

Thought (the program) would find me a job

61 year old female, 18 years of education

...I don't feel that (the program) helped me much. I only stayed one week because I was over qualified for the program. However, I can see where it would be very helpful to those who are nearly unemployable. I've always been in the job market - drinking or not. If I lost a job (and I did), I'd get another and try controlled drinking which works for a while.

48 year old woman, H.S. graduate
Since the program stresses the importance of securing employment over the type of job secured, or level of entry, it's understandable that among those who anticipated skills training, and the most highly educated, some would be reluctant to accept unskilled positions, or jobs which mean a step-down in employment status. These individuals may have been less motivated to participate or stay with the program, the two variables identified as positively associated with program success (E. Bromet, 1977, R. G. Smart, 1978, V. Friesen, 1981). This is a response from a 39-year-old male employed at follow-up as a ghostwriter and copyeditor.

After nearly three months, following directions and advice, I balked at one crucial point: telephone follow-up calls. So I found out I was not quite job ready, not willing to "go to any length", not truly ready to surrender (and I still am not). But that's my fault, not (the program's). I would recommend (the program) to anyone who is readier than me.

There was no measurable difference in rates of retention by marital status. 50% of married subjects completed the program, 57% of unmarried subjects.

Subjects with a history of psychiatric treatment were retained in the program at a lower rate, 49% with a history of treatment graduated, compared to a graduation rate of 60% for subjects without a history of treatment.

There was a little relationship between levels of family support and program retention (Table 7). The table indicates a curvilinear relationship, with subjects experiencing both high and low support levels somewhat more likely to have graduated, than subjects with
moderate levels of support. The majority of the subjects lived alone. Those who did live with family, were described as (predominantly) living in problematic relationships.

<table>
<thead>
<tr>
<th>Level of Support</th>
<th>Dropout</th>
<th>Graduate</th>
<th>Total</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>29%</td>
<td>71</td>
<td>100%</td>
<td>(21)</td>
</tr>
<tr>
<td>Moderate</td>
<td>52%</td>
<td>48</td>
<td>100%</td>
<td>(21)</td>
</tr>
<tr>
<td>Low</td>
<td>40%</td>
<td>60</td>
<td>100%</td>
<td>(15)</td>
</tr>
</tbody>
</table>

\[ X^2 = 2.4741, \ df = 2, \ p \text{ NS} \] (57)

There was a slight relationship between higher friendship support and program retention. Subjects with the highest support levels graduated 65%, those with moderate and low levels graduated 57%.

<table>
<thead>
<tr>
<th>Level of Support</th>
<th>Dropout</th>
<th>Graduate</th>
<th>Total</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>35%</td>
<td>65</td>
<td>100%</td>
<td>(20)</td>
</tr>
<tr>
<td>Moderate</td>
<td>43%</td>
<td>57</td>
<td>100%</td>
<td>(23)</td>
</tr>
<tr>
<td>Low</td>
<td>43%</td>
<td>57</td>
<td>100%</td>
<td>(14)</td>
</tr>
</tbody>
</table>

\[ X^2 = .3679, \ df = 2, \ p \text{ NS} \] (57)
When we look at religious participation and program retention, we find the relationships are not in line with what would be expected. Here, subjects with the lowest levels of religious participation had slightly higher rates of program retention, than those with moderate or high levels of participation.

**TABLE 9**

<table>
<thead>
<tr>
<th>Level of Support</th>
<th>Dropout</th>
<th>Graduate</th>
<th>Total</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>42%</td>
<td>58</td>
<td>100%</td>
<td>(19)</td>
</tr>
<tr>
<td>Moderate</td>
<td>57%</td>
<td>43</td>
<td>100%</td>
<td>(23)</td>
</tr>
<tr>
<td>Low</td>
<td>33%</td>
<td>67</td>
<td>100%</td>
<td>(18)</td>
</tr>
</tbody>
</table>

$x^2 = 2.3062, \ df = 2, p \ NS$ (60)

**Summary**

Previous research points to adequate periods of treatment as yielding the most positive outcomes (employment and abstinence or controlled drinking) at follow-up.

We found subjects with the following characteristics completing the program at the highest rates: Women, the youngest age group (18-30), those who had graduated from High School or beyond, and those with no reported history of psychiatric treatment.

We could document no relationship between levels of family support or religious participation and program retention. There was a slight relationship between friendship support and graduation; with subjects having the highest level of support completing the
program at slightly elevated rates when compared to those with lower levels of support. There was no significant difference in rates of program completion by marital status or ethnic background.
CHAPTER 6
FACTORS ASSOCIATED WITH EMPLOYMENT

Of our sixty-two respondents, 56% were employed at follow-up. This rate of employment compares favorably with findings of other research. For example, The Rand Report followed a clinical treatment population cohort for a period of four years and found that the overall employment rate was 40%, as compared to a rate of employment in the general population (at that time) of 88% (J. Polich, et al, 1980). In an evaluation of 286 subjects exposed to a "whole person model" rehabilitation program, where subjects were detoxified and then resided at a rehab center working there half-time, and receiving vocational counseling, Mellon reported the findings of a six month follow-up (during a period of high unemployment and recession). Overall the success rate was reported as 68% (T. A. Mellon, 1981, p. 12). However, the definition of success included 10 subjects in full-time college, and 13 in trade school. Taking these numbers into consideration, the rate of employment was 44% for the subject population.

Employment Status by Age

All six subjects under the age of thirty (Table 10) were employed. The information we have reveals five were (Table 11)
employed in permanent full-time jobs. The overall rate of employment for the 31 through 49 age group was half the rate it was for younger subjects. The likelihood of securing permanent full-time employment decreased with age, so that by age 50 and over 57% of the employment was permanent part-time and 29% temporary. Both Williams and Welte found that younger subjects were much more likely to be employed full-time at follow-up after exposure to vocational rehabilitation (J. H. Williams, 1964, J. Welte, 1979).

An older subject reflects on the hardship he's endured:

The program is good and important for a young person who wants to stop drinking and get straightened out to get back to their family and working. But to a person like myself at age 59 with a long history of drinking (the program) is not much help. You just have to take any kind of job you can get... It has been a trying time with unemployment running out. And finally getting two part time jobs. Hoping for a better full time job soon and a life in the future without any more drinking problems.

White male, HS Graduate

<table>
<thead>
<tr>
<th>Age</th>
<th>18-30</th>
<th>31-49</th>
<th>50 &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>100%</td>
<td>50%</td>
<td>58%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>0%</td>
<td>50%</td>
<td>52%</td>
</tr>
<tr>
<td>Total N</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(6)</td>
<td>(44)</td>
<td>(12)</td>
</tr>
<tr>
<td></td>
<td>(62)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\[ X^2 = 5.39083, \text{df} = 2, p \text{ NS} \]
TABLE 11

<table>
<thead>
<tr>
<th>TYPE OF EMPLOYMENT</th>
<th>18-30 %</th>
<th>31-49 %</th>
<th>50 &amp; over %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Full-Time</td>
<td>100</td>
<td>83</td>
<td>14</td>
</tr>
<tr>
<td>Permanent Part-Time</td>
<td>00</td>
<td>04</td>
<td>57</td>
</tr>
<tr>
<td>Temporary</td>
<td>00</td>
<td>13</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>N</td>
<td>(5)</td>
<td>(23)</td>
<td>(7)</td>
</tr>
</tbody>
</table>

\[ x^2 = 17.21738, \text{df} = 4, p \approx .001 \]

Employment Status by Education

The highest rates of employment were experienced by subjects with some college education or beyond (Table 12). The lowest rates were experienced by those who were educated up to high school.

These rates of employment tend to confirm findings of previous research that upper middle status individuals (college graduation as one indicator) had significantly better prospects of securing employment than low status subjects. Poor economic resources and unskilled work prior to enrollment in a treatment program have been negatively associated with securing jobs (J. Mayer, 1970, D. F. Mindlin, 1959). Williams found a greater proportion of full-time workers at follow-up reported white collar level jobs before treatment. (D. F. Williams, 1964) Welte reported that among success predictors in securing employment was membership in a higher socio-
economic group, and higher financial scale (combined in one index) before treatment (J. Welte, 1979).

<table>
<thead>
<tr>
<th>Subject Characteristic</th>
<th>Employed</th>
<th>Unemployed</th>
<th>Total N</th>
<th>( X^2 )</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To High School</td>
<td>52%</td>
<td>48</td>
<td>100%</td>
<td>(21)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H.S. Graduate</td>
<td>56%</td>
<td>44</td>
<td>100%</td>
<td>(16)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some College &amp; Beyond</td>
<td>60%</td>
<td>40</td>
<td>100%</td>
<td>(25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total N</td>
<td></td>
<td></td>
<td></td>
<td>(62)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>61%</td>
<td>39</td>
<td>100%</td>
<td>(18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>55%</td>
<td>45</td>
<td>100%</td>
<td>(44)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total N</td>
<td></td>
<td></td>
<td></td>
<td>(62)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>53%</td>
<td>47</td>
<td>100%</td>
<td>(15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmarried</td>
<td>57%</td>
<td>43</td>
<td>100%</td>
<td>(46)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total N</td>
<td></td>
<td></td>
<td></td>
<td>(61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnic Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>54%</td>
<td>46</td>
<td>100%</td>
<td>(43)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black &amp; Other</td>
<td>59%</td>
<td>41</td>
<td>100%</td>
<td>(17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total N</td>
<td></td>
<td></td>
<td></td>
<td>(60)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comparing Men and Women

Sixty-one percent of the women were employed at follow-up, compared to a rate of 55% for the men. The fact that women were employed at the same rate (or slightly higher) than men is significant. Previous research found women to be much less likely to experience employment success than their male counterparts (L. Beckman, 1974, D. A. Pemberton, 1975, C. Chacon 1978, M.
McLachlan, 1979, E. E. Seelye, 1979, V. S. Ryan, 1981). The overall percentages of young men to young women were close - 53% women, 46% men were in the 40 and under group, with 16% women, and 10% men in the 30 and under category. Therefore age differences are not associated with women's rates of employment at follow-up. However, women were retained in the program until completion at a higher rate than men. There was a 69% completion rate for women, compared to a rate of 53% for men. Program graduation is one predictor of employment success at follow-up.

One cannot underestimate the potential impact of counselor intervention and the "chemistry" between client and counselor. My impression of the two women vocational counselors to whom subjects were exposed the major portion of their time, was that they were rather empathetic - well aware of the special stigma suffered by alcoholic women, and did a considerable amount of reaching out. Women in the program may have been especially affected by these transactions. Some of their responses indicate the extent to which they were impressed by the treatment they received. In response to two questions -

Do you have any other comments or impressions about your participation in the (employment) program? and, Are there any comments or impressions about the past six months you'd like to include?

A sample of women's responses follow:

Ingrid is one of the greatest people I've ever met. She helped me to understand a lot of my feelings and frustrations. I'll be grateful to her for a long, long time.

33 year old, 10th grade education
Unemployed
Fantastic helpful overtime people. I love it. I had to leave for a month because I wasn't prepared to focus on a job. I was increasing the bulimic symptoms. When I came back I took help to face work and have continued (while working) to lean on the staff daily for support and weekly meetings. They're tops! I couldn't have made it or continue to otherwise, I swear it. And I'm no pleasure when I'm hurting!

26 year old college graduate employed as a secretary

Rates of Employment by Marital Status

There were no differences in employment by marital status (Table 12). At the six months follow-up point, married subjects were employed at the rate of 53%, unmarried subjects were employed at a rate of 57%.

Types of Jobs Secured

If we look at the kinds of jobs secured (Appendix C) by sex and education; we note that the women tended to retain traditional female occupations, with no apparent occupational shifts from pre-treatment occupational status to post-treatment status. The woman with the most years of education (18) was working as a legal secretary at follow-up, the same position she had prior to entry into the program. As far as the men were concerned, the majority of the jobs secured were blue-collar, or non-managerial. There appeared to be no significant shifts from one occupational category to another, with a few exceptions.

Among college graduates, a number were now working in relatively autonomous types of jobs - promotional writer, investment advisor, salesman (commission basis). Friesen describes self-employment in
service-oriented fields where small sums of money are required, as a vastly underexplored potentially rich employment resource for vocational counseling programs dealing with substance abusing client populations (V. Friesen, 1981). It may well be that these individuals i.e., men with college degrees, had already been exposed to some of the basic practical business skills which facilitated their creating jobs for themselves; or finding more independent types of employment. We have some feedback from a 40-year-old male subject, (college graduate) who took several steps-down in status, from Supervisor at A.T.& T. to a Therapy Aide:

Materially, life is not as good now. Awareness of self far greater. For every bad event happening to me, something good has happened... As far as getting a better understanding of self, it (the program) was good. However, it seemed to have been geared to the unskilled or semi-skilled individual.

Employment Status by Ethnicity

There was no difference in the rate of employment for minority subjects (Table 12) when compared to the white subject population. Overall rates of employment were - 54% for white subjects, 59% for minority subjects. This is a positive success rate for members of minority groups. Both Kern and Welte found whites tended to do better in terms of employment status at follow-up. Both white and minority subjects were retained in the program (one factor predictive of success) at about the same rate.

When we compare the two groups by age, we find white subjects had only 66% in the 41-50 category. Younger age (already cited) is associated with a greater probability of securing employment.
Twenty-one percent of the white population fell in the 51 and over category. The fact that white subjects comprised 100% of the older aged population may have been one factor in reducing the rates of their employment.

In terms of education, black and other minority group subjects had less education than white subjects. The majority of the black subjects had 9 through 11th grade educations. The majority of whites were high school graduates and beyond; with all college graduates and graduate school attendants being white. When we combine white (favored) ethnicity, with higher levels of education, we find that the highest rates of employment reflect these two predictors of success i.e., white college graduates had the highest rate of employment at follow-up (70%). However, total rates of employment for both populations (white and black) are nearly equal.

Counselors may have been predisposed to working with minority clients. We have already mentioned staffs universal agreement that minority members tended to be more cooperative, providing more positive feedback to staff. A sample of minority member responses indicates their very positive reaction to the program:

I feel like a man again. Most of all I am sober. I go to work every day make my AA meeting every week, and if any thing worries me I no how to handle it with out taken a drink. I am more happy now than I ever was. (The program) is a very good program, and I hope that it will continue to help fellow alco­holics and I still thank them for helping me.

42 year old male, employed at a tire buying service
I think the program has really open my eyes to the kneed to advance in the world. Also to no me; and how to deal with myself......I owe everything to them and my counselor....I also like to thank every one who was concern in me and the care and devotion they gave me. All are a Wonderful bunch of devoted people....Anyway I can help please feel free to write or call me. I am a greateful acholic.

48 year old male, working as a truck driver

There may have been a greater willingness on the part of these subjects to accept and stay with entry level/lower status posi-
tions. In comparison, more highly educated subjects, all of whom were white, may appear somewhat grandiose in their expectations, especially when their drinking histories are taken into considera-
tion. The program emphasizes that securing employment is primary, the type of job is secondary.

Summing up then, the fact that minority subjects tended to be younger, and disposed to accepting entry-level, blue collar jobs, as well as counselors positive predisposition to this sub-group of subjects, may all have been factors favoring relatively high rates of employment at follow-up.

Program Participation

Program completion was associated with being employed at six months. Of those who completed the program 68% were employed.

The mean number of weeks subjects participated in the program was eight. Those who stayed in the program had the best prospects of securing employment. Lower rates of employment were associated with either briefer or longer stays in the program. For example,
for those enrolled for from one to four weeks, only 25% were employed at follow-up, compared to an employed rate of 68% for graduates. Subjects enrolled for 13 weeks or beyond were employed at a rate of 50%.

These findings tend to conform to what has already been demonstrated in the field. An adequate period of treatment is referred to as producing more positive results (J. M. Polich, 1980, F. Duckert, 1980, D. A. Pemberton, 1967). Room's reference to repeated treatment stays as being associated with worsened outcome may be applicable to subjects who were enrolled for extended periods of time (R. Room, 1980). Long-term stays may reflect (in part) more severe psychological dysfunctions, a factor impeding one's ability to seek and secure employment.

**History of Arrest and Psychiatric Treatment**

Subjects who reported an arrest record were employed at a higher rate than those without arrest records (Appendix C). For those with an arrest history, 63% were employed at follow-up compared to an employment rate of 48% for subjects without a record of arrest. However, the mean age of subjects with a history of arrest was 39, several years younger than the mean age for the total subject population. Younger age is associated with improved prospects of securing employment (H. J. Williams, 1964, J. Welte, 1979). It may be that younger age served to mediate between the effects of arrest (if any) and employment. There was no difference in rates of
employment for subjects with a history of psychiatric treatment, when compared to success rates for subjects without a history of treatment (Appendix C).

Feeling States

Subjects who measured high in self-esteem and optimism (Table 13) at time I, or program entry, were slightly more likely to be employed at follow-up - 65%. Subjects who measured moderate to low in optimism, had equal rates of employment, 54% and 53% respectively, at follow-up.

<table>
<thead>
<tr>
<th>Optimism</th>
<th>Employed</th>
<th>Unemployed</th>
<th>Total</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>65%</td>
<td>35</td>
<td>100%</td>
<td>(17)</td>
</tr>
<tr>
<td>Moderate</td>
<td>54%</td>
<td>46</td>
<td>100%</td>
<td>(26)</td>
</tr>
<tr>
<td>Low</td>
<td>53%</td>
<td>47</td>
<td>100%</td>
<td>(17)</td>
</tr>
</tbody>
</table>

\[ x^2 = .6278, \text{ df } = 2, \text{ p } \text{NS} \]

The most highly depressed subjects (Table 14) were more likely to be unemployed at follow-up, 67% unemployed. There was virtually no difference between subjects who were moderate or low in depression and rates of employment at follow-up.
TABLE 14
FEELINGS OF DEPRESSION (TIME II) AND EMPLOYMENT

<table>
<thead>
<tr>
<th>Depression</th>
<th>Employed</th>
<th>Unemployed</th>
<th>Total</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>33%</td>
<td>67</td>
<td>100%</td>
<td>(12)</td>
</tr>
<tr>
<td>Moderate</td>
<td>61%</td>
<td>39</td>
<td>100%</td>
<td>(36)</td>
</tr>
<tr>
<td>Low</td>
<td>62%</td>
<td>38</td>
<td>100%</td>
<td>(13)</td>
</tr>
</tbody>
</table>

\[ x^2 = 3.0402, \ df = 2 \ p \ NS \]

Higher rates of the depression for the unemployed may be viewed in a number of ways. It may be predispositional, indicating that particular individuals who've been depressed all along are simply not able to seek employment. Depression here would be one measure of dysfunction for a portion of the subject population. A relatively high rate of emotional dysfunction for treated alcoholics has been amply documented (Rand Report, 1980). Depression may be associated with the "let-down" effect. Once having anticipated employment, then not being able to secure a job may lead to a depressive episode. There is some evidence that work in and of itself is ego enhancing, therapeutic, and may facilitate lifting particular individuals out of states of depression (P. Johnson, 1983, J. Dwoskin, 1979, M. Gillies, 1974, Freedberg, and Johnson, 1979).

This is a 20-year-old woman (2 years college) talking about her response to being employed:
I'm happier than I've ever been. I feel it's been a stressful
time but I've used my support systems well and come-out on top.
I feel stronger, more in control and healthy. I'm sober....
Adjusting to the work fulltime for the first time is an
example of the adjustment to reality. Everything from paying my
first bill to my 5th step. Making the transition from unemploy-
able to productive employee took time and effort. (The program)
is a good place to learn how to begin dealing with yourself.
That's the crucial thing. Situations are different for everyone
but its learning how to deal with yourself and other people in
an honest way that is the skill and the test.

Employed fulltime as a secretary

We will look at the effects of support networks (family, friend-
ship) and religious participation on employment status at follow-up
in a subsequent section.

Summary

At follow-up we found 56% of the respondents were employed.

The highest rates of employment were associated with younger age
(18-30). Subjects over 50 were the most likely to be holding
part-time jobs. In regard to education, we found subjects with some
college or beyond had the highest rates of employment. Women and
minorities were employed at higher rates than would have been
anticipated. We pointed to possible advantaged treatment in the
program as one factor affecting high success rates for these
sub-groups.

When we looked at types of jobs retained by sex, we found
females were employed in traditional female occupations. The jobs
secured by males were primarily blue-collar, non-professional with a
few exceptions. There was no significant difference in rates of
employment by marital status.
Subjects who did not graduate had considerably lower rates of employment at follow-up when compared with those who completed the program.

We found subjects who measured high in optimism at program entry were slightly more likely to be employed at follow-up than those with lower levels of optimism. At follow-up, subjects measuring high in depression were the most likely to be unemployed.
Self-reports of drinking at the six month follow-up point indicate the majority of the respondents were abstinent. Overall 71% were abstinent, 29% were drinking, 17% rarely/social moderate, 12% heavy/problem or alcoholic. Depending on one’s theoretical orientation, drinking of any kind, i.e. rarely or social, may be viewed as strongly predictive of eventual relapse to uncontrolled drinking (E. J. Freedberg, 1981), or may be seen as not tied-into an inevitable downhill course (The Rand Report, 1980, E. Gottheil, 1982). A minority, 12% of the population, described their patterns as problematic. Since the subjects are more typical of a clinical sample, with long histories of problem drinking patterns, there is some reason to believe that any drinking portends future problems.

An analysis of patterns by age (Table 15) indicated that the 30 and under group had the highest rate of drinking, followed by the 31-49 age group, then the 50 and over population. Cahalan and Room found age to be a predictor of heavy use, with the highest prevalence in the young adult group. (D. Cahalan and R. Room, 1974). Problem drinking rates were about the same for the youngest and oldest age groups.
Men and women were abstinent in nearly equal rates, 76% and 68% respectively. Men had a slightly higher rate of problem drinking.

<table>
<thead>
<tr>
<th>Subject Characteristic</th>
<th>Rarely Abstaining</th>
<th>Social Moderate</th>
<th>Heavy Problem Alcoholic</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>76%</td>
<td>18</td>
<td>06</td>
<td>100% (17) X₂ = 0.8786</td>
</tr>
<tr>
<td>Male</td>
<td>68%</td>
<td>17</td>
<td>15</td>
<td>100% (41) df = 2 p NS</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
<td></td>
<td></td>
<td></td>
<td>(58)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–30</td>
<td>66%</td>
<td>17</td>
<td>17</td>
<td>100% (06) X₂ = 1.1951</td>
</tr>
<tr>
<td>31–49</td>
<td>70%</td>
<td>20</td>
<td>10</td>
<td>100% (41) df = 4</td>
</tr>
<tr>
<td>50+</td>
<td>72%</td>
<td>10</td>
<td>18</td>
<td>100% (11) p NS</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
<td></td>
<td></td>
<td></td>
<td>(58)</td>
</tr>
<tr>
<td><strong>Ethnic Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>65%</td>
<td>21</td>
<td>14</td>
<td>100% (42) X₂ = 2.3209</td>
</tr>
<tr>
<td>Black &amp; Other</td>
<td>86%</td>
<td>07</td>
<td>07</td>
<td>100% (14) df = 2</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
<td></td>
<td></td>
<td></td>
<td>(56) p NS</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>72%</td>
<td>21</td>
<td>07</td>
<td>100% (14) X₂ = 0.5627</td>
</tr>
<tr>
<td>Unmarried</td>
<td>70%</td>
<td>16</td>
<td>14</td>
<td>100% (43) df = 2</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
<td></td>
<td></td>
<td></td>
<td>(57) p NS</td>
</tr>
</tbody>
</table>

Minority group members were more likely to be abstinent than white subjects at follow-up. Rates of abstinence were 86%, compared to an abstinence rate of 65% for white subjects.
Drinking patterns appear to have been minimally affected by marital ties. Both married and unmarried subjects were abstinent at nearly the same rates 72% and 70% respectively. Unmarried subjects had a slightly higher rate of problem drinking. Marriage did not appear to have a strong protective effect in relation to drinking patterns (E. Freedberg, 1981).

Other drug use was associated with higher rates of drinking (Table 16) and especially problem drinking at follow-up. Thirty-eight percent of the subjects reporting other drug use were drinking at follow-up, compared to a rate of drinking of 23% for subjects not using other drugs. Other drugs used included, prescription drugs (3), marijuana (4) and heroin (2). Two of the 13 subjects using other drugs reported using more than two illicit drugs (Appendix C). Drinking patterns were not significantly different for subjects with a history of psychiatric treatment when compared to those with no treatment history (Appendix C).

<table>
<thead>
<tr>
<th>Current Drinking</th>
<th>Drug Use</th>
<th>No Drug Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Abstinent</td>
<td>62</td>
<td>78</td>
</tr>
<tr>
<td>Rarely/Social Moderate</td>
<td>07</td>
<td>17</td>
</tr>
<tr>
<td>Heavy/Problem</td>
<td>31</td>
<td>05</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>N</td>
<td>13</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>53</td>
<td></td>
</tr>
</tbody>
</table>

\[ x^2 = 6.7201, \text{ df } = 2, p \approx .03 \]
Subjects who measured moderate or low in rates of optimism at Time I (Table 17) were somewhat more likely to report drinking was no longer a problem for them at follow-up, when compared to subjects who measured high in optimism.

<table>
<thead>
<tr>
<th>Optimism</th>
<th>Drinking No Longer A Problem</th>
<th>Problem Drinking</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>62%</td>
<td>38</td>
<td>100% (16)</td>
</tr>
<tr>
<td>Moderate</td>
<td>88%</td>
<td>12</td>
<td>100% (25)</td>
</tr>
<tr>
<td>Low</td>
<td>80%</td>
<td>20</td>
<td>100% (15)</td>
</tr>
</tbody>
</table>

\[ x^2 = .9455, \text{ df } = 2, p \text{ NS} \]

In this case, feelings of optimism at program entry, do not appear to tie into diminution of the problem drinking patterns. The effects of time acting as a mediator cannot be discounted. There was a lapse of a minimum of eight and a half months (typically) between time one measurement and follow-up response.

Subjects who measured low in depression (Table 18) at follow-up, were most likely to say the drinking was no longer a problem for them. Of those who measured low in depression, 92% reported the drinking was no longer a problem for them.
### Feelings of Depression (Time II) & Drinking Patterns

<table>
<thead>
<tr>
<th>Depression</th>
<th>Drinking No Longer A Problem</th>
<th>Problem Drinking</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>67%</td>
<td>33</td>
<td>100% (09)</td>
</tr>
<tr>
<td>Moderate</td>
<td>76%</td>
<td>24</td>
<td>100% (34)</td>
</tr>
<tr>
<td>Low</td>
<td>92%</td>
<td>08</td>
<td>100% (13)</td>
</tr>
</tbody>
</table>

\[
x^2 = .3036, df = 2, p \text{ NS}
\]

Experiencing success in overcoming a problem drinking pattern may be a mood elevator. The physiological effects of ethanol in and of itself leads to measurable states of depression (LeDain Report, 1973).

Subjects who were abstinent were much more likely to be employed at follow-up (Table 19). Abstaining subjects were employed at a rate of 66%, compared to a rate of 40% for moderate drinkers and 42% for problem drinkers. We have already alluded to the fact that even small amounts of ethanol impair one's ability to function on the job. Employment here may facilitate abstinence. Failure to secure employment in some cases, may have been a precipitant of drinking.
There is a complex interplay between drinking and employment. Changes in work status are to some extent dependent on drinking behavior.

I was able to remain sober...I was able to obtain employment. Although life has been rough at times I now feel that I have other avenues & resources to handle them & that a drink is no longer the answer.

41 year old male
Employed as Head Clerk
Temporary Home for Men


<table>
<thead>
<tr>
<th>DRINKING PATTERNS &amp; EMPLOYMENT STATUS AT FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstaining</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>Employed</td>
</tr>
<tr>
<td>66</td>
</tr>
<tr>
<td>Unemployed</td>
</tr>
<tr>
<td>Total N</td>
</tr>
<tr>
<td>(41)</td>
</tr>
</tbody>
</table>

$X^2 = 3.0308, \ df = 2, \ p \ NS$
Off of social service. Bought means of transportation. Money in the bank. Health is fair to good... Obtained work. A push from (the program) did it....Through (the program) I realize I can't be right all the time. But I can't be wrong all the time either. I gained back my self-respect.

60 year old male, abstinent
Employed as Security Guard

Mortality

We were informed sometime after data collection was completed that two subjects who had participated in our study had died. Both were respondents. It may help us to understand a little more of their struggle by looking at the information made available to us by these two subjects.

The first subject was a 58-year-old white army veteran, unemployed and drinking at follow-up. He was suffering from "heart trouble, breathing difficulties". He said he had occasional poor memory and withdrawal symptoms including tremors. He was drinking in the morning, missing meals and had blackouts. He was legally separated from his wife and lived alone, he had no family contacts. In relation to both family and friendship supports, he checked off the lowest levels of support possible in response to a series of questions on family and friendship supports. He reported he was enrolled in an outpatient treatment program, and had not been attending AA meetings. The cause of death was attributed to factors associated with alcoholism.

The second subject was a 47-year-old black male, who was self-employed as a truck driver at follow-up. He said he occasionally
suffered from the following problems associated with drinking: "trouble with co-workers, sleep problems, physical problems, feelings of nervousness, episodes of being violent around the house". He was separated from his wife, and roomed alone. He was enrolled in an outpatient treatment program.

This subject reported fairly high levels of both family and friendship supports, and was attending AA meetings frequently (more than once a week). The cause of death was not made available.

In relation to program participation, the first subject dropped out at four weeks, the second was a program graduate.

High levels of mortality for treated alcoholics have been reported. The Rand Report interpreted an alcohol related death "as indicating an alcoholic relapse prior to death" (A. J. Polich, p. 174), and reported a death rate of 9% for symptomatic drinkers at an 18 month follow-up point.

Summary

The majority of the subjects reported being abstinent at follow-up, with 12% problem drinking.

The heaviest use of ethanol was associated with younger age (18-30), use of other drugs, and being white. At follow-up we found abstaining subjects were employed at considerably higher rates than either moderate social drinkers or problem drinkers.

We found subjects who measured moderate to low in optimism at program entry were the most likely to report drinking was no longer a problem for them at the six month follow-up point. Subjects who
measured low in depression at follow-up were the most likely to say drinking was no longer a problem.

The available evidence on two deceased subjects indicated they may have undergone an alcohol relapse prior to death.
CHAPTER 8
SUBJECTS' SOCIAL SUPPORTS

The Family

Profiles of populations in treatment, and at follow-up indicate that overall, the resources of family and network support stand out as characteristics related to positive change. Being married had been identified as one predictor of success (employment, abstinence, or diminution of drinking) J. Welte, 1979, F. Duckert, 1980, R. Moos, 1983, Cronkite and Moos, 1980, R. J. M. Crawford, 1976, Finney, Moos, Newborn, 1980, Moos, Finney, Cronkite, 1980.

Married subjects were not retained in the program (one predictor of success) at higher rates than the unmarried subject population. Employment rates at follow-up were no higher for married subjects than for unmarried subjects. We found that married subjects were only slightly less likely to be problem drinking than unmarried subjects at follow-up.

Subjects were asked to rate the quality of their relationships with spouse or partner (at follow-up) in relation to display of affection, sexual relations and quality of relationship (Table 20). Overall, we see that married subjects fared no better than unmarried attached subjects, and in the case of affection and sexual relations, they appeared less satisfied. The mean age for married
subjects was 47, with unmarried attached subjects tending to be younger. This may have been one factor in lower rates of satisfaction overall for married subjects. Or, it may be a reflection of what program staff alluded to as typically more disturbed relationships for those subjects living in a marriage or with family.

<table>
<thead>
<tr>
<th>TABLE 20</th>
</tr>
</thead>
</table>

MARITAL SATISFACTION

"How often is there a display of affection between you and your spouse (partner)? (Q 25)

<table>
<thead>
<tr>
<th>Status</th>
<th>Very Often/Often</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>38%</td>
<td>(13)</td>
</tr>
<tr>
<td>Unmarried*</td>
<td>61%</td>
<td>(13)</td>
</tr>
</tbody>
</table>

"How would you describe your sexual relations with your spouse/partner during the past six months?" (Q26)

<table>
<thead>
<tr>
<th>Status</th>
<th>Very good/generally satisfactory</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>71%</td>
<td>(14)</td>
</tr>
<tr>
<td>Unmarried</td>
<td>100%</td>
<td>(13)</td>
</tr>
</tbody>
</table>

"During the past six months, would you say you and your spouse (partner) have been getting along .......(Q27)

<table>
<thead>
<tr>
<th>Status</th>
<th>Much better/somewhat better</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>71%</td>
<td>(14)</td>
</tr>
<tr>
<td>Unmarried</td>
<td>73%</td>
<td>(14)</td>
</tr>
</tbody>
</table>

*Divorced (4) only 3 answered Question 25
Single (7) only 6 answered Q. 26
Separated (3)
When we look at drinking patterns in relation to family support (Table 21) we find subjects with the highest level of support were most likely to report drinking was no longer a problem for them. However, subjects with the lowest family support levels reported less of a problem with ethanol than those with moderate support levels.

TABLE 21

<table>
<thead>
<tr>
<th>Level of Support</th>
<th>Drinking No Longer a Problem</th>
<th>Problem Drinking</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>90%</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>Moderate</td>
<td>68%</td>
<td>32</td>
<td>100%</td>
</tr>
<tr>
<td>Low</td>
<td>80%</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

\[ X^2 = 3.0688, \text{df} = 2, \text{p} \text{ NS} \] (57)

In relation to family support and employment patterns (Table 22), we found that regardless of level of support, high moderate or low, nearly the same percentage of subjects were employed at follow-up. There was virtually no difference in rates of employment for subjects which might be associated with differing levels of family support.
TABLE 22

FAMILY SUPPORT & EMPLOYMENT

<table>
<thead>
<tr>
<th>Level of Support</th>
<th>Employed</th>
<th>Unemployed</th>
<th>Total</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>55%</td>
<td>45</td>
<td>100%</td>
<td>(22)</td>
</tr>
<tr>
<td>Moderate</td>
<td>56%</td>
<td>44</td>
<td>100%</td>
<td>(25)</td>
</tr>
<tr>
<td>Low</td>
<td>60%</td>
<td>40</td>
<td>100%</td>
<td>(15)</td>
</tr>
</tbody>
</table>

\[ X^2 = .1113, \text{df} = 2, p \ NS \] (62)

We found no trend in relation to program retention and family support levels. The natural support system consisting of kith and kin did not appear to cushion subjects to the degree expected, from the stresses inherent in program participation and job seeking behavior; and to measurably reinforce patterns of abstinence. (B. R. Pringle, 1974, A. H. Katz, S. Leinhardt, 1977, N. Golan, 1980).

Two of the subjects reflect on the absence of family ties.

I have no people My family is long dead...I'm 58 years old and job chances are not too good. There's not much left. I'm a VET and that's all I can go by.

Unemployed and drinking at follow-up

Since most/all family live miles away down SOUTH I haven't any connections. It's been several years...If my family and I were near, contact would have never been lost. I feel I would get some support of some kind.

26 year old unemployed male

For some subjects, abstinence and/or employment may have lead to their reconnecting with lost family members. The importance of these ties are best described by them:
I'm sober, got a job, got an apartment, got shoes, clothes & a little money... established a meeting with my four kids that I have not seen in ten years.... A new relationship has been established - they live in Mass. & I've seen them twice in the past 6 months, prior to this there was a 10 year gap.

50 year old male, employed as elevator operator

I reunited with my husband. After an intensive job search, found a position as a Professional Employment Counselor. Initiated various groups for mothers and children. I hope to be instrumental in seeing a facility established where alcoholic mothers and children receive help....there are few mothers of small children in AA. I feel this is so because small children (under 10 years) are so demanding. Also mothers will not leave children to get treatment. Moreover, they usually cannot afford baby sitters to go to AA meetings. (Children at meetings are at best a distraction from the meeting for the mother and arouse hostility from some recovering alcoholics). Alcoholic mothers usually abuse or lose their children. From my own independent survey I have seen that most mothers come in when the youngest child is about 10 years old if the mother has not lost the child/children to foster care. The children are of course psychologically very damaged by this time. I am aware of how long it generally takes for alcoholism to progress, and even given lower rates of alcoholism among women. There are many alcoholic fathers with small children in AA. All of the above was an afterthought but hopefully I have engaged your interest...

44 year old woman

Friendship Ties

Friendship support networks for problem drinkers and recovering alcoholics include a variety of resources - the drinking network, recovering alcoholics in treatment, Alcoholics Anonymous and others.

Looking at friendship support and drinking patterns at follow-up (Table 23), we find that subjects who had the lowest levels of support were slightly more likely than those with higher levels of
support to report drinking was no longer a problem. Of those with low levels of support, 85% reported the drinking was no longer a problem.

Friends from AA probably account for the primary support network. You will recall that affiliation with Alcoholics Anonymous is one criterion used by the employment program to gauge client readiness for enrollment, movement through the program and employment. So that regardless of friendship support elsewhere, subjects uniformly were involved in AA.

<table>
<thead>
<tr>
<th>Level of Support</th>
<th>Drinking No Longer a Problem</th>
<th>Problem Drinking</th>
<th>Total</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>73%</td>
<td>27</td>
<td>100%</td>
<td>(19)</td>
</tr>
<tr>
<td>Moderate</td>
<td>78%</td>
<td>22</td>
<td>100%</td>
<td>(23)</td>
</tr>
<tr>
<td>Low</td>
<td>85%</td>
<td>15</td>
<td>100%</td>
<td>(14)</td>
</tr>
</tbody>
</table>

\[ X^2 = .6951, \text{ df } = 2, p \text{ NS } \]

One factor which cannot be discounted in relation to levels of support and drinking is that drinking remains fairly independent, and unaffected over the long run by network supports and values. J. M. Polich cites the fact for example that among the most debilitated group of problem drinkers:

...those with both dependence symptoms and adverse consequences of drinking, admit, rather than deny, their alcoholism. Most of the subjects in this group acknowledged
their problems with alcohol, endorsed traditional statements about alcoholism, and predicted harmful consequences if they continued to drink. The results suggest, therefore, that in the posttreatment environment refusal to accept one's problems may be less important than is often believed as a factor in the continuance of alcoholic drinking (J. M. Polich, 1980, p. 177).

A 34-year-old male, employed as a Controller for a small business talks about his friendship network:

I have always had very high standards of friendship. The people I called 'friends' when I was drinking were those (mostly) that I could feel comfortable around while drinking....Those same people are still my friends and still like and respect me for me, and not for the different faces I showed 8 months ago. In order to preserve & further our friendship I have had to get honest with them and explain the games I was playing with our relationships. I was scared, but it was worth it. As I said before, I need people.

In relation to friendship support levels and employment (Table 24), we found that there was virtually no difference in employment rates for those who experienced high and low levels of support. Those who measured moderate in levels of support had slightly lower rates of employment.

<table>
<thead>
<tr>
<th>Level of Support</th>
<th>Employed</th>
<th>Unemployed</th>
<th>Total</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>67%</td>
<td>33</td>
<td>100%</td>
<td>(21)</td>
</tr>
<tr>
<td>Moderate</td>
<td>44%</td>
<td>56</td>
<td>100%</td>
<td>(25)</td>
</tr>
<tr>
<td>Low</td>
<td>63%</td>
<td>37</td>
<td>100%</td>
<td>(16)</td>
</tr>
</tbody>
</table>

\[ x^2 = 2.7061, \text{ df } = 2, p \quad \text{NS} \]
For some individuals, entry into the program marked a beginning of a more active networking experience, which served to fill-in for a sparcity of supports prior to program entry.

These are the words of a 39-year-old male, employed as a ghost-writer, copywriter:

Boss (Woman) is in A.A. She likes my work and is very careful not to overtax me. (Salary is irrelevant).

The majority of the recovering alcoholics sampled in this study were actively participating in AA, the one social network readily available to them. It appeared to provide for many, the one avenue toward reduction of alienation and isolation (R. H. Moos, and J. W. Finney, 1981).

A 26-year-old male, who's been drinking and recently lost a job as a result of the drinking and other drug use, has no family affiliations but does attend AA:

I was hospitalized due to too much pressure on the job I had for two months (Relay Technician)...drink to cope with pressures and still cracking...Basically things are better now, at least I'm at rest, back on welfare and keeping busy during the day the best way I know how - Trying - not easy but I have friends to make it easier, the gay AA meeting and WGMY help me tremendously and everything together helps dissipate my loneliness and frustrations. Life is pretty good.

These are the words of a 50-year-old male now employed as an elevator operator, and attending AA frequently (more than once a week):

I feel I have a shot at things as long as I don't drink - I feel very weak at times obsessed with the thoughts of drinking. I believe my present success is due to a higher power. (AA language)
This is a 33-year-old woman, employed as an Assembler in a factory:

I've joined an AA Homegroup, I've received my ninety-day pin last Wednesday...for staying sober. I am still working at...(4 months), and I moved to a cheaper and better room from the YMCA and things are better with my family.

Finally, a 46-year-old male employed as a maintenance worker at a hospital describes his support network:

If I not have (employment program) and AA and CAP (Comprehensive Alcoholism Program) I would not be where I am now...I hope I will keep on working on my job and working the AA program and....live a better life.

The findings in relation to family and friendship supports and outcomes (employment and drinking) were inconclusive.

Overall, there appeared to be a paucity of social ties for the subjects. The impressively low marriage rate of 20% is one measure of isolation. A. J. Polich found a marriage rate of 30% among the most debilitated problem drinkers (Rand Report, p. 68, 1980). There appeared to be a general failure of friends and family to step in to provide support. Mitchell described psychologically impaired individuals as characterized by:

few linkages...fewer intimate relationships, and lower scores on indices of perceived support.

(R. E. Mitchell, p. 36, 1980)

Religious Ties

Church membership has been identified as an important social tie (J. House, 1981). The Index of Religious Participation gives us a summary measure of subjects' membership in an organized religious group, and the frequency of Sabbath worship.
Religious participation did not appear to be a factor in program participation, one predictor of success.

We did find that subjects who measured highest in levels of religious participation (Table 25) were more likely to be employed at follow-up. Of those who measured high 61% were employed at follow-up.

<table>
<thead>
<tr>
<th>Level</th>
<th>Employed</th>
<th>Unemployed</th>
<th>Total</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td></td>
<td>39</td>
<td>100%</td>
<td>18</td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td>56</td>
<td>100%</td>
<td>18</td>
</tr>
<tr>
<td>Low</td>
<td>46%</td>
<td>54</td>
<td>100%</td>
<td>13</td>
</tr>
</tbody>
</table>

\[ X^2 = 1.1681, df = 2, p \quad \text{NS} \quad (49) \]

Hypothesis I states that religiosity will contribute to a person's ability to accommodate to a regime of Alcoholics Anonymous. Descriptive literature points to the fact that AA and sectarianism (in the form of religiosity) display certain characteristics in common. (M. G. Petrunik, 1971, G. A. Taylor, 1952, Brother Francis Casey, 1978).

The table on religious participation and AA attendance (Table 26) indicates that all but one of the subjects was attending AA either regularly or occasionally. Regular attendance was strongly encouraged by program staff.
When we look at levels of religious participation in relation to AA attendance, we find that moderate religious participants were slightly more likely to be attending AA regularly than those with higher levels of religious attendance. We can say therefore, that the data do not support our hypothesis. There is no clear indication that religiosity influenced subjects to attend AA more frequently.

**Summary**

Marriage did not appear to provide the protective effect expected in the case of the subjects studied. Neither program retention, nor employment rates were higher for those married. Though married subjects did have slightly lower rates of problem drinking, they rated their current marital satisfaction as low when compared to unmarried subjects.

We could document no clear pattern in relation to family and friendship supports and outcomes. We found subjects with low levels
of family and friendship supports as likely to be employed as others with high levels of support. This pattern held true in the case of drinking as well. Higher support levels were not associated with abstinence or controlled drinking.

One interpretation of the findings is that they may reflect the subjects' highly problematic and weak family and friendship ties. The absence of strong social ties has been well documented in the case of clinical treatment samples.

Strong religious ties favored higher employment rates at follow-up for the subject population. We could document no relationship between high levels of religious participation and more frequent attendance at meetings of Alcoholics Anonymous.
How accurately were vocational counselors able to predict "success" for the subject population?

The two Vocational Counselors were asked to rate each subject based on their impressions and knowledge (history taking and referral information). Counselors rated only those subjects they had been working with personally.

The question read:

Counselor projection of success (defined as: employed at six (6) months plus maintained abstinence, or recovery from alcoholism - Please check Poor Moderate Good Excellent)

When we look at actual employment rates at follow-up (Table 27) in relation to counselor predictions, we find for those subjects counselors predicted good to excellent prospects of success, 78% were employed at follow-up. Of those subjects rated poor in prospects of success, 71% were unemployed at follow-up.
TABLE 27

COUNSELOR PREDICTIONS OF SUCCESS & SUBJECT EMPLOYMENT RATES

<table>
<thead>
<tr>
<th>Subjects Prospects of Success Time I</th>
<th>Employed</th>
<th>Unemployed</th>
<th>Total</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good/Excellent</td>
<td>78%</td>
<td>22</td>
<td>100%</td>
<td>(18)</td>
</tr>
<tr>
<td>Moderate</td>
<td>77%</td>
<td>23</td>
<td>100%</td>
<td>(22)</td>
</tr>
<tr>
<td>Poor</td>
<td>29%</td>
<td>71</td>
<td>100%</td>
<td>(21)</td>
</tr>
</tbody>
</table>

\[ x^2 = 11.2386, \text{df} = 2, \ p = .001 \] (61)

Looking at counselor patterns of prediction by subject characteristic, we find the following (Table 28):

**Sex** - Counselors predicted moderate, good to excellent prospects of success for women subjects at a much higher rate of 76%, compared to a prediction (moderate, good to excellent) of 58% for men.

**Ethnic Group** - Counselors tended to favor black and other minority subjects in predicting success. The rates were good to excellent, 33% Black (and other), White subjects 19%.

**Age** - Counselors predicted the highest success rates for subjects thirty and under, (good to excellent + moderate) 78%, lowest rates of success were predicted for the oldest age group, 50 and over (good to excellent + moderate) 50%.

**Education** - Counselors predicted the highest probability of success for subjects with some college education or beyond (good to excellent + moderate) 74%. The lowest prediction of success went to high school graduates (good to excellent + moderate) 43%.
TABLE 28
COUNSELOR PREDICTIONS (TIME I) OF SUBJECT SUCCESS BY SUBJECT CHARACTERISTIC

<table>
<thead>
<tr>
<th>Subject Characteristic</th>
<th>Good to Excellent</th>
<th>Moderate</th>
<th>Poor</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>24%</td>
<td>52</td>
<td>24</td>
<td>100%</td>
</tr>
<tr>
<td>Male</td>
<td>25%</td>
<td>33</td>
<td>42</td>
<td>100%</td>
</tr>
<tr>
<td>Total N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than HS</td>
<td>12%</td>
<td>52</td>
<td>36</td>
<td>100%</td>
</tr>
<tr>
<td>HS Graduate</td>
<td>00%</td>
<td>43</td>
<td>57</td>
<td>100%</td>
</tr>
<tr>
<td>Some College or Beyond</td>
<td>19%</td>
<td>55</td>
<td>26</td>
<td>100%</td>
</tr>
<tr>
<td>Total N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ethnic Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>19%</td>
<td>42</td>
<td>39</td>
<td>100%</td>
</tr>
<tr>
<td>Black &amp; Other</td>
<td>33%</td>
<td>29</td>
<td>38</td>
<td>100%</td>
</tr>
<tr>
<td>Total N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–30</td>
<td>22%</td>
<td>56</td>
<td>22</td>
<td>100%</td>
</tr>
<tr>
<td>31–49</td>
<td>29%</td>
<td>34</td>
<td>37</td>
<td>100%</td>
</tr>
<tr>
<td>50+</td>
<td>07%</td>
<td>43</td>
<td>50</td>
<td>100%</td>
</tr>
<tr>
<td>Total N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>25%</td>
<td>37</td>
<td>38</td>
<td>100%</td>
</tr>
<tr>
<td>Unmarried</td>
<td>24%</td>
<td>38</td>
<td>38</td>
<td>100%</td>
</tr>
<tr>
<td>Total N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Marital Status - Overall rates of success prediction were no different by marital status.

When we compare actual treatment outcomes, we find that women and minority subjects were more successful at follow-up than would have been anticipated (based on previous research). Married subjects were not employed at higher rates than unmarried subjects (predicted from previous research). Looking at employment and education, we found that subjects with some college education or beyond had the highest rates of employment, 60%.

Counselors had a high rate of accuracy in predicting employment success. They did accurately predict higher success rates for women, minorities, subjects with some college education and beyond. The oldest age category did have the poorest prospects of securing fulltime employment, as had been predicted.

How did possible Counselor biases in favor of particular subgroups within the subject population effect subject outcomes? We cannot say for certain. This study was not designed to measure treatment effects. However, we can posit that favorable attitudes toward particular subjects i.e., women, minorities, may serve as an advantage. There may have been positively predisposing attitudes on the part of treatment staff, which could have gotten played out in offers of encouragement, greater patience (on the part of counselors), psychological suggestions of increased probability of success, and actual outreach efforts.
Summary

Vocational Counselors were asked to predict “success” for the subject population. Success was defined as being employed at follow-up, plus maintaining abstinence or recovery from alcoholism.

Counselors predicted the highest rates of success for women, minority members, the youngest age group (18-30), and those with some college education or beyond. There were no significant differences in predictions based on marital status.

We documented a strong relationship between patterns of counselor predictions and success rates at follow-up. We suggested a possible predisposing positive bias on the part of counselors which may have effected more positive outcomes for particular subjects.
CHAPTER 10
SUBJECTS EVALUATE THE PROGRAM

Subjects were asked to rate the impact of the Employment Program on various areas of their lives (Table 29). The question read: "Do you feel your participation in the program helped you with any of the following" – (Please check) –

- Self-understanding
- Dealing with stress and frustrations
- Self-confidence
- Dealing with drinking problem
- Getting along better with people you work with
- Getting along better with family
- Getting along better with friends

Responses included - A little, Very much, Somewhat, Not at all.

In relation to self-understanding, the majority of subjects, 80%, checked very much or somewhat. This is a 47-year-old male, employed as a printer:

The program was good for me because I learned about me and what I could look forward to in search of a job while knowing I am a recovered alcoholic.

These are the words of a 42-year-old woman, employed as a porter:

I would say (the program) taught me a lot about myself and how to handle myself when problems arose, and it gave me self-esteem.

Finally, a 33-year-old woman, employed as an assembler:
It's really a great program to learn about job interviewing techniques. Also I've learned about myself, the staff there are very good and concerned about the clients and their individual clients. Also it's a very alcoholic oriented program in which I feel if a person wasn't sober, they'll want to get sober or leave.

In relation to dealing with stress and frustration, 64% of the subjects said their participation in the program helped either very much or somewhat in this area.

This is a 36-year-old unemployed woman:

I am very happy that I attend (the program) it help me cope with stress, etc.

The words of a 48-year-old unemployed woman:

I have not picked up a drink and have been Sober - There have been negative situations - such as breaking ribs and arm but was able to handle any bad situations.

In regard to self-confidence, 71% said they felt they were helped very much or somewhat. A 31-year-old male, employed as a department store salesman responded:

I found it very helpful, built confidence, gave direction.

This is a 27-year-old woman employed as an employment counselor:

I feel it was through the program that I was able to get an excellent position. I also received some of the best counseling I've had in my life. With all that in mind, the biggest improvement I've noticed in me is my selfacceptance and, of course, from that more acceptance of others.
Table 29

Subjects Evaluate the Program

Do you feel your participation in the program helped you with any of the following?

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Understanding</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very much/Somewhat</td>
<td>80</td>
<td>(47)</td>
</tr>
<tr>
<td>A little</td>
<td>14</td>
<td>( 8)</td>
</tr>
<tr>
<td>Not at all</td>
<td>6</td>
<td>( 6)</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>(61)</td>
</tr>
<tr>
<td><strong>Dealing with Stress &amp; Frustration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very much/Somewhat</td>
<td>64</td>
<td>(37)</td>
</tr>
<tr>
<td>A little</td>
<td>24</td>
<td>(14)</td>
</tr>
<tr>
<td>Not at all</td>
<td>12</td>
<td>( 7)</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>(58)</td>
</tr>
<tr>
<td><strong>Self-Confidence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very much/Somewhat</td>
<td>71</td>
<td>(42)</td>
</tr>
<tr>
<td>A little</td>
<td>17</td>
<td>(10)</td>
</tr>
<tr>
<td>Not at all</td>
<td>12</td>
<td>( 7)</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>(59)</td>
</tr>
<tr>
<td><strong>The Drinking Problem</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very much/Somewhat</td>
<td>63</td>
<td>(34)</td>
</tr>
<tr>
<td>A little</td>
<td>20</td>
<td>(11)</td>
</tr>
<tr>
<td>Not at all</td>
<td>17</td>
<td>( 9)</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>(54)</td>
</tr>
<tr>
<td><strong>Getting Along With Co-Workers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very much/Somewhat</td>
<td>73</td>
<td>(40)</td>
</tr>
<tr>
<td>A little</td>
<td>16</td>
<td>( 9)</td>
</tr>
<tr>
<td>Not at all</td>
<td>11</td>
<td>( 6)</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>(55)</td>
</tr>
<tr>
<td><strong>Getting Along Better With Family</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very much/Somewhat</td>
<td>56</td>
<td>(29)</td>
</tr>
<tr>
<td>A little</td>
<td>23</td>
<td>(12)</td>
</tr>
<tr>
<td>Not at all</td>
<td>21</td>
<td>(11)</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>(52)</td>
</tr>
<tr>
<td><strong>Getting Along Better With Friends</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very much/Somewhat</td>
<td>66</td>
<td>(37)</td>
</tr>
<tr>
<td>A little</td>
<td>21</td>
<td>(12)</td>
</tr>
<tr>
<td>Not at all</td>
<td>13</td>
<td>( 7)</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>(56)</td>
</tr>
</tbody>
</table>
A 48-year-old woman responds:

I feel better about myself and much stronger about working and more positive about getting a job now than before attending (the program).... Six months ago I was not sure that I could handle a job or responsibilities entailed - Now I feel good about myself and feel much more confident about my talent even through I haven't gotten a job - I've seen people whom I feel have been generally interested and will be sending my portfolio to a company that has shown interest through the vice-president.

Sixty-three percent of the subjects said they were helped somewhat or very much in relation to the drinking problem. This is a 41-year-old male, employed as a Shipping Clerk:

I have a job, I am happy with it. I don't need a drink today to face life....(the program) help me very much.

The words of a 60-year old male, employed as a security guard:

It is a very good program. It help me a lot. I've been in other programs and drank at all of them. (The program) No way NEVER.

Seventy-three percent of the subjects reported they were helped very much or somewhat in relation to getting along with co-workers. These are the words of a 34-year-old male, now employed as a controller in a small business:

It taught me that it was OK to say no. I ended up hating all my other jobs because of my low self-esteem. I thought that I could not say no and took on more and more and more, etc. (The program) helped me with my understanding of assertiveness.

Fifty-six percent of the subjects said they were helped very much or somewhat in relation to getting along better with family members. This is a 56-year-old male:

I remain sober. My wife and I have never been so open and candid with each other...While unemployed I have been seeking suitable employment but without success. This led to my drinking 2 years ago but I am able to cope today. My attitude is vastly improved.
This is a 33-year-old unemployed woman:

I spend time with family members but don't allow them to dictate my life to me. I've learned to stand on my own two feet. I thought they would disapprove but they are very supportive.

A 19-year-old woman working as a secretary:

I'm working steadily in a job I like. I'm getting along with my family & have a nice relationship with my daughter.

Sixty-six percent of the subjects said they were helped very much or somewhat in relation to getting along better with friends.

Overall, the majority of the subjects rated the program high to moderately high in terms of impacting on significant areas of their lives.

It should be recalled that the program fosters AA affiliation as a primary friendship support network for subjects, and doesn't define program efforts as intending to effect improved relations with either friends or family members. The program is individually focused on vocational counseling.

Summary

Subjects were asked to rate the program in terms of impacting on various areas of their lives. The majority of those who responded rated the program's impact high to moderately high in relation to all areas identified.

The responses indicated that, when compared to other areas, getting along with family members and the drinking problem were areas where the program was perceived as having the weakest impact.
Predictors of Employment at Follow-up

Using multiple regression analysis, a model was developed which explains 24% of the variation in Employment (Table 30). In order of the strength of their contribution to this model, the variables are: Early termination from the program, Arrest record (which was correlated to youth), Drinking and Feelings of Depression (Time II).

<table>
<thead>
<tr>
<th>PREDICTORS OF EMPLOYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Variable</td>
</tr>
<tr>
<td>Early Termination</td>
</tr>
<tr>
<td>Family Support</td>
</tr>
<tr>
<td>Feelings II</td>
</tr>
<tr>
<td>Drinking (Time II)</td>
</tr>
<tr>
<td>Arrest Record</td>
</tr>
</tbody>
</table>

$R^2 = .24$

Early termination from the program was negatively correlated with employment at follow-up. We found that subjects who did not graduate were more likely to be unemployed at follow-up than graduates. The ideal period of program participation was described as eight weeks. The employment rate for subjects enrolled from one to seven weeks was 44%, compared to a rate of employment of 68% for subjects who stayed in the program eight to twelve weeks.
The highest drop-out rates were experienced by subjects with the lowest levels of education (less than High School), the oldest age group (50+), and individuals with a history of psychiatric treatment. Subjects with low levels of friendship support were slightly less likely to complete the program, than those with high levels of support. Minority group members were retained in the program at higher rates than would have been anticipated from previous research. The finding, that an adequate period of treatment is strongly associated with successful outcome (employment) has been confirmed by follow-up studies of alcoholics in treatment (J. M. Polich, 1980, F. Duckert, 1980, D. A. Pemberton, 1967).

Subjects with a history of arrest were employed at a higher rate than those without an arrest record. The mean age for subjects with a history of arrest was 39, several years younger than the mean age of 41 for the general subject population. Relatively younger age may have accounted for higher rates of employment for this population. A number of studies found youth to be correlated to improved prospects of securing employment (H. J. Williams, 1964, J. Welte, 1979).

We found that subjects who were abstaining were the most likely to be employed at follow-up. There was an employment rate of 66% for abstainers, compared to a rate of 40% for moderate drinkers, and 42% for problem drinkers. Previous research found abstinence was associated with higher rates of employment (J. Mayer, 1970, H. J. Williams, 1964, R. H. Moos, 1981, M. F. Levy, 1981, J. Finney, 1981).
There was a difference in rates of depression for the employed and unemployed subjects. The most highly depressed subjects were more likely to be unemployed at follow-up. Subjects who measured high in depression were unemployed at a rate of 67%, compared to those with moderate rates of depression, where the unemployment rate was 39%. This can be explained in a number of ways. 1) Unemployed subjects were more likely to be drinking at follow-up. Drinking is associated with states of depression i.e., "Alcoholic Depression" is a psychiatric diagnosis. 2) Depression may have been a predisposing factor (related or unrelated to drinking) so that individuals who were already depressed were less able to withstand the rigors and stresses of program participation, job seeking and employment. 3) Finally, employment is a potential ego enhancer, effecting improved states of psychological functioning; thus measurabley lower rates of depression for the employed subject population. (P. Johnson, 1983, J. Dwoskin, 1979, M. Gillies, 1974, E. J. Freedberg and W. E. Johnson, 1979).

Predictors of Drinking at Follow-Up

A multiple regression analysis developed a model which explained 17% of the variance in drinking at follow-up (Table 31). In order of their contribution to this model, the variables are: Employment, Other drug use, Ethnicity, Feelings of Depression (Time II).
Employment has been identified as a crucial variable in predicting recovery from alcoholism (J. Dwoskin, 1979). Work, in and of itself has therapeutic potential, and may induce states of improved functioning, effecting higher rates of abstinence or controlled drinking. We found subjects who were employed were less likely to be drinking at follow-up.

Other drug use was associated with heavy, problem/alcoholic drinking patterns at follow-up. Other drug use is one measure of social and psychological dysfunction. Other drug use may have predisposed particular individuals to relapse into a state of problem drinking, or it may have been preceded by a drinking relapse.

Minority subjects had significantly higher rates of abstention at follow-up. White subjects were abstaining at a rate of 65%, minority subjects at a rate of 86%, rates of drinking were proportionately higher for whites -- 35%, 14% for minority subjects.

We found subjects who measured low in depression at follow-up were more likely to report drinking was no longer a problem for
them. For those measuring low in depression, 92% reported drinking was no longer a problem. Here we pointed to the experience of success in overcoming a problem drinking pattern as a possible mood elevator, and the depressant effect of ethanol. Finally, depression may have been a precipitant to drinking for particular subjects.

Summary

Using multiple regression analysis, a model was developed which explained 24% of the variation in employment at follow-up. We identified the following variables in order of the strength of their contribution to the model: - Early termination from the program (negatively correlated to employment), Arrest record (correlated with youth), Drinking and Feelings of Depression at follow-up.

The multiple regression for Drinking explained 17% of the variance in drinking at follow-up. In order of their contribution to this model, the variables were: - Employment, Other drug use, Ethnicity, and Feelings of Depression at follow-up.
Summary of the Major Findings

We studied a population of eighty recovering alcoholics enrolled in a vocational counseling program, with a particular interest in identifying those factors - socio-demographic, program participation, family and friendship support, religious ties and feeling states, which would distinguish "successful" subjects from the unsuccessful subjects. We defined "successful" as being employed at the six month follow-up point, and improvements in drinking patterns (abstinence/diminution). We were also interested in finding confirmation for a number of hypotheses.

We had an overall completion rate of 77.5%, 62 subjects mailed back the follow-up inquiry. Our outcome analysis focused exclusively on respondent subjects.

Our subject population was more typical of clinical treatment samples, tending to be isolated, more psychologically and socially impaired than a cross-section of the general drinking population, or subjects entering an employee assistance program.

A profile of the population indicated 36% of the subjects grew up in households without both parents. Seventy-nine percent
reported having a close relative with a serious drinking problem. Fifty-one percent had an arrest record, and 44% reported a history of psychiatric treatment. The majority of the subjects had been hospitalized at least once for alcohol detoxification. A marriage rate of 20% was one measure of the relatively low level of social integration achieved by the group. Few subjects had strong family or friendship ties.

The overall rate of employment at follow-up was 56%. This employment rate compares favorably with the findings of previous outcome studies of treated alcoholics. We found employment was associated with the following factors: Program completion (subjects who graduated had slightly higher rates of family and friendship support), younger age, some college education or beyond, abstinence or controlled drinking, a high rate of religious participation. Subjects who were unemployed had the highest rates of depression.

Women and minority group members were as successful at securing jobs as white males. Marriage was not associated with higher rates of employment. Subjects who had a history of psychiatric treatment, and who did not leave the program early, were as likely to secure employment as subjects with no history of treatment. When we looked at types of jobs retained by sex, we found females were employed in traditional female occupations. The jobs secured by males were primarily blue-collar, non-professional with a few exceptions.

A multiple regression analysis explained 24% of the variation in employment. In order of their contribution to the model, variables
were: - early termination from the program, arrest record (correlated with younger age), drinking and feelings of depression (at follow-up).

Early termination from the program was the strongest predictor of unemployment at follow-up. Program graduates had a rate of employment of 68% compared to a 44% rate for subjects who did not graduate.

Subjects who dropped-out at the highest rates were those with the lowest levels of education (less than High School), the oldest (50+), and individuals with a history of psychiatric treatment.

Subjects with an arrest record tended to be several years younger (39) than the mean age of the general subject population (41). This (younger age) appeared to account for higher rates of employment at follow-up for this sub-group.

In relation to drinking patterns at follow-up, we found that abstaining subjects had significantly higher rates of employment than those who described themselves as social/moderate or problem drinkers. Abstaining subjects were employed at a rate of 66% compared to an employment rate of 40% and 42% respectively for the other two groups.

Subjects who were unemployed at follow-up were experiencing high rates of depression when compared to the employed group. We identified a number of factors which may have effected higher rates of depression for the unemployed, lower rates for the employed. These were: -
1) A predisposing depression for particular individuals which may have reduced their capacity to withstand the rigors of vocational counseling, job seeking and employment.

2) The ego-enhancing effects of employment.

3) Higher drinking rates for the unemployed, and the concomitant depressant effects of ethanol.

4) A possible "let-down" effect of having anticipated employment, and then not achieving success.

At the six month follow-up point we found the majority of subjects were abstinent, with 13% problem drinking.

Subjects with the following characteristics were the most likely to be engaging in heavy, problem/alcoholic drinking: - The unemployed, the youngest, those using other drugs, white males.

The regression analysis for drinking explained 17% of the variance in drinking. In order of their contribution to this model, the variables were: - Employment, other drug use, ethnicity, feelings of depression (Time II).

Employed subjects were showing much lower rates of drinking at follow-up when compared to the unemployed. Here we pointed to the complex interplay between employment and drinking. For particular individuals employment enhances their capacity to abstain. Even small amounts of ethanol impair one's ability to function on the job.

Other drug use was described as one measure of social and psychological dysfunction. The use of other drugs may have predisposed particular individuals to relapse into a state of problem drinking, or it may have been preceded by a drinking relapse.
Minority subjects were abstaining at higher rates than white subjects. The rate of abstinence was 86% for minority subjects, compared to an abstinence rate of 65% for white subjects.

Subjects measuring low in depression at follow-up were more likely to say drinking was no longer a problem for them, than those with moderate to high levels of depression. We pointed to the experience of success in overcoming a drinking problem as a possible mood elevator, and the depressant effect of ethanol.

In regard to our hypotheses:

Hypothesis I Religiosity will contribute to a person's ability to accommodate to a regime of Alcoholics Anonymous.

The data did not provide confirmation for this hypothesis. There was no clear indication that religiosity influenced subjects to attend AA frequently.

Hypothesis II Improvements in the life of the married alcoholic will favor shifts in marital relationship functioning, which in turn will effect program success.

We found married subjects were not experiencing higher rates of success (employment and drinking) when compared to unmarried subjects. They measured somewhat lower in rates of marital satisfaction than attached unmarried subjects. Therefore, we found no confirmation for Hypothesis II.

Hypothesis III Friendship support acts as a prime contributor to the recovering alcoholics improvement or lack of change.

We found no clear trend in relation to friendship support and patterns of change (employment and drinking) for our subject population. Our findings did not confirm Hypothesis III.
Hypothesis IV  Employment is a crucial factor in affecting drinking patterns and emotional states.

We did find confirmation for Hypothesis IV. Subjects who were employed at follow-up were less likely to be problem drinking. Unemployed subjects had the highest rates of depression.

Hypothesis V  Religious participation effects one's ability to withstand the stresses of job seeking behavior and employment.

We found confirmation for Hypothesis V, subjects who measured high in religious participation were more likely to be employed than those with lower levels of religious participation.

Subjects were asked to evaluate the program. The majority of the subjects rated the program high to moderately high in terms of impacting on significant areas of their lives. The responses indicated that getting along with family members and the drinking problem were perceived as areas the least affected by the program. We alluded to the fact that the program was not designed to deal specifically with these problems. In the case of drinking it relied on Alcoholics Anonymous, other non-drinking networks, and treatment services, to encourage and reinforce patterns of abstinence.

Some subjects appeared to be misinformed about the program design. These individuals were disappointed by a lack of job training, or job seeking by counselors.

Vocational Counselors were asked to predict program "success". Their predictions reflected a favorable bias toward women, minority group members, the more highly educated, and subjects under fifty. When we compared success predictions with actual employment out-
comes, we found counselor predictions to have a high rate of accuracy. This raises questions about the possible effect of counselor bias on subject performance. Based on findings of previous studies, we would have anticipated women and minority group members to have lower rates of success.

Finally, we were impressed by the sensitivity of staff in dealing with subjects, especially in their attempts to reach out to particular individuals. We felt the program had a great deal of utility in serving a proportion of the recovering alcoholic population.

**Implications for Social Work and Social Welfare**

The employment program was limited in scope, and thus outcomes should be assessed in relation to the program's intended goals. It provided vocational counseling only.

We found confirmation that a relatively uncomplicated program, involving few staff, and minimal investments of time and monies, had a positive impact on a portion of the recovering alcoholic population.

Those subjects with particular characteristics were able to benefit most from the program. These qualities, associated with employment at follow-up, have already been identified. Subjects who were retained in the program, the well educated, who were not abusing drugs or drinking and had fairly high levels of religious participation, those who could withstand the rigors and stresses of employment counseling, job seeking and work, who had some marketable
skill, and were willing to take a step-down in employment status (and income – in some cases to entry level positions), had the highest rates of employment.

A range of social welfare programs should ideally be designed to service all clients at risk, in ways which will maximize each individual's potential. One of the purposes of this study was to identify the special unmet needs of subjects who did not succeed. We have only to listen to their voices, and look at the numbers to identify those unmet needs. We learned that older subjects had a particularly difficult time securing fulltime permanent jobs. The least educated were more likely to drop out and subsequently had the lowest rates of employment. Many spoke of a wish for job training and subsidy. The psychologically impaired, who could not stay with the program, were less able to enter the mainstream of a competitive work world. Subjects who were unwilling to accept entry-level low status jobs who had higher aspirations, the more isolated, and those who were relatively unprotected from the stresses of work reentry, were prone to remaining unemployed. Vincent Marino describes a vocational rehabilitation project with which he has been associated, and says he became interested because:

I had often been disappointed with other programs for neglecting people who aren't very smart or personable. It's easy to train and find jobs for highly intelligent, charismatic individuals but what about the other....(V. Marino, 1981, p. 481).

While we did not measure the impact of "failure" on subjects, we can speculate that having attended a program that reinforces a
strong work ethic, then having failed may be a psychological blow. We did find subjects who were unemployed experiencing the highest rates of depression.

More attention should be focused on the characteristics of service providers. These personal forces may impact powerfully and in unpredictable ways in affecting outcomes. A positive predisposing bias in treating a sub-group of a client population may lead inadvertently to depriving others in a program of full service.

Many of the subjects who did not succeed in the program, are probably among what Robert Taggard called the "structurally unemployed". They are: "disadvantaged people who do not have a permanent attachment to the labor force" (ES, New York Times, 12/12/82). For these subjects a portfolio of interventions is suggested to modify their longstanding difficulties. These include: job creation, on the job (OTJ) skills training (subsidized), possibly public service oriented, which may lead eventually into unsubsidized jobs. Some would benefit from what Mellon describes as a part-time work, part-time patient role (T. A. Mellon, 1981). Supported work projects, where subjects are placed in low-stress employment appear to have much higher success rates (L. Friedman, 1980). Some of the subjects would have benefited from simple academic studies. A High School Equivalency Diploma improves the probability of securing a job. In order to interrupt longstanding patterns of underemployment, and unemployment, much more is needed in the way of federal subsidy - the free enterprise system
(private business) cannot fill-in. This would mean reinstitution of CETA or similar job training programs.

We found some support for the hypothesis that employment in itself is a viable therapeutic intervention for a portion of the recovering alcoholic population. The current practice of allocating treatment funds almost exclusively toward dealing with the drinking problem should be rethought. A holistic or ecological approach would encourage integrating both vocational counseling and rehabilitation from the earliest phases of treatment (C. H. Meyer, 1976). This would mean assessment of vocational need for all clients as they enter into alcoholism treatment programs, and the development of a wider range of interventions, wherever possible, under one umbrella.

In terms of the cost of service, Room's statement bears repeating:

The fundamental justification for providing treatment for alcoholism is...in terms of humanity...a just and humane society would provide assistance for those who are needy or suffering (R. Room, p. 358, 1980).
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APPENDIX A

DEFINITION OF DRINKING CONCEPTS & INSTRUMENTS
DEFINITION OF DRINKING CONCEPTS

**Abstinence** - Conceptual definition: Non-use of the drug ethanol.
Operational definition: (1) program assessment of drinking practices, (2) questions on drinking practices.

**Controlled drinking** - Conceptual definition: Moderate social drinking. Operational definition: (1) program assessment, (2) questions on drinking practices.

**Problem drinking** - Conceptual definition: Physical dependence on ethanol, characterized by two or more of the following - tremors, morning drinking, blackouts, loss of control, missing meals, continuous drinking. Operational definition: (1) program assessment, (2) questions on drinking practices.
Gertrude Sanders, Doctoral Candidate, Columbia University School of Social Work, with the cooperation of , is undertaking a study of one hundred clients passing through this program. You have been selected because you are part of the group now entering the program. Your inclusion in this study is voluntary. Whether or not you complete a questionnaire will not effect the service you receive.

The results of this study will be used to inform and improve vocational counseling and rehabilitation programs for recovering alcoholics. Your responses will be held in confidence. Your name will not be used. The information will be reported in statistical form only.

Please feel free to ask any question you may have.

I have read the above and agree to complete the forms.

_________________________  ____________________
Name                        Date
INSTRUCTIONS

The questionnaire, as you will see, is organized in a series of sections concerning various aspects of your life. Most of the questions can be answered by making a simple check mark beside the answer you choose, or circling the number that coincides with the answer you select.

We want you to feel you are expressing your true feelings. Please write your comments in the margin when you feel the question is unclear, doesn't allow you to express exactly how you feel, or when you prefer not to answer.

Aside from factors about yourself, there are no correct answers to any of these questions. We are interested in your impressions, feelings, recollections and descriptions.

We hope you enjoy filling out the questionnaire, and we thank you for your cooperation.
To begin with, we would like to ask you questions about your family life and history.

1. What was your age at your last birthday? _____
2. Your sex? _____

2. Were you born in this country (Circle correct answer) Yes No
   If no, in what country were you born? ____________________________

3. Were both your father and mother born in this country? Yes No
   If No, in what country were they born?
   Father ____________________________ Mother _______________________

4. From what countries did your ancestors mostly come?__________

5. What do you consider yourself mainly to be?
   White ____________________________
   Black ____________________________
   Asian-American __________________
   Puerto Rican _____________________
   Other (Specify) ______

6. Please think back to the time before you were 16 years old.
   During most of this time did you live with both your mother and
   father? Yes No
   If No, please tell me with whom you did live ______________________

7. During the time you were growing up, what was the religious
   affiliation of your parents?

   Father
   Protestant ______________
   Catholic ______________
   Jewish ______________
   Eastern Orthodox __________
   Moslem ______________
   Other (Specify) __________

   Mother
   Protestant ______________
   Catholic ______________
   Jewish ______________
   Eastern Orthodox __________
   Moslem ______________
   Other (Specify) __________
8. If either parent was Protestant, which denomination or group were they affiliated with?

<table>
<thead>
<tr>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methodist</td>
<td>Methodist</td>
</tr>
<tr>
<td>Presbyterian</td>
<td>Presbyterian</td>
</tr>
<tr>
<td>Lutheran</td>
<td>Lutheran</td>
</tr>
<tr>
<td>Baptist</td>
<td>Baptist</td>
</tr>
<tr>
<td>Episcopalian</td>
<td>Episcopalian</td>
</tr>
<tr>
<td>Jehovah's Witness</td>
<td>Jehovah's Witness</td>
</tr>
<tr>
<td>Church of Christ</td>
<td>Church of Christ</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>Other (Specify)</td>
</tr>
</tbody>
</table>

9. By and large do you think of your family as being of the working class, the upper class, or the middle class? Of which of these groups do you consider your family a member (Check)

- Working class
- Upper class
- Lower class
- Middle class

10. What was the occupation of the principal wage earner(s) in your home before you were 16?

<table>
<thead>
<tr>
<th>Father</th>
<th>Mother</th>
<th>Other (Specify)</th>
</tr>
</thead>
</table>

11. Will you please indicate your present marital status, and fill in the information requested following your answer?

- Married
  - How long have you been married? ______
- Widowed
  - How long were you married? ______
  - How long have you been widowed? ______
- Divorced
  - How long were you married? ______
  - How long have you been divorced ______
- Single
  - Are you engaged? Yes____ No____
  - Are you dating anyone steadily? Yes____ No____

12. How many children do you have (from marriage union)? (If none write 0)____
13. Do you live in a relationship with a member of the opposite sex?  
   Yes ______  No ______
   If Yes, are there any children of this relationship?  
   (If none write 0) ______

14. Have you ever had a close relative with a serious drinking problem?  
   Yes ______  No ______
   If yes, how was this person related to you? (Please check)
   Father ______  Mother ______  Sister ______  Brother ______  Spouse ______  Aunt ______  Uncle ______  Grandfather ______  Grandmother ______  Other (Specify) ______

Here are some things people have said they expect to happen in their family or with friends. How strongly do you expect each of these to happen? Remember not what you want, but what you really expect to happen. (Circle one number for each question.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Not Strongly</th>
<th>Not Too Pretty</th>
<th>Very Strongly</th>
<th>Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. How strongly do you expect to be able to count on family members for help anytime you need it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. How strongly do you expect to get affection from family members?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. How strongly do you expect to have the good opinion of family members for the way you do things?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. How strongly do you expect that friends will still show a real liking for you, even when you do things they may not approve of?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
19. How strongly do you expect that friends will go out of their way to help you out when you have a problem?  

<table>
<thead>
<tr>
<th>Not Strongly</th>
<th>Not Too</th>
<th>Pretty Strongly</th>
<th>Very Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>At All</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

20. How strongly do you expect that friends will show quite a bit of respect and admiration for you?  

<table>
<thead>
<tr>
<th>Not Strongly</th>
<th>Not Too</th>
<th>Pretty Strongly</th>
<th>Very Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>At All</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Please answer the next few items which are concerned with you and each of your parents (step-parents), during the time you were growing up (up to the age of 16).

<table>
<thead>
<tr>
<th>In Not</th>
<th>Just</th>
<th>In A Few</th>
<th>In Some</th>
<th>In Most</th>
<th>In Every</th>
</tr>
</thead>
<tbody>
<tr>
<td>At All</td>
<td>Ways</td>
<td>Ways</td>
<td>Ways</td>
<td>Way</td>
<td></td>
</tr>
</tbody>
</table>

21. How much did you admire or look up to your father?  

<table>
<thead>
<tr>
<th>Not Strongly</th>
<th>Not Too</th>
<th>Pretty Strongly</th>
<th>Very Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>At All</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

22. How similar were your ideas about what is important in life to those of your father?  

<table>
<thead>
<tr>
<th>Not Strongly</th>
<th>Not Too</th>
<th>Pretty Strongly</th>
<th>Very Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>At All</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

23. How much did you want to be the kind of person your father was?  

<table>
<thead>
<tr>
<th>Not Strongly</th>
<th>Not Too</th>
<th>Pretty Strongly</th>
<th>Very Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>At All</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

24. How much did you admire or look up to your mother?  

<table>
<thead>
<tr>
<th>Not Strongly</th>
<th>Not Too</th>
<th>Pretty Strongly</th>
<th>Very Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>At All</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

25. How similar were your ideas about what is important in life to those of your mother?  

<table>
<thead>
<tr>
<th>Not Strongly</th>
<th>Not Too</th>
<th>Pretty Strongly</th>
<th>Very Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>At All</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

26. How much did you want to be the kind of person your mother was?  

<table>
<thead>
<tr>
<th>Not Strongly</th>
<th>Not Too</th>
<th>Pretty Strongly</th>
<th>Very Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>At All</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
27. For the above questions (21-26) dealing with your parents, whom did you answer about (Please check)

- Your two natural parents
- Your natural mother and stepfather
- Your natural father and stepmother
- Two step-parents
- Only one parent or step-parent
- Other (Specify)

If you are single, divorced or widowed and living alone, some of the following questions may not apply to you. Simple leave those questions blank that do not apply to you.

28. The following is a list of things couples do not always agree on. For each of them please tell me how often you and your (husband/wife/partner) agree. (Please check)

<table>
<thead>
<tr>
<th>Always Agree</th>
<th>Almost Agree</th>
<th>Usually Agree</th>
<th>Never Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing the money.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooking, cleaning or repairing the house.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social activities and entertaining.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Things about the children.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following questions are designed to help us understand more about the relationship between you and your (husband/wife/partner).

29. How often do you and your spouse (partner) have differences of opinion?

- Every day
- Almost every day
- About once a week
- Every so often
- Not often at all
30. If you have a problem can you....

Always go to your spouse Rarely go to your spouse Go to your spouse some of the time Never go to your spouse

31. When you have a difference of opinion, do you...

Discuss the issue calmly Get information to back up your (his/her) side of things Try to bring in someone to help settle things Insult or swear at each other Stomp out of the room or house Push, grab, or shove the other Cry Other (Please specify)

32. How often is there a display of affection between you and your spouse (partner)?

Very often Often Occasionally Rarely Never

33. What is the drinking pattern of your (wife/husband/partner)?

Drinks occasionally Has a drinking problem Drinks frequently Doesn't drink

34. How would you describe your sexual relations with your spouse (partner) in the recent past?

Very good Generally Satisfactory Generally Unsatisfactory Very unsatisfactory

35. If married, how would you say things are going with your marriage?

Very well Fairly well Not well at all

36. If you have children, do you find much time to play with them?

Yes No

37. How well do you feel you get along with them?

Very well Fairly well Not well at all
38. How strongly do you feel your family supports your participation in the program?

Very strongly________  Weakly__________
Strongly__________  Not at all________

39. How would you say things are going with your friendships and social life?

Very well__________  Not well at all________
Fairly well__________  

40. How often are you in the company of friends?

Occasionally__________  Rarely__________
Regularly__________  

41. Think about the close friend you see most. About how often do you get together would you say?

Every day__________  Once a month__________
Several times a week__________  Less than once a month__________
Once a week__________  

42. How well do you feel your friends support your participation in the program?

Very well__________  Not well at all__________
Fairly well__________  Poorly__________  

Now we would like to ask you some questions about your drinking history.

43. How old were you when you had your first drink of alcohol?______

44. How old were you when you started to drink on a regular basis?______

45. Have you had periods when you drank little or not at all since you began to drink?  

Yes______  No______

If yes, what has been your longest period of abstinence______
46. Have you had any extended period of abstinence in the past year?

Yes ________  No ________

If yes, please indicate approximate time __________ weeks
__________ months

47. The last time you started drinking, what were the main reasons you started?

48. The last time you stopped drinking, what were the main reasons you stopped?

49. About how long would a period last when you drank heavily - I mean on the average, how many days, months, or years

Number of days ________
Number of months ________
Number of years ________

50. Did you consider yourself (please check)

A. Episodic or Binge Drinker ________
   (episodes of heavy drinking)

B. Weekend drinker ________

C. Heavy daily drinker ________

51. Prior to your enrollment in this program, did you attend A.A. meetings?

Yes ________  No ________

52. If you answered "yes" to question 51, how often did you attend. Check the answer which comes closest to describing what you did.

Every day ________  About once a month ________
Several times a week ________  About every 3 months ________
Every week ________  About once or twice a year ________
Nearly every week ________  Less than once a year ________
About three times a month ________
53. How often did you attend AA meetings (prior to your entry into )?

Regularly
Occasionally
Never

54. Do you now attend A.A. meetings regularly?

Yes No

55. Do you find you often have to travel a great distance to an A.A. meeting?

Yes No

56. Does travel sometimes discourage regular attendance at A.A. meetings?

Yes No

57. Do you believe you would attend A.A. meetings more regularly if they were located closer to where you live?

Yes No

58. If you've attended A.A. meetings and decided not to continue.....what reason or reasons do you have?

The following statements have to do with your feelings, beliefs, and behavior. For each statement, select one answer that is best for you and circle the number under that answer. There are no right or wrong answers to these statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>59. I feel inferior to the people I know.</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>60. I feel so down-in-the-dumps that nothing can cheer me up.</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>61. My nerves seem to be on edge.</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>Rarely</td>
<td>Occasionally</td>
<td>Frequently</td>
<td>Always</td>
</tr>
<tr>
<td>---</td>
<td>-------</td>
<td>--------</td>
<td>--------------</td>
<td>------------</td>
<td>--------</td>
</tr>
<tr>
<td>62. I expect things to turn out for the best.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>63. My mood remains rather constant, neither going up or down.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64. I am free of inferior feelings</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65. Things have worked out well for me.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66. I relax without difficulty.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67. I have the feeling that the people I know are better than I am.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>68. The future looks so gloomy that I wonder if I should go on.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69. I have difficulty trying to calm down.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70. I am optimistic.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>71. I stay on an even keel emotionally.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72. I think I am just as good as the people I know.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73. When I look back, I think that life has been good to me.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
74. I am free of tension.  
Never  Rarely  Occasionally  Frequently  Always  
1  2  3  4  5  
75. I expect the worst to happen.  
Never  Rarely  Occasionally  Frequently  Always  
1  2  3  4  5  

We now turn to a series of questions on religious practices and beliefs. We are concerned to learn not only what people practice and believe, but also how important their beliefs are to them. We hope you will find the questions allow you to express your own beliefs. If not, would you write a comment next to any question which you consider to be inappropriate.

76. Are you presently a member of an organized religious group?  
(Please check)  
Yes_________  No_________  
77. If yes, what is the name and denomination of the church or temple to which you belong?  
Protestant_________  Black Muslim_________  
Catholic_________  Moslem_________  
Jewish_________  Other (Specify)_________  
Eastern Orthodox_________  
78. If you checked Protestant, which denomination or group are you affiliated with?  
Methodist_________  Episcopal_________  
Presbyterian_________  Jehovah's Witness_________  
Lutheran_________  Church of Christ_________  
79. How long have you been a member of your present congregation or Parish? Check the answer which is closest.  
I have always been a member_________  
Less than 1 year_________  
1 to 3 years_________  
3 to 6 years_________  
6 to 9 years_________  
More than 9 years_________
80. Have you ever been a member of a denomination other than your present one?  
Yes_______ No_______

81. If yes, what denomination was that? If more than one, list them in order from the most recent to the earliest.

82. How often do you attend Sunday/Sabbath worship services? (Check the answer that comes closest to describing what you do)

Every week_________ About every three months_________  
Nearly every week_________ About once or twice a year_________  
About 3 times a month_________ Less than once a year_________  
About once a month_________ Never_________  
About every 6 weeks_________

Prayer and religious belief are very private things. We hope you will not find the questions too delicate to answer, but if you do, please tell us by writing in the margins.

83. How often do you pray privately? (Check the answer which comes closest to what you do)

I never pray, or only do so at church services ______
I pray only on very special occasions_______
I pray once in a while, but not at regular intervals_______
I pray quite often, but not at a regular time_______  
I pray regularly_______

84. How important is the idea of sin in your life?

I am rather concerned with trying to live as sinless a life as possible_______
I accept the idea of sin, but do not really think about it very often_______
The idea of sin means very little to me_______
None of the above represents my feelings_______  
What I do feel is that__________________________
85. Would you please think about each of the religious beliefs listed below and then indicate how certain you are that it is true by placing a check in the appropriate space

<table>
<thead>
<tr>
<th></th>
<th>Completely</th>
<th>Probably</th>
<th>Probably</th>
<th>Definitely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>true</td>
<td>true</td>
<td>not true</td>
<td>not true</td>
</tr>
<tr>
<td>There is a life beyond death</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The devil actually exists</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Man cannot help being evil</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

86. Which of the following statements comes closest to expressing what you believe about God? (Please check only one answer)

- I know God really exists and I have no doubts about it
- While I have doubts, I feel that I do believe in God
- I find myself believing in God some of the time, but not at other times
- I don't believe in a personal God, but I do believe in a higher power of some kind
- I don't know whether there is a God and I don't believe there is any way to find out
- I don't believe in God
- None of the above represent what I believe. What I believe about God is

---

87. How sure are you that you have found the answers to the meaning and purpose of life?

- I am quite certain and I pretty much grew up knowing these things.
- I am quite certain, although at one time I was pretty uncertain.
- I am uncertain whether or not I have found them.
- I am quite sure I have not found them.
- I don't really believe there are answers to these questions.
88. Listed below are a number of experiences of a religious nature which people have reported having. Since you have been an adult have you ever had any of these experiences?

<table>
<thead>
<tr>
<th>Experience Description</th>
<th>Yes, I'm sure I have</th>
<th>Yes, I think I have</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A feeling that you were somehow in the presence of God</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A feeling of being afraid of God</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A feeling of being punished by God for something you had done</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A feeling of being tempted by the Devil</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you had such an experience? (Mark answer with X or check)

89. If you have answered No to all of the above, do you feel that it is possible for people to have religious experiences?

Yes___________ No____________ I'm not sure_____________

Now we'd like to ask you some questions about your work history.

90. When you entered this program, how long had you been unemployed?

______ weeks
______ months
______ years
91. If you have a work history (Include Homemaker), when was the last time you were employed?


a. What kind of work did you do?
b. What were some of your main duties?
c. What kind of a place was it?
d. About how long did you work on the job?


92. If you were a Welfare recipient, please indicate approximate total period of enrollment.


93. Where there any factors related to being a recipient which may have discouraged you from looking for work or accepting employment?


If yes, please explain.

The following questions are designed to provide with feedback from you about your experience in the program thus far.

94. How did you find out about ?

95. Did you find that turned out to be just about what you thought it would be like?

96. If no, in what way does it differ from what you thought it would be like?
CONSENT FOR FOLLOW-UP RELEASE FORM

Part of this study is a measure of change you may undergo as a result of your participation in the program. We are therefore asking your consent to be contacted in (6) months following the time you leave the program. Your participation is very important to our study. You will be helping us to make sure that we have the best information available for a careful scientific study.

Your responses will be held in confidence, reported in statistical form only. Your name will not be used.

Whether or not you agree to be contacted will not effect the service you receive.

I have read the above, and agree to be contacted in (6) six months.

Name ________________________________ Date ________________

Address ________________________________ Phone Number ________________

(You may use the number of a family member or neighbor if you have no phone of your own)

If possible, please provide the name ________________________________ phone number ________________________________ and address ________________________________ of an individual (friend, neighbor, or relative) who usually knows your whereabouts at all times, and whom we may contact in the event we lose touch with you.
FOLLOW-UP QUESTIONNAIRE

INSTRUCTIONS

The questionnaire is organized in a series of sections concerning various aspects of your life during the past six months. Most of the questions can be answered by making a simple check mark beside the answer you choose, some call for your written response.

Aside from factors about yourself, there are no correct answers to any of the questions. We are interested in your impressions, feelings and descriptions of what's happened during the past six months.

We want you to feel you are expressing your true feelings. Please write your comments in the margin when you feel the question is unclear, doesn't allow you to express exactly how you feel; or when you prefer not to answer.

We hope you enjoy filling out the questionnaire and we thank you for your cooperation.

As soon as you've completed the questionnaire, please return it in the enclosed postpaid envelope.
FOLLOW-UP QUESTIONNAIRE

1. All things considered, would you say that the past six months was a -
   Good six months
   Bad six months

   Please explain.

2. What were some of the crucial things that happened to you?

3. Compared to six months ago, would you say your health is better, worse, or about the same?
   Worse now
   Better now
   Same

   If worse now, in what way(s)?

4. Have you moved in the past six months? Yes No
   If yes, have you moved
   Once
   Twice
   More often

   If moved, has it been to a living environment that is...
   More comfortable
   Less comfortable
   About the same

5. What is your present marital status?
   Married and living with husband and/or wife
   Married but not living with husband or wife
   Legally separated
   Divorced or Annulled
   Widowed
   Never married

   Is this a change from six months ago? Yes No
6. Do you live in a relationship with.............
   a. A person of the opposite sex  Yes______ No______
   b. A person of the same sex  Yes______ No______
   Is this a change from six months ago?

We'd like to ask you a series of questions relating to your work situation.

Female respondents

7. Are you now a full time housewife/homemaker? Yes______ No______

All respondents

8. Are you employed now?  Yes______ No______
   If yes, where do you work?
   What kind of a place is it?
   What kind of work do you do? What are some of your duties?
   How long have you been in this job?  Less than 1 month______
               1-3 months______
               4-6 months______

9. If you're now employed, is this job -
   a permanent full-time job______ a temporary part-time job______
   a permanent or regular part-time job______ a spot job______
   a temporary full-time job______ other____________________

10. If employed, how do you feel about the job you have now? Would you say you are -
   Very well satisfied ______  Rather dissatisfied ______
   Fairly satisfied ______  Very dissatisfied ______
   Neutral________

11. Have you had any other jobs in the past six months?  Yes______ No______
   If yes, what was the total approximate time employed?  Less than 1 month______
               1-3 months______
               4-6 months______
12. What kind of a job was it...what type of work did you do?

Reason for leaving -

13. If now employed, are there any people directly under your supervision?

Yes_______ No_______

If yes, how many?

How do you get along with them?

Very well_______ Not well at all_______
Fairly well_______ Poorly_______
Neutral_______

How do you get along with your boss?

Very well_______ Not well at all_______
Fairly well_______ Poorly_______
Neutral_______

How do you get along with co-workers or colleagues?

Very well_______ Not well at all_______
Fairly well_______ Poorly_______
Neutral_______

Do you think you will stay on this job?

Yes_______ No_______

If yes, please check all items that apply. The reason(s) for wanting to stay on this job are:

Salary is satisfactory_______
Pleased with the working environment_______
Flexible work schedule_______
Treated with respect_______
Opportunities for advancement_______
Enjoy the work_______
Like the feeling of financial independence_______
Work gets me out of the house_______
Travel time to work is not excessive_______
Enjoy the people I work with_______
Other(s) please specify ___________________
Following are a number of questions about your relationship with friends during the past six months.

14. Since leaving , would you say your relationship with the person (or persons) you live with is:
   Much better_______ About the same_______
   Somewhat better_______ Much worse_______

Here are some things people have said they expect to happen in their family or with friends. How strongly do you expect each of these to happen? Remember not what you want, but what you really expect to happen. (Circle the number that comes closest to your feelings).

<table>
<thead>
<tr>
<th>Not Strongly</th>
<th>Not Too Strongly</th>
<th>Pretty Strongly</th>
<th>Very Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>At All</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

15. How strongly do you expect to be able to count on family members for help anytime you need it?
   1 2 3 4

16. How strongly do you expect to get affection from family members?
   1 2 3 4

17. How strongly do you expect to have the good opinion of family members for the way you do things?
   1 2 3 4

18. How strongly do you expect that friends will still show a real liking for you, even when you do things they may not approve of?
   1 2 3 4

19. How strongly do you expect that friends will go out of their way to help you out when you have a problem?
   1 2 3 4

20. How strongly do you expect that friends will show quite a bit of respect and admiration for you?
   1 2 3 4
21. I'm going to list that couples do not always agree on. For each of them please tell me how often you and your (husband/wife/partner) agreed during the past six months. (Please check)

<table>
<thead>
<tr>
<th></th>
<th>Always Agree</th>
<th>Almost Always Agree</th>
<th>Usually Agree</th>
<th>Never Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing the money.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooking, cleaning or repairing the house.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social activities and entertaining.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Things about the children.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following questions are designed to understand the ways in which you and your (husband/wife/partner) have attempted to settle differences during the past six months.

22. How often have you and your spouse (partner) had differences of opinion?

- Every day
- Almost every day
- About once a week
- Every so often
- Not often at all

23. If you had a problem did you feel free to go to your spouse/partner...

- Always
- Rarely
- Some of the time
- Never

24. When you have a difference of opinion, do you...

- Discuss the issue calmly
- Get information to back up your (his/her) side of things
- Try to bring in someone to help settle things
- Insult or swear at each other
- Stomp out of the room or house
- Push, grab, or shove the other
- Cry
- Other (Please specify)
25. How often is there a display of affection between you and your spouse (partner)?

<table>
<thead>
<tr>
<th>Very often</th>
<th>Rarely</th>
<th>Often</th>
<th>Never</th>
<th>Occasionally</th>
</tr>
</thead>
</table>

26. How would you describe your sexual relations with your spouse (partner) in the past six months?

<table>
<thead>
<tr>
<th>Very good</th>
<th>Generally Unsatisfactory</th>
<th>Generally Satisfactory</th>
<th>Very unsatisfactory</th>
</tr>
</thead>
</table>

27. During the past six months, would you say you and your spouse (partner) have been getting along...

<table>
<thead>
<tr>
<th>Much better</th>
<th>About the same</th>
<th>Much worse</th>
</tr>
</thead>
</table>

28. If you have children, did you find much time to play with them in the past six months? How often would you say?

<table>
<thead>
<tr>
<th>Often</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
</table>

29. How well do you feel you've gotten along with them?

<table>
<thead>
<tr>
<th>Very well</th>
<th>Not well at all</th>
<th>Fairly well</th>
<th>Poorly</th>
</tr>
</thead>
</table>

30. If there's been a significant change in the quality of your relationship(s) with family members or partners, please check all items which apply

- I'm getting along better with members of my family
- We communicate more easily
- Less tension in the atmosphere at home
- Family members are happy with changes they feel I've undergone
- I've been spending more time with members of my family
- Sharing more pleasures
- The drinking problem is no longer the focus of our conversations
- I'm not getting along well with members of my family
- We don't speak as often as we used to
- There's tension in the atmosphere at home
- Family members are not supporting me as I feel they should
- I'm spending less time with family members
- Sharing fewer pleasures
- The drinking problem is the focus of family conversations
- We seem to have more disagreements than we used to have
- Other(s), please specify
31. Overall, how well would you say your participation in the program has been supported by family?

Very well   Not well at all
Fairly well Poorly

32. We'd like to know how you feel about your drinking now...would you say that your drinking –

Never was a problem Continues to be a serious problem
Is now under control (arrested)
Has improved, but is still a problem

33. Have you been hospitalized anytime during the past six months for problems associated with drinking?

Yes No
If yes, please describe.

34. Overall, which of the following best fits your drinking during the past six months –

Abstaining Fairly heavy drinking
Almost abstaining (rarely drinking) Very heavy drinking
Social or moderate drinking Problem drinking

If you answered very heavy drinking, problem drinking or alcoholic drinking to the question above, have you experienced any of the following? (Please check all that apply)

Morning drinking Tremors
Blackouts Missing meals
Loss of control Continuous drinking

35. In relation to your AA participation during the past six months...

a. About how often would you say you've been attending?

More than once a week Once a month
Once a week Occasionally
2-3 times a month Hardly ever

b. Do you have a Home Group?

Yes No
c. If you have a Sponsor, do you speak to him/her...

<table>
<thead>
<tr>
<th>Very often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
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<tbody>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Never</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. If you've not been attending AA meetings, or believe AA hasn't been helpful to you, what reason(s) do you have?

<table>
<thead>
<tr>
<th>Reason(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

36. In the past six months have you had any problems in the following areas that were related to drinking? (Check all that apply)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trouble with wife/husband partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble with children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble at work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble with boss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble with co-workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of job</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble with friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble with neighbors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing Work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual difficulties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor appetite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor memory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings of nervousness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty handling money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Episodes of being violent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>around the house</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent elsewhere</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble with police</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DWI arrest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawal symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

37. If you've had episodes of problem drinking, when was the last time you had such an episode?

<table>
<thead>
<tr>
<th>Time</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>months ago</td>
<td>weeks ago</td>
<td>days ago</td>
</tr>
</tbody>
</table>

How many of such episodes would you say you've had?
38. During the past six months have you been using substances/drugs other than alcohol?  
   Yes______ No______
If yes, please indicate type of drug(s) ______________________________

39. During the past six months...
   How often would you say you enjoyed the things you do...
   All of the time ________ Some of the time ________
   Most of the time ________ None of the time ________

40. In general, would you say that in the past six months, most of the time you are ...
   High spirits ________ Low spirits ________
   Good spirits ________ Very low spirits ________

41. How much of the time have you felt tense or "high-strung"?
   All of the time ________ Some of the time ________
   Most of the time ________ None of the time ________

42. How much of the time have you felt downhearted, blue or depressed?
   All of the time ________ Some of the time ________
   Most of the time ________ None of the time ________

43. In addition to group sessions you may have attended during the past six months were you involved in any of the following? (Please check)
   Yes No

   Individual counseling or therapy........... \___ \___
   Group counseling or therapy.............. \___ \___
   Family therapy (where you were seen together with your wife/husband or other family members)\___ \___
   Lectures or educational sessions........... \___ \___
   Antabuse................................. \___ \___
   Other medications........................ \___ \___
   AA meetings............................. \___ \___
   Recreational therapy—things like sports, games................................. \___ \___
   Occupational therapy—learning skills, trades crafts............................... \___ \___
   New hobbies.............................. \___ \___
44. Since leaving ____, have you attended religious services?  
   Yes_______  No_______

45. In relation to what you did six months ago, would you say you now -
   Attend more often_______  Attend about the same_______
   Attend less often_______

46. Have you joined with any other organizations or groups (other than AA) in the past 6 months?
   If yes, please specify -

The following questions are designed to provide feedback from you about your experience in the program.

47. Do you feel your participation in the program helped you with any of the following - (Please check)

<table>
<thead>
<tr>
<th></th>
<th>A little</th>
<th>Very much</th>
<th>Somewhat</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-understanding...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dealing with stress and frustration........</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-confidence.......</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dealing with drinking problem.................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting along better with the people you work with........</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting along better with family...............</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting along better with friends............</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

48. Do you have any other comments or impressions about your participation in the program?

49. Are there any comments or impressions about the past six months that you'd like to include?

Thank you for your participation in this project.
Counselor Assessment Sheet

Client Code number -------

Counselor ______ (Initial)

1. Total weeks client was enrolled in program ______ (approximate)

2. Did client terminate early?
   Yes ______  No ______

3. Counselor projection of success (defined as: employed status at six (6) months plus maintained abstinence, or recovery from alcoholism) --
   poor ______ moderate ______ good ______ excellent ______

4. What is your impression of how client responded to program?
   very well ______ moderately well ______ poorly ______

5. This assessment is based on (please check all that apply):
   client report ______ observation ______ other agency report ______
   Other __________________________ (Specify)

6. Client status at closure:
   unknown ______ secured a job ______ good reported work adjustment ______
   poor work adjustment ______ episode of ethanol abuse (self-report or observed ______
   early drop-out ______ physical problems ______ emotional problems ______
   other __________________________________________________________

7. Your impression of client commitment to support system(s).
   weak ______ moderate ______ strong ______

8. Please specify client support systems (check all that apply) -
   AA ______ FTA ______ Religious Group ______ Other(s) ______

9. Any other observations or comments about client -
APPENDIX B
INDICES
APPENDIX B

QUESTIONS INCLUDED IN INDEX CONSTRUCTION

Index of Family Support:

Q16 How strongly do you expect to get affection from family members?

Q17 How strongly do you expect to have the good opinion of family members for the way you do things?

Not strongly at all, Not too strongly, Pretty strongly, Very strongly

Index of Friendship Support:

Q18 How strongly do you expect that friends will still show a real liking for you, even when you do things they may not approve of?

Q19 How strongly do you expect that friends will go out of their way to help you out when you have a problem?

Q20 How strongly do you expect that friends will show quite a bit of respect and admiration for you?

Not strongly at all, Not too strongly, Pretty strongly, Very strongly

Index of Feelings I (Optimism & Self-Esteem)

Q59 I feel inferior to the people I know.

Q67 I have the feeling that the people I know are better than I am.

Q75 I expect the worst to happen.

Responses: Never, Rarely, Occasionally, Frequently, Always

Index of Feeling II (Depression)

Q40 In general, would you say that in the past six months, most of the time you are in....

High spirits, good spirits, low spirits, very low spirits
Q41 How much of the time have you felt tense or "high-strung"?
   All of the time, most of the time, some of the time, none of the time

Q42 How much of the time have you felt downhearted, blue or depressed?
   All of the time, most of the time, some of the time, none of the time

Index of Religious Participation

Q76 Are you presently a member of an organized religious group?
   Yes_______ No_______

Q82 How often do you attend Sunday/Sabbath worship services?
   (Check the answer that comes closest to describing what you do)
   Every week_______ About every three months_______
   Nearly every week_______ About once or twice a year_______
   About 3 times a month_______ Less than once a year
   About once a month_______ Never_______
   About every 6 weeks_______
<table>
<thead>
<tr>
<th>Index Name</th>
<th>Q17</th>
<th>Q16</th>
<th>Q18</th>
<th>Q19</th>
<th>Q20</th>
<th>Q41</th>
<th>Q42</th>
<th>Q59</th>
<th>Q67</th>
<th>Q40</th>
<th>Q41</th>
<th>Q82</th>
<th>Q76</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Support</strong></td>
<td></td>
<td></td>
<td>.700</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.617</td>
<td>.710</td>
<td></td>
</tr>
<tr>
<td><strong>Friendship Support</strong></td>
<td></td>
<td>Q16</td>
<td>.566</td>
<td>Q18</td>
<td>.857</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>.560</td>
</tr>
<tr>
<td><strong>Feelings (I)</strong></td>
<td></td>
<td>Q19</td>
<td>.556</td>
<td>Q19</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Feelings II</strong></td>
<td></td>
<td>Q19</td>
<td>.617</td>
<td>Q19</td>
<td>.715</td>
<td>Q41</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Religious Participation</strong></td>
<td>Q82</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.721</td>
</tr>
</tbody>
</table>
TABLE B-2

CORRELATION MATRIX OF INDICES

<table>
<thead>
<tr>
<th></th>
<th>Family Support</th>
<th>Feelings (I)</th>
<th>Feelings (II)</th>
<th>Religious Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Support</td>
<td>.077</td>
<td>-.020</td>
<td>.266</td>
<td>.257</td>
</tr>
<tr>
<td>Friendship Support</td>
<td>-.081</td>
<td>.005</td>
<td>.415</td>
<td>-.138</td>
</tr>
<tr>
<td>Feelings (I)</td>
<td></td>
<td></td>
<td></td>
<td>-.031</td>
</tr>
<tr>
<td>Feelings (II)</td>
<td></td>
<td></td>
<td></td>
<td>-.059</td>
</tr>
</tbody>
</table>

TABLE B-3

ALPHA COEFFICIENTS ON RELIABILITY OF INDICES

<table>
<thead>
<tr>
<th>Index Name</th>
<th>Alpha Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Support</td>
<td>.704</td>
</tr>
<tr>
<td>Friendship Support</td>
<td>.757</td>
</tr>
<tr>
<td>Feelings I</td>
<td>.804</td>
</tr>
<tr>
<td>Feelings II</td>
<td>.833</td>
</tr>
<tr>
<td>Religious Participation</td>
<td>.704</td>
</tr>
</tbody>
</table>
APPENDIX C

ADDITIONAL TABLES
<table>
<thead>
<tr>
<th>WOMEN</th>
<th>Whitecollar</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pink Collar</strong></td>
<td><strong>Semi-Professional/Professional</strong></td>
</tr>
<tr>
<td>Waitress</td>
<td>Real Estate Salesperson</td>
</tr>
<tr>
<td>Food Preparation Worker</td>
<td>Legal Secretary</td>
</tr>
<tr>
<td>Nurses Aide</td>
<td>Secretary</td>
</tr>
<tr>
<td>Homemaker (2)</td>
<td>Mail Clerk</td>
</tr>
<tr>
<td>Salesclerk (4)</td>
<td></td>
</tr>
<tr>
<td>Custodian</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEN</th>
<th><strong>Professional/Whitecollar</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bluecollar</strong></td>
<td>Librarian</td>
</tr>
<tr>
<td>Machine Operator (2)</td>
<td>Accountant</td>
</tr>
<tr>
<td>Construction Worker (2)</td>
<td>Supervisor AT&amp;T</td>
</tr>
<tr>
<td>Shipping Clerk</td>
<td>Research Investment Advisor</td>
</tr>
<tr>
<td>Locksmith</td>
<td>Art Salesperson</td>
</tr>
<tr>
<td>Building Maintenance Worker (3)</td>
<td>Office Manager</td>
</tr>
<tr>
<td>Cab Driver (2)</td>
<td>Banker</td>
</tr>
<tr>
<td>Nurses aid</td>
<td>Employment Counselor</td>
</tr>
<tr>
<td>Waiter</td>
<td>Clerical Worker</td>
</tr>
<tr>
<td>Night Watchman</td>
<td>Data Control Clerk</td>
</tr>
<tr>
<td>Animal Caretaker</td>
<td>Stage Manager</td>
</tr>
<tr>
<td>Dishwasher</td>
<td></td>
</tr>
<tr>
<td>Truck Driver (2)</td>
<td></td>
</tr>
<tr>
<td>Deli Clerk</td>
<td></td>
</tr>
<tr>
<td>Printer</td>
<td></td>
</tr>
<tr>
<td>Machine Equipment Tester (2)</td>
<td></td>
</tr>
<tr>
<td>Chauffer</td>
<td></td>
</tr>
<tr>
<td>Handyman</td>
<td></td>
</tr>
<tr>
<td>Roofer</td>
<td></td>
</tr>
<tr>
<td>Security Guard</td>
<td></td>
</tr>
<tr>
<td>Janitor</td>
<td></td>
</tr>
<tr>
<td>Meter Reader</td>
<td></td>
</tr>
<tr>
<td>Factory Worker</td>
<td></td>
</tr>
<tr>
<td>Warehouse Worker</td>
<td></td>
</tr>
<tr>
<td>Hotel Worker</td>
<td></td>
</tr>
<tr>
<td>Trophy Maker</td>
<td></td>
</tr>
<tr>
<td>Warehouse/shipping and receiving</td>
<td></td>
</tr>
<tr>
<td>Doorman</td>
<td></td>
</tr>
<tr>
<td>Cook</td>
<td></td>
</tr>
<tr>
<td>Electrician</td>
<td></td>
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</tbody>
</table>

\[N = 62\]

(Information not available on 12 subjects)
<table>
<thead>
<tr>
<th>Diagnosis/Description</th>
<th>%</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis not available (Probably &quot;Alcoholism&quot;)</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>Depression</td>
<td>08</td>
<td>6</td>
</tr>
<tr>
<td>Alcoholic Depression</td>
<td>05</td>
<td>4</td>
</tr>
<tr>
<td>Narcotic Addiction</td>
<td>03</td>
<td>2</td>
</tr>
<tr>
<td>Anxiety Depression</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>Psychoses</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>Character Deficiency</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>Bulemia Nervosa</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>&quot;Nervous Breakdown&quot;</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>43%</td>
<td>35</td>
</tr>
<tr>
<td>OFFENSE</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---</td>
<td>-----</td>
</tr>
<tr>
<td>Disorderly Conduct</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Harrassment</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>Vagrancy</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>Disturbing the Peace</td>
<td>03</td>
<td>2</td>
</tr>
<tr>
<td>Driving While Intoxicated*</td>
<td>09</td>
<td>7</td>
</tr>
<tr>
<td>Possession of a Controlled Substance*</td>
<td>04</td>
<td>3</td>
</tr>
<tr>
<td>Trespassing</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>Menacing</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>Public Intoxication</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>Conspiracy (To Sell Drugs)*</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td><strong>Violations or Misdemeanor</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>51%</td>
<td>41</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Felonies</th>
<th>%</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burglary</td>
<td>04</td>
<td>3</td>
</tr>
<tr>
<td>Shoplifting</td>
<td>03</td>
<td>2</td>
</tr>
<tr>
<td>Assault I</td>
<td>03</td>
<td>2</td>
</tr>
<tr>
<td>Assault II</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>Auto Theft</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>Armed Robbery</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>Sale of Narcotics</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>Mail Theft</td>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>Two or more felony offenses</td>
<td>04</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>41</td>
</tr>
</tbody>
</table>

*These offenses sometimes fall into felony category. From the available information, it appears subjects were charged with a misdemeanor.
TABLE C-4

TYPE OF JOB(S) SECURED BY SEX/EDUCATION & PREVIOUS WORK HISTORY

<table>
<thead>
<tr>
<th>WOMEN</th>
<th>EDUCATION (In Years)</th>
<th>PAST EMPLOYMENT (DESCRIPTION)</th>
<th>JOB DESCRIPTION AT FOLLOWUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Legal Secretary</td>
<td>Legal Secretary</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Nurses Aide</td>
<td>Nurses Aide</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Homemaker</td>
<td>Factory Worker</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Teachers Aide</td>
<td>Shipping Clerk</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Secretary</td>
<td>Secretary</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Sales Clerk</td>
<td>Secretary</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Custodian</td>
<td>Porter</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Real Estate Sales</td>
<td>Employment Counselor</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Sales Clerk</td>
<td>Order Processor</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Sales Clerk</td>
<td>Secretary</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Legal Secretary</td>
<td>Legal Secretary</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEN</th>
<th>6</th>
<th>Building Maintenance Worker</th>
<th>Building Maintenance Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Machine Operator</td>
<td>Housecleaning Service Worker</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Deli Clerk</td>
<td>Counselor Group Home</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Security Guard</td>
<td>Security Guard</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Unknown</td>
<td>Truck Driver</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Unknown</td>
<td>Home Improvement Worker</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Printer</td>
<td>Printer</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Tire Changer</td>
<td>Janitor</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Warehouse Shipping/ Receiving</td>
<td>Warehouse Shipping/ Receiving</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Night Watchman</td>
<td>Security Guard</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Chauffer</td>
<td>Truck Driver</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Building Maintenance Work</td>
<td>Janitor</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Roofer/Sheetmetal Worker</td>
<td>Factory Worker</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Office Manager</td>
<td>Financial Comptroller</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Dishwasher</td>
<td>Custodian</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Doorman</td>
<td>Elevator Operator</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Bookkeeper</td>
<td>Factory Worker</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Sales Manager</td>
<td>Dept. Store Salesman</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Supervisor AT&amp;T</td>
<td>Therapy Aide</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Writer</td>
<td>Promotional Writer</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Investment Advisor</td>
<td>Investment Advisor</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Employment Counselor</td>
<td>Gen'l Mgr. Cleaning Co.</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Cab Driver</td>
<td>Salesman</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Librarian</td>
<td>Clerical Worker</td>
<td></td>
</tr>
</tbody>
</table>

N = 11 or 61% of the Female Respondent Population
24 or 55% of the Male Respondent Population
### HISTORY OF ARREST & EMPLOYMENT

<table>
<thead>
<tr>
<th>Arrest Record</th>
<th>Employed</th>
<th>Unemployed</th>
<th>Total</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>63%</td>
<td>37</td>
<td>100%</td>
<td>(30)</td>
</tr>
<tr>
<td>No Record of Arrest</td>
<td>48%</td>
<td>52</td>
<td>100%</td>
<td>(31)</td>
</tr>
</tbody>
</table>

\[X^2 = 1.3805, \text{df} = 1, \text{p} \text{ NS}\]

### PSYCHIATRIC HISTORY & EMPLOYMENT

<table>
<thead>
<tr>
<th>Psychiatric History</th>
<th>Employed</th>
<th>Unemployed</th>
<th>Total</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>56%</td>
<td>44</td>
<td>100%</td>
<td>(25)</td>
</tr>
<tr>
<td>No History</td>
<td>55%</td>
<td>45</td>
<td>100%</td>
<td>(31)</td>
</tr>
</tbody>
</table>

\[X^2 = .0076, \text{df} = 1, \text{p} \text{ NS}\]
### OTHER DRUG USE

#### SUBJECTS SELF-REPORTS

<table>
<thead>
<tr>
<th>Other Drugs Used</th>
<th>Number of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>4</td>
</tr>
<tr>
<td>Heroin</td>
<td>2</td>
</tr>
<tr>
<td>Methadone</td>
<td>1</td>
</tr>
<tr>
<td>Valium</td>
<td>1</td>
</tr>
<tr>
<td>Phenoobarbital</td>
<td>1</td>
</tr>
<tr>
<td>Barbituates</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tofranil</td>
<td>1</td>
</tr>
<tr>
<td>Lithium</td>
<td>1</td>
</tr>
<tr>
<td>&quot;Pain&quot;</td>
<td>1</td>
</tr>
</tbody>
</table>

Total N (13)
**PSYCHIATRIC HISTORY & DRINKING PATTERNS AT 6 MONTHS**

<table>
<thead>
<tr>
<th>Drinking</th>
<th>Treatment History</th>
<th>No Treatment History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinent</td>
<td>68</td>
<td>74</td>
</tr>
<tr>
<td>Rarely/Social Moderate</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Heavy/Problem Alcoholic</td>
<td>16</td>
<td>07</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

N: (25) (27) (52)

\[ x^2 = .9455, df = 2, p \text{ NS} \]