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## Researching Indigenous Recovery Communities: An Interview with Dr. Leonard Jason

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### Introduction

For more than a decade, recovery advocates have been calling for a recovery-focused research agenda to guide national, state, and local policy development, service practices, and systems evaluation within the alcohol and other drug problems arena. One of the critical questions being raised is the effects of new recovery support institutions (recovery community organizations, centers, residences, industries, ministries, cafes, etc.) and recovery support roles (e.g., recovery coaches) on long-term addiction recovery outcomes. An exception to the dearth of information on these new institutions and roles is the rich history of research studies that exist on Oxford House residences in the United States. That body of research work is the product of a collaborative vision forged between Dr. Leonard Jason and his colleagues at DePaul University and Oxford House leaders. Dr. Jason's research studies of Oxford House began more than a decade before calls for recovery research reached thresholds to be finally heard. When the story of modern recovery research is written, his name will figure prominently as one of the early pioneers.

In November 2013, I had the opportunity to interview Dr. Jason about his work with Oxford House and his thoughts about how researchers can work respectfully with indigenous recovery communities without abandoning scientific rigor. I think those working within peer-based recovery support institutions and researchers interested in studying these institutions will find this interview particularly interesting.

### Entering the World of Community Psychology

***Bill White*:** Dr. Jason, after finishing your undergraduate work at Brandeis in 1971, you entered doctoral work in clinical and community psychology at the University of Rochester. What was the original source of your interest in community psychology and, for readers unfamiliar with the term, how would you define community psychology?

***Dr. Leonard Jason*:** I became interested in the field of community psychology because

of the realization that there were so many people with unmet needs based on the so called medical model, which is a traditional psychology model of service delivery focusing on helping one person at a time through psychotherapy. During my first year of graduate school in 1971, it became apparent to me that clinical psychologists were putting almost all of their time and resources in treating those with the most severe and prolonged problems, and these individuals were the very ones who were the least likely to be helped by our interventions. The community psychology movement began in the mid 1960s by posing the question of how we could reach out to address the largely unmet needs within our communities, and this might involve trying to prevent problems from occurring rather than treating them at their most severe stages. This public health style movement in psychology also was interested in how systems and environmental factors might possibly contribute to our problems. As a first year graduate student, I decided I would become an activist as a psychologist, with my focus being on how to best bring about change using a community psychology model.

I was trained in the more traditional clinical "medical model" at the University of Rochester, but I was drawn to community psychology's call to address a more fundamental second order change, change that's more structural, change that's more enduring, change that involves challenging those in power who control the unequal distribution of valuable resources. This provided a different vision of myself as a psychologist—one that would be involved in trying to work with systems, work with neighborhoods, work with community activists, work with local groups and organizations to address the significant problems that were facing our country in the early 1970s. I certainly was affected by the civil rights movement in the 1960s, as well as the effort to stop the Vietnam War, so being an activist as a psychologist melded my interests in bringing about change as an activist as well as helping people as a psychologist.

***Bill White*:** Wasn't that also the time community psychology was really coming into its own as a specialized field?

***Dr. Leonard Jason*:** Yes. Actually, my advisor, Emory Cowen at the University of Rochester, was one of the first community psychologists in the mid-1960s. It was a very exciting time as community psychologists were discovering there was more we could do than just sit in our offices and wait for people to come to us using a medical one-on-one service delivery model. The emerging vision was much more one of going out to the community working with community groups to identify and resolve problems and to address these problems through more structural approaches. I credit Emory Cowen for expanding my vision of the roles I might play in the future. As a first year clinical graduate student, I said to myself, "This is really what I want to do. I want to be a community psychologist."

**Early Interest in Addictions**

***Bill White*:** How did you first get interested in the addictions arena?

***Dr. Leonard Jason*:** When I was a graduate student, I wanted to focus my work on tobacco because it was killing hundreds of thousands of people every year. If you take all the drugs and substances, none maim and kill more people than tobacco. The problem I faced as a graduate student was that just about everyone who was a faculty member who could mentor me was a smoker, including my advisor Emory Cowen. I had to wait until I graduated from the University of Rochester and began my academic career at DePaul University in 1975. Then, with more professional freedom, I started working on finding ways to help people who do not smoke reduce their exposure to passive smoke and to prevent youth from starting to smoke in the first place. If you can believe it, I walked around one day with a stopwatch, and I found out I was exposed to 60 minutes of tobacco smoke every day. I also had an ashtray in my

office, even though I was not a smoker, and that gives you an idea of how smoking was a part of the norms of society at that time. So, I worked with the Chicago Lung Association on helping non-smokers deal with this issue by doing things like creating non-smoking sections in a variety of different settings, including the cafeteria at DePaul. Then I began to focus on how to prevent people from starting to smoke and how to help people stop smoking. I went into the schools, and I developed a series of smoking prevention and cessation programs.

As I developed these programs working with students, a few said something like the following to me: "You know, you're telling us not to smoke and that it's not a good thing, but you can go to any pharmacy or a drug store and they sell tobacco. If you provide us programs to help us quit smoking or not to start, but at the same time respected adults in the community are selling tobacco products to us, then we are getting a mixed message, and we then wonder how dangerous can it be to smoke?" Sending this type of mixed message got me concerned and I began shifting my focus in the 1980s to the question of how we could get stores, commercial retailers, to stop selling tobacco products to minors. In 1988, we sent some youth into stores to see if they could purchase tobacco, and we found that the vast majority would sell minors tobacco. We next worked collaboratively with Woodridge, Illinois, and Officer Bruce Talbot for a number of years to show how a town could actually get stores to stop selling tobacco to minors. The way we did that was by sending minors into retail outlets and giving the stores consequences, including fines and potential loss of their license to sell tobacco products, if they sold tobacco products to minors. Woodridge, Illinois, in 1990 was the first city in the United States to show that through such enforcement measures, you could reduce illegal sales of tobacco to minors to just about zero.

***Bill White*:** That's remarkable!

***Dr. Leonard Jason*:** The model used in Woodridge was replicated across the country. Buzz Talbot, the police officer who I worked with in Woodridge, became a national figure in the smoking prevention movement. When I sent my findings on the study from Woodridge to the *Journal of the American Medical Association* for publication, they initially rejected the article, which often happens with journals that have a high manuscript rejection rate. Around that time, Officer Talbot received an article to review on educational approaches to reduce illegal merchant sales, from the same journal. Officer Talbot immediately called me asking me what he should do as someone outside of the research field. I responded by telling him that he was now considered an expert and encouraged him to write up a review of the article. In Officer Talbot's review, unbeknownst to me, he stated that the education-only approach that was used in the article he was reviewing would never work, but that researchers at DePaul University had found that fining did work to reduce illegal commercial sales of tobacco to minors. A week later, I was contacted by the editor of that journal and asked if I would be willing to resubmit my manuscript. I did, and it was later accepted. This was clearly an unexpected benefit I received from my collaboration with Officer Talbot.

Work like this is really what community psychology is all about. Using my evaluation skills, working with local community groups, like the police department and merchants in that town, showing an innovation and then helping a police officer become a change agent who was able to help influence legislation throughout the country so that, now, the vast majority of stores throughout the US actually do not sell tobacco to minors. So that was a journey of about 35 years, and I loved doing this type of basic tobacco policy research as I tried to help the non-smokers so that they didn't have to be exposed to tobacco. It was exhilarating to work on this type of socially relevant work involving trying to prevent youth from actually starting this very deadly habit, and directly fighting the tobacco industry who were making these deadly products so available to our youth. We had some major successes in this area, and we

do think that restricting access to tobacco has made a difference, and these strategies are now widely adopted in the US and in many other places throughout the world.

**Discovering Oxford House**

***Bill White*:** Now, how did you first get interested in Oxford House?

***Dr. Leonard Jason*:** I had been involved in conducting substance abuse prevention programs in addition to the school-based tobacco prevention programs in the late 1970s and 1980s. Then in early 1990, I watched a *60 Minutes* broadcast on TV that profiled Paul Molloy and his work helping developing people in recovery. The movement was called Oxford House. When I saw this show, I said to myself, "This is a perfect laboratory for a community psychologist." In a sense, the Oxford House movement involved a group of recovering people who were basically renting houses and living communally. People who came into the house could stay as long as they wanted as long as they paid their rent, didn't take alcohol or drugs, and did the chores that were assigned to them. And I said to myself, "This is really forming families and communities for people who don't have them." It was quite exciting and I thought as a community psychologist, I could collaborate with these developing communities, which involved supportive networks for people who were in desperate need of such connections. I thought to myself, "If you have a network that's filled with people who aren't working and who are possibly doing illegal activities and using drugs, you'll probably be more likely to engage in those activities. But if you're in a network of people who are working and not taking drugs, that could make a difference for a person's long-term recovery." So I called Paul Molloy on the telephone after I saw the *60 Minutes* broadcast on TV and offered my services as a community psychologist to work with him on evaluating Oxford House. He was happy to be a part of a collaboration that's been going on now for over two decades.

***Bill White*:** Based on the research you and your colleagues have done on the Oxford House model, what can you say today from the standpoint of science about the influence of participation in Oxford House on recovery outcomes?

***Dr. Leonard Jason*:** Well, the outcomes from our data suggest that if you can live in a recovery setting, like an Oxford House, for six months or longer, important changes can occur to your social network, to your sense of self-efficacy, and to your abstinence from alcohol or drug use. The challenge for mental health professionals and addiction professionals is how to help people transition into healthy networks and maintain those networks for a long enough period of time to enhance their chances of not using. I think that's the secret of the Oxford Houses and achieving these outcomes in such economical ways. The key seems to me to be helpful support from peers for this new lifestyle, and we know that we need to really have people stay abstinent for two to five years to ensure that it is sustainable for the long run. Imagine just coming out of jail or prison with a substance abuse problem, and how easy it would be to hang around and socialize with the very people who previously supported your drug use and illegal activities. That's the situation that we're faced with. How do we break that cycle in efficient, economic ways? That's what communities like Oxford House provide.

***Bill White*:** Have the positive effects that you've found in evaluating the outcomes from the Oxford House been extended to diverse clinical and cultural populations?

***Dr. Leonard Jason*:** We have a study that we have just finished with Latinos. We found that only about three percent of the Oxford House population, which is over 10,000 at any one time, were Latinos, and most of the Latinos in Oxford House were more or less what is called acculturated, which means very assimilated (one manifestation of this is speaking English). We wondered if there were Latinos who were not going into these

recovery homes because they didn't feel comfortable Spanish was spoken nor was there an emphasis on the traditions of the Latino culture. So, we recently set up an experiment where we sent Latinos into a traditional Oxford House or a culturally modified Oxford House, one that had just Latinos in it. What we found over time was that both types of recovery homes were successful across multiple outcomes. We have also conducted a study with people who are deaf living in Oxford Houses in Washington that also had good recovery outcomes, and we've found similar positive outcomes in studies of Native Americans and African Americans in Oxford Houses.

***Bill White*:** Wasn't there also a study of people with co-occurring disorders experiencing positive outcomes in the OH model?

***Dr. Leonard Jason*:** Yes, that was some of John Majer's work, who was one of my students. John looked at a large sample of Oxford House residents who had experienced significant psychiatric problems and they did quite well. We discovered that persons with the most severe mental illnesses, such as schizophrenia, need settings that have more medical supervision, but those with histories of various anxiety or mood disorders function very well in the recovery homes we have studied.

***Bill White*:** Over the course of your work with Oxford House, they've significantly increased their services to women and women with children. What have you found about the effectiveness of services for this population?

***Dr. Leonard Jason*:** Women make up about thirty percent of Oxford House residents and a number of their residences accommodate their children. In general, we found excellent outcomes for women and mothers with their children living in Oxford Houses. A number of the women in the house become like aunties for the kids, providing multiple parent roles, which is good for mothers and children. We're actually doing a study now where we're interviewing the children who live in Oxford Houses to evaluate their experience of living in a recovery residence. Some of these youth have been traumatized by the substance abuse world that they've been exposed to and now they have a stable place to live and people who care about them. An Oxford House could really be a nice preventive vehicle for youth—where living in a recovery residence could positively affect the trajectory of their future risk for a substance use disorder. We're very excited about doing this study of youth who live in these recovery homes to see how they are impacted over time.

By the way, some of the houses for men also accommodate children. One of the studies that we did found that the sense of community in houses with men and children was the highest we'd ever seen. There is something about having your kids living in a house with men that seems to facilitate connections and caring for men.

***Bill White*:** Wonderful! Traditionally, recovery residences have been thought of as an adjunct to professionally directed addiction treatment. I'm wondering if there's anything in your research to suggest that Oxford House-type communities may also constitute an alternative to addiction treatment for some people.

***Dr. Leonard Jason*:** Yes, I think so. In a number of the houses, residents go to the self-help groups outside the house. While living in the house, residents often feel like they are in another self-help group because you're being encouraged and being challenged to do better 24 hours a day. When residents are voted into a house, they are asked to have one-on-ones where the new resident sits down and gets to know each person in the house. There are weekly business meetings where residents talk about how things are going. In a sense, we are talking about a whole lifestyle change that often comes with living in an Oxford House. There are some people who just live in an Oxford House, while others combine it with professional treatment and with AA, NA,

or another mutual support fellowship. These represent different styles of recovery.

**NIMBY**

***Bill White*:** Let me take you to another area and that's the NIMBY (Not in My Backyard) issue that many recovery homes face and that sometimes prevents their opening or relocation to another neighborhood. What does your research reveal about neighborhood and community attitudes towards Oxford Houses?

***Dr. Leonard Jason*:** We did a study a number of years ago where we interviewed people in the house who were living right next to an Oxford House and then people who lived a block away to evaluate their attitudes toward Oxford Houses and recovery support services in general. What we found was that the people who lived closest to the Oxford House actually had more positive attitudes than those who lived a distance from the Oxford House. In the case of Oxford House, familiarity breeds respect rather than contempt. I'll never forget the story in Arkansas: when the first Oxford House started, the guy living next door came by with a rifle and basically said, "You guys touch my daughter, I've got this gun for you." A year later, the mayor was taking pictures in front of the house and neighbors were bringing food over. There was a real camaraderie. If you think about it, Oxford House members make good neighbors, and there is far less substance use going on in an Oxford House recovery residence than anywhere else on the block.

***Bill White*:** Have you discovered strategies that some of the recovery residences have used to enhance that relationship with the neighborhood and community?

***Dr. Leonard Jason*:** I think it's neighborliness—just helping out. I recall one story of a location in which neighbors were concerned about drug dealers on the block and they weren't sure what to do. The Oxford House residents talked to the dealers and basically said, "You can't be on this block doing this illegal activity," and the dealers left that block. The Oxford House residents had effectively worked with their community and were appreciated by the others for solving a vexing problem. It's interesting that sometimes experiencing addiction in your life can bring knowledge and skills that can be helpful in other areas, such as the example I just mentioned. Oxford House residents sometimes use their skills to help solve community problems and help their neighbors. They use their background to make a difference as a citizen. When people in Oxford House recovery residences start caring for their community by solving problems, they alter people's perceptions about the value of a recovery home as well as its inhabitants.

One of the fears of neighbors of an Oxford House is that their property values will go down because of the presence of a recovery home on the block or in the neighborhood. I have testified in a number of court cases where they have passed restrictive laws in an effort to get rid of all such houses. For example, a municipal regulation could say that you can't have more than five people in an Oxford House and, of course, Oxford Houses often need more people in it to keep the rent down and pay the bills. Those court cases have generally been solved successfully when we presented data that property values did not decrease because of the presence of an Oxford House, and that houses with larger numbers of residents actually had better outcomes.

**Research and Policy Papers on Recovery Residences**

***Bill White*:** Several recent papers have been released that highlight research to date on recovery residences, including some that you helped develop in collaboration with the National Association of Recovery Residences. Could you describe these efforts and how these documents may be obtained?

***Dr. Leonard Jason*:** Certainly. There have been some important developments. I have

worked with Amy Mericle, Doug Polcin, and yourself on a Primer on Recovery Residences and on a policy statement on recovery residences recently approved by the Society for Community Research and Action—both of which were developed in collaboration with the National Association of Recovery Residences. What we basically tried to do was describe the emergence and rapid growth of recovery residences as a new addiction recovery support institution. In these documents, we highlight research to date on the positive effects of participation in recovery residences on long-term addiction recovery and related outcomes. And we championed a research agenda that would address many unanswered questions related to such participation. We further advocated for social policies, laws, regulations, and funding guidelines within which recovery residences can flourish.

We wanted to promote programs to educate local political leaders and the public about the value of recovery residences for individuals, families, and communities in the US, and we wanted to make recommendations about how national, state, and local agencies could support the development of local networks of recovery residences. We recommended strategies to educate and train addiction treatment professionals on the value of recovery residences, and we recommended public education strategies that would address the stigma and misconceptions attached to recovery homes and their residents. The Primer of Recovery Residences is available by clicking here and the policy statement can be downloaded from the SCRA website.

**Role of Community in Addiction Recovery**

***Bill White*:** Addiction and recovery from addiction have historically been described as these highly intra-personal processes, but your work illuminates the role of community in addiction recovery. Could you talk a bit about this perspective?

***Dr. Leonard Jason*:** Yes, Harvard Professor George Valliant conducted long-term studies on the course and resolution of substance use problems. He concluded that the people you hang around with—your social networks—are critical to successful long-term recovery. When we examined which people came to stay in Oxford Houses for a longer period of time, we found that a resident becoming friends with another house resident was critically important to staying longer in Oxford Houses.

This community perspective is important. As you know, six hundred to seven hundred thousand people are released from prison every year. Many of these ex-offenders, if not most, have substance use disorders. We don't have enough mental health and addictions professionals to treat all those people. Even if we did, meeting on a one-on-one basis for an hour or two hours a week would not effectively deal with this tremendous problem. If you ask people coming out of the criminal justice system, jail or prison, "What do you need," they'll say to you, "We need a place to live that's safe, and we need a job." And those are the two very things that our society has problems providing, so when I think about the community, I think about these important structural changes that need to occur so that we can reintegrate such individuals back into society. We have a tremendous need for housing and paradoxically, we have a tremendous amount of available housing. How do we bring these two realities together in a way that solves problems? There are literally hundreds of thousands of houses that are in foreclosure, and there are hundreds of thousands of people who have been dealing with addiction who need affordable housing. How do we bring these two forces together to support each other so that those who are homeless, those who have addictions, those who have a multitude of other problems, have a meaningful place to live that doesn't cost society a lot of money? Society doesn't have that money to provide Cadillac-like services for these most needy citizens. That's a structural issue that will be needed to solve this problem, not just a one-on-one therapeutic medical model endeavor. People may need therapy, but the prognosis

for long-term recovery rests on far more than access to therapy. People need a stable place to live and access to jobs. That needs to be the focus of more of our efforts, and if we fail to deal with these real problems, than we will continue to have unacceptable levels of homelessness and people who will continue to revolve within our criminal justice system. We cannot afford this, and as a society, we need to take bold steps to change the current status quo.

**Working with Indigenous Communities**

***Bill White*:** Since 2001, you've served as the Director of the Center for Community Research at DePaul. I've been struck by the pioneering approaches you've developed there for working with natural, indigenous communities. Could you describe some of the principles or approaches that have guided the relationship between your research team and these natural communities?

***Dr. Leonard Jason*:** Okay. The first principle is that working with such communities involves a long-term relationship. Like the collaboration with Paul Molloy and the Oxford House organization or other groups that we work with, it's not a one-year or two-year type of relationship. It's over decades. In such a period of time, you can see the relationship evolving and the development of trust. I'll give you an example. For about the first seven years of my relationship with Paul Molloy and his organization, we had kept applying for grants at NIH to do an Oxford House evaluation, and we weren't successful in getting any of our grant proposals funded. Eventually, I said to Paul, "Look, the funders and the reviewers want us to do a randomized study, which means that some people get the intervention, some people don't. I don't think we could really do that in Oxford House, where residents vote on admitting new members. How do you do a randomized design when people living in the Oxford Houses are deciding whether or not to let that person in?" Paul Molloy replied by saying something like this: "Look, I trust you. We've been working together for a couple of years on different pilot projects. We're going to make this work for you." So, because we had that trusting relationship that had been built over the past few years, he was able to help us implement a randomized experimental design that allowed our group to get funding from the federal government. So, that long-term relationship and trust is critical as well as having long-term patience. The clear message is to stay with it. Don't give up. If one writes a grant, you might not get it funded, but if you stay with it for long enough, and you and your community partners stay committed to the cause, you have a better chance of being successful.

Another key part of social change is the evaluation piece, as this allows our efforts to constantly be changing, as we gain new insights about what we might do in a more impactful way. We're really often at the surface of understanding what occurs in Oxford Houses. We need to know more about the active ingredients in a successful residence experience for the recovering person. For example, how do new residents fit into their house—or fail to? What do they need to take away from it in order to put their lives back together? Are there more systematic ways prospective residents could prepare for a successful stay? How do residents' relationships within the house, as well as within their own (non-house) personal networks, interact to fulfill recovery requirements? The answers to such questions would help us understand the way recovery-oriented house cultures develop, are maintained, and are extended to new residents, and how this process interacts with residents' attempts to refashion their personal networks to support their recoveries.

In our efforts to bring about social change, we also need to distinguish between first order and second order change. Let me give you a quick example. Say you're on a beach and someone's drowning and so the lifeguard goes in and saves the person. And then someone else is drowning, and that person is also saved. And this keeps repeating itself over time. Well, it's important to save these people but structurally, people

might be drowning because they have never been taught to swim. What if you set up swimming classes for those people who didn't know how to swim and help them get those skills? For the problem of those that could swim but went into deep dangerous waters with unpredictable tidal currents, you could put barriers up so they don't go into the deep water. Those are examples of second-order structural change. We need to help people think in those structural terms and that would really be a revolution in how we deliver programs and services.

Finally, when you're dealing with bringing about second order change, you will have to consider the issue of power. Think about it, why is it that we have so many millions of people with substance use disorders in our prison system? Well, there are powerful individuals and organizations that have vested interests in this present system of incarceration. When you work on these agendas, whether it's addictions or tobacco control or other areas, you're going to run into those individuals who control the financial resources, control the settings, the policies, the agendas and, the only way that you're going to work with coalitions to bring about second-order changes is by staying with the issue for a long period of time. Together with your community partners, you will stay committed by celebrating your small wins, and using the research and the evaluation to keep fine-tuning strategies to bring about change.

I've described those principles in more detail in my book, *Principles of Social Change* that was published this year by Oxford University Press.

***Bill White*:** What role can researchers play in helping mobilize local citizen groups into empowered, self-learning communities that can challenge some of those power interests?

***Dr. Leonard Jason*:** I think that's really what the future's going to be about—working with community groups to exert the pressure on the status quo for real change. I think academics, like community psychologists, can bring our analytic tools to our collaborations with these natural community groups. We can go into a setting and we can collect and evaluate data that can sometimes make a difference for local groups and their respective communities.

Let me give a concrete example. A lawyer called me up and said, "We have a community group that wants to close down the Oxford Houses and what they're trying to say is that you can't have more than five people living in an Oxford House. This lawsuit has cost us a lot of money. Can you help us?"

I said, "Well, actually, I published an article on this" and I emailed it to him. This was in the morning, and the article basically indicated that if you had more than five people in a recovery residence, you had better outcomes because you had more people to pay the bills, more social interaction and more individuals with an opportunity for leadership positions compared to houses with fewer people. Well, the judge was given my article and in the afternoon ruled for the Oxford House. I got a note back the same day saying after months of working on this case, the judge ruled for the Oxford House. That's the power of data to bring about change.

***Bill White*:** It sounds like you allowed the needs of Oxford House over the years to shape the kind of questions you were going to study.

***Dr. Leonard Jason*:** That's right. I usually go to the Oxford House conventions where we present some of the results of what we've been working on over the past year. We ask folks at the conventions what they think needs to be done and what we might be missing in our work. Well, one year, this guy came up to me at the end of my talk and said, "See that woman over there?" I said, "Yeah." He said, "Well, she's HIV positive and I would have never talked to her before, but after living in an Oxford House, I began changing who I was and I became a more tolerant person. Don't just study abstinence and sobriety. What we want you really to study is how we're changing as people and how we are becoming better, more

compassionate and caring people." I brought this feedback to my research team, and we put a measure of tolerance in our next study. Brad Olson, one of my colleagues, found over time that tolerance actually increased through Oxford House participation. Sometimes, the most fundamental questions that were asked at my center have come to us from the people most affected by what we are investigating. It's really a partnership of how we can work with community groups to answer their questions.

***Bill White***: Are there ways grassroots indigenous organizations can be corrupted or colonized by more powerful private or governmental organizations?

***Dr. Leonard Jason*****:** Yes. We have to be very careful that these community-based organizations don't get dominated by such powerful interests and have significant innovations crushed in the process. The real classic example of that is the Substance Abuse and Mental Health Services Administration, SAMHSA, that had a staff person assigned to study Oxford Houses for a year, and he wanted to find a way to expand the number of Oxford Houses nationally. They looked at the Oxford House organization and then they concluded that it was kind of messy, not well organized, and certainly not as systematic like the research shop at my center. The person from SAMHSA approached me and said something like this: "We'd like to give you millions of dollars if you would be the person in charge of training and supervising recruiters of Oxford Houses so that we can open up more houses nationally." I said "no" because that wasn't my job and that was the job of the Oxford House organization. Sometimes these self-help groups are a little bit messy and not as organized as we might want them to be. We just need to be careful that innovations like Oxford House are not controlled and dominated by federal funders who could easily destroy and undermine these innovations. The question is, "How do we provide resources that help these types of organic, self-help groups but at the same time protect the autonomy and independence of those groups so that they don't become dependent on the sources of the funding?" I fundamentally believe that we need to support community initiatives and settings that are successful at solving problems and thinking about larger ways of achieving structural change.

**Research Team Composition**

***Bill White*****:** You've referenced the team at DePaul a few times through our interview. What has this team meant to you in terms of the different backgrounds and areas of expertise that members have brought to this overall effort?

***Dr. Leonard Jason*****:** We really are multi-disciplinary. We have people who are bio-statisticians. We have people in economics who know how to do cost-benefit analyses. We have the sociologist who works with us on social networks. We're constantly bringing new voices, new people with different perspectives.

**Career-to-Date Reflections**

***Bill White*****:** If you look back over your career, what do you feel best about this work that you've pursued for so many years?

***Dr. Leonard Jason*****:** I think the thing that stands out to me is the relationships. This goes from our research staff to our community partners. And of course, there are the relationships with our collaborators, and just being able to know people, for example, in the Oxford House organization for years and years—like Paul Molly, and Leon Venable, who is the President in charge of the Illinois state organization who I've known since 1993.

And then there are the end users of this research and advocacy. As an example, in the 1980s, I was doing this smoking cessation program on WGN—it's one of the TV stations in Chicago. A person who worked at DePaul as a painter went through this program. The intervention was on the evening news for thirty days and we were probably doing reality TV before it became

popular. We'd have people going through a program on how to quit smoking and we had support groups set up in settings all over Chicago. We also distributed over a hundred thousand self-help manuals as part of our community effort to help people quit smoking. This painter at DePaul quit smoking in the program and then, for the next fifteen years, every time he saw me at DePaul, he'd say, "Thank you for helping me quit smoking." It's so rewarding that I was part of a system that literally helped thousands of people quit smoking using this television program, and we did quite a few of these media interventions in the 1980s. It was very personal for me knowing this DePaul employee who had quit smoking for all these years as a result of an intervention I played a key role in. While it is good to know in the abstract that one can help thousands to produce important behavior changes, it is most satisfying to also get individuals who continually let me know that they appreciate our work.

Besides the satisfaction I have received over the years with my community partners and participants of our interventions, I have also found my work in mentoring students in this policy arena most gratifying. We really do a lot of work with undergraduates at DePaul, who sometimes stay on and become research assistants. We help them learn something about the real world and not just the academic world. Many have gone off to graduate school and become leaders in their fields. I feel good about the influence we have had on their lives and what that will mean for the future.

I worked with students over the years, so allow me to mention a few experiences that I have had in working with them. For example, in the tobacco study, I worked with several DePaul undergraduates as we collaborated with the Woodridge police department. They got some early exposure to both policy work as well as research, and ultimately they were able to get some publications, which helped them get into graduate school. While it might have been inappropriate for the undergraduates to engage in this work on their own, by working with me, they were able to gain this experience, get some credentials, as well as get a taste of policy work that had an effect on their careers. I think that the role I describe here of a more senior member mentoring our more junior student members is something that often occurs in our policy work, and I think it is an effective way of encouraging their involvement in a controlled and safe way.

I think we have all heard that doing policy work can hurt with those trying to get credentials for promotion, but there might be ways to get small wins in this publication area. As one example, again from my experience, I taught a graduate class in community psychology, where each student studied the lives and achievements of social activists, and the course revolved around understanding the activists' conceptual and methodological framework for policy change within community psychology. Several of those students worked with me on a paper that was published on this course, and this is another way of allowing younger SCRA members to obtain academic credits for engaging in their policy work. The publication reference is: Jason, L.A., Pratt, T., Ware, C., Chimata, R., Bangi, A., & Johnson, D. (2002). Social activists: Lessons for community psychology. *International Journal of Group Tensions*, *31*, 103-122.

Also, as I further reflect on this mentorship issue, I think about another course I taught for years with undergraduates as part of the internship experience. In this class, each student was asked to tackle two projects: one in personal self-control, such as quitting smoking, and another involving trying to bring about change to an aspect of their social environment. For example, one student in this concentration studied a busy intersection near a neighborhood school and noted that even though hundreds of children crossed the street every week, only two thirds of cars stopped before passing through. We brought the data to the elementary school's principal and a local political official, and a stop sign was soon installed. Learning through an experience like this one, a small, yet immensely

gratifying win, is an invaluable lesson. Here is one of the publications that emerged from this work: Jason, L. A. (1984). Developing undergraduates' skills in behavioral interventions. *Journal of Community Psychology*, 12, 130-139.

Finally, most recently, I have worked on a white paper for the Society of Community Research and Action on recovery residences, which I referred to earlier, and the former was published in the *American Journal of Community Psychology*, so this is another way academics and their colleagues can obtain academic credits for our collaborations on the policy front. Also, over the past year, I have worked on a SCRA rapid response piece on Sequestration, and that was a collaboration of undergraduates and graduate students who worked on both drafting the policy piece, developed an infographic on sequestration that received considerable attention (even being mentioned in one of the last American Psychological Association Monitor issues), as well as interacting with many Society of Community Research and Action members on the listserv as we tried to encourage members to get politically active in this effort on the sequestration.

Graduate students on the listserv and at conferences are constantly asking us how they can get involved in policy work, and their attraction to our society is often based on the appeal of this type of activism. Our message to them is of importance, and I do think that we have a responsibility to involve our students and provide them opportunities both as undergraduates and graduate students.

***Bill White*:** That's a wonderful story. Dr. Jason, thank you for taking this time to share your thoughts and experience with us. And thank you for all you have done for enhancing the scientific understanding of addiction recovery.

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