

Does Pathway into Alcoholics Anonymous (AA) Influence Engagement in AA Prescribed Practices? A Comparison of Treatment and Non-Treatment Participants Initiating AA Attendance

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Introduction

- A majority of U.S treatment providers actively refer clients to AA during and after treatment
- Often, such encouragement involves therapeutic strategies to enhance rapid AA attendance and commitment to AA practices
- This study tested the assumption that active AA facilitation in treatment enhanced AA attendance and commitment by comparing the early AA experiences of adults who did and did not attend treatment before initiating AA participation
- Related, we compared how pathway into AA was associated with the mobilization of two documented AA change mechanisms

Method

- As part of an on-going study (Ro1AA027508), 94 participants were recruited and virtual interviews were conducted at baseline, 3, and 6-months
- Eligibility criteria were: 1) attended AA in past 3 months,
 attended AA for no longer than 9 months, and 3) an
 Alcohol Dependence Scale score of >8
- Baseline data retrospectively covered the 90-day period before recruitment while the two AA MOBC were phrased as *currently*
- Demographics: The 17-item CASAA demographic form was used to gather key information about participants
- ❖ Form 90: In addition to collecting 90-day retrospective daily alcohol use, the Form 90 (Miller, 1994) also collected frequency of days AA and formal treatment attendance. Treatment exposure was defined as any reported residential and/or outpatient treatment days for alcohol and/or drugs in the 90-days before recruitment
- ❖ TSPQ: This 14-item questionnaire was used to collect binary data (yes/no) on the utilization of AA prescribed activities such as acquiring an AA sponsor and celebrating an AA birthday
- ❖ MOBC: The 20-item Alcohol Abstinence Self-efficacy confidence scale (AASE; DiClemente et al., 1994) was used to assess current confidence to abstain from alcohol and the 13-item Religious Practices and Background total score (RPB; Connors et al, 1996) assessed spiritual/religious practices

Results

Table 1. Sample Characteristics by Pre-Baseline Treatment Exposure (N = 94)

	Prior Treatment (n = 51)	No Treatment (n = 43)	
Categorical	%	%	<i>p</i> -value
Male	25.5	39.5	.15
non-Hispanic White	86.8	79.1	
Unemployed	18.6	33.3	.01
Continuous	M (SD)	M (SD)	<i>p</i> -value
Age (years)	42.86 (11.84)	43.40 (10.97)	.82
Alcohol dependence severity	24.73 (8.96)	24.02 (9.87)	.72
Drinks per day	9.18 (16.49)	6.59 (10.80)	.38
% days abstinent (past 90 days)	.74 (.33)	.78 (.35)	.60

Table 2. AA attendance and Engagement in AA Activities

	Prior Treatment (n = 51)	No Treatment (n = 43)	
Categorical	%	%	<i>p</i> -value
AA members	72.5	67.4	.59
Celebrated sobriety	43.1	40.5	.80
Acquired sponsor	60.8	53.5	.48
Read AA literature	94.1	93.0	.83
Attended ≥ 5 AA meetings/week	82.4	62.8	.03
Continuous	M (SD)	M(SD)	<i>p</i> -value
Days attended AA (past 90 days)	.49 (.35)	.30 (.30)	.006

- AA attendance is associated with increased confidence to abstain and spiritual practices, both of which, in turn, predict increased alcohol abstinence
- Consistent with the literature, AASE-Confidence scores were significantly and positively associated with abstinence:

$$r = .29, p < .004$$

and significantly and negatively associated with drinking intensity:

$$r = -.21, p < .05$$

- The RPB was unrelated to abstinence or drinks per day
- Independent t-tests indicated that, on average, treatment exposed and non-exposed participants did not differ in mean RPB at baseline:

$$*t(92) = -.67, p < .50$$

nor AASE-Confidence scores at baseline:

$$*t(92) = .97, p < .33$$

Discussion

- ❖ Preliminary findings suggest treatment exposure was significantly associated with increased AA attendance and intensity of AA attendance relative to the AA attendance of adults not receiving formal treatment
- AA attendance rates may reflect treatment provider encouragement to attend AA or, higher motivation of treatment seekers to reduce drinking
- Findings suggested that treatment exposed adults were no more likely to become engaged in AA prescribed activities relative to non-treatment seeking adults attending AA, which has several implications
- ❖ First, it seems that the higher rate of AA attendance among the treatment exposed adults was not the result of systematically higher motivation for change relative to non-treatment exposed adults (otherwise treatment exposed adults would have also reported higher rates of commitment to AA practices)
- ❖ Second, treatment providers should consider alternative strategies to more effectively engage clients in the practice of AA aside from the singular goal of facilitating AA attendance
- Study findings should be considered preliminary given the use of a single, baseline assessment point, thus precluding the mapping of the trajectories of variables of interest over time

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