

Motivation and Self-efficacy in Alcoholics Anonymous and SMART Recovery Participants in Recovery from Alcohol Use Disorder

25th Anniversary Presentation

Presented by: Les Waite, Psy. D.



The Goal of the Study

To determine whether participation in three different participation groups –Alcoholics Anonymous, SMART Recovery, or both AA – was related to Motivation in recovery and Self-efficacy in the ability to maintain recovery.



Questions to Answer

1. Are reported levels of Motivation and Self-efficacy in persons participating exclusively in SMART Recovery higher than levels reported by persons participating exclusively in Alcoholics Anonymous, or vice versa?
2. Are reported levels of Motivation and Self-efficacy in persons participating in both SMART Recovery and Alcoholics Anonymous higher than levels reported by persons participating exclusively in Alcoholics Anonymous?
3. Are reported levels of Motivation and Self-efficacy in persons participating in both SMART Recovery and Alcoholics Anonymous higher than levels reported by persons participating exclusively in SMART Recovery?



Participants

- Total respondents (n=300)
- Viable respondents (n-180)
- Solicited exclusively through online contact
- 102-question questionnaire created on SurveyMonkey



Inclusion Criteria

- Adult males or females 18 years or older
- Diagnosis (self-reported) of Alcohol Use Disorder
- All currently participating in peer support meetings of Alcoholics Anonymous, SMART Recovery, or both.
- Polysubstance use was expected, as were dual diagnoses; neither qualified as exclusion criteria.



Measures - Demographics

- Personal demographics: gender, age, sexual orientation, socio-economic status, education level, and race
- AUD information: SUD and MH diagnoses, duration of sobriety, treatment history, peer support participation history, medication history



Measuring Motivation: The URICA

- 32-item survey
- Four 8-item subscales map to Pre-contemplation, Contemplation, Preparation (Action), and Maintenance stages
- Five-point Likert scale
- Established norms for reliability (internal consistency) and validity (content, criterion, and construct)

DiClemente and Hughes, 1990; Willoughby & Edens, 1996; Prochaska and DiClemente's, 1984



Measuring Motivation: The URICA

University of Rhode Island Change Assessment Scale - URICA

INSTRUCTIONS: This questionnaire is to help us improve services. Each statement describes how a person might feel when starting therapy or approaching problems in their lives. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel. For all the statements that refer to your "problem", answer in terms of problems related to your drinking (or illegal drug use). The words "here" and "this place" refer to treatment or the program. Please read the following statements carefully. For each statement, circle the number that best describes how much you agree or disagree with each statement. You must complete one scale for alcohol use and a separate scale for drug use.

Key: SD = No Strongly Disagree D = No Disagree U = Undecided or Unsure A = Yes Agree SA = Yes Strongly Agree

Problem:	SD	D	U	A	SA
1. As far as I'm concerned, I don't have any problems that need changing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. I think I might be ready for some self-improvement.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. I am doing something about the problems that had been bothering me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. It might be worthwhile to work on my problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. I'm not the problem one. It doesn't make much sense for me to be here.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. I am finally doing some work on my problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. I've been thinking that I might want to change something about myself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. At times my problem is difficult, but I'm working on it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. Being here is pretty much a waste of time for me because the problem doesn't have to do with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

DiClemente and Hughes, 1990; Willoughby & Edens, 1996; Prochaska and DiClemente's, 1984



Measuring Self-Efficacy: The AASE

- 20 potentially triggering situations presented twice
- First measures Temptation, second measures Confidence
- Four subscales, five items each
- Normed to outpatient substance abusers, aftercare and outpatient in Project Match Studies
- Established reliability (internal consistency) and validity (construct)

DiClemente, Carbonari, Montgomery and Hughes, 1994; Project MATCH Research Group, 1997; DiClemente, Carbonari, Montgomery & Hughes, 1994



Measuring Self-Efficacy: The AASE

Listed below are a number of situations that lead some people to drink. We would like to know **how TEMPTED you may be to drink in each situation**. Check the answer that best describes the feelings of temptation in each situation at the present time.

SITUATION	TEMPTED				
	Not at all	Not very	Moderately	Very	Extremely
1. When I am in agony because of stopping or withdrawing from alcohol use	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. When I have a headache	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. When I am feeling depressed	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. When I am on vacation and want to relax	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. When I am concerned about someone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

DiClemente, Carbonari, Montgomery and Hughes, 1994; Project MATCH Research Group, 1997; DiClemente, Carbonari, Montgomery & Hughes, 1994

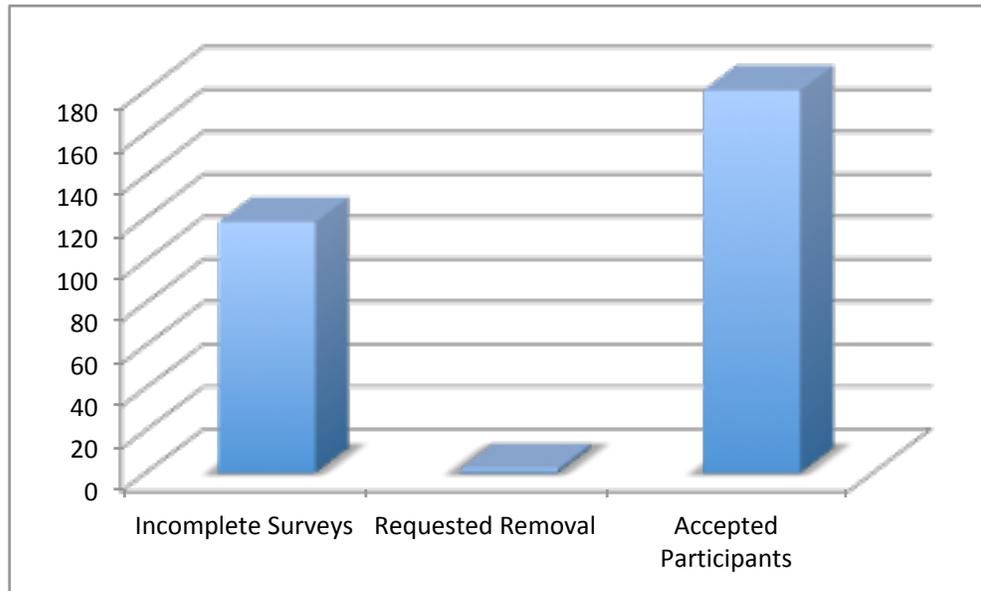


Measuring Self-Efficacy: The AASE

Listed below are a number of situations that lead some people to drink. We would like to know **how CONFIDENT are you that you WOULD NOT drink in each situation.** Check the answer that best describes the feelings of confidence in each situation at the present time.

SITUATION	CONFIDENCE				
	Not at all	Not very	Moderately	Very	Extremely
21. When I am in agony because of stopping or withdrawing from alcohol use	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
22. When I have a headache	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
23. When I am feeling depressed	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
24. When I am on vacation and want to relax	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
25. When I am concerned about someone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
26. When I am very worried	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Respondents



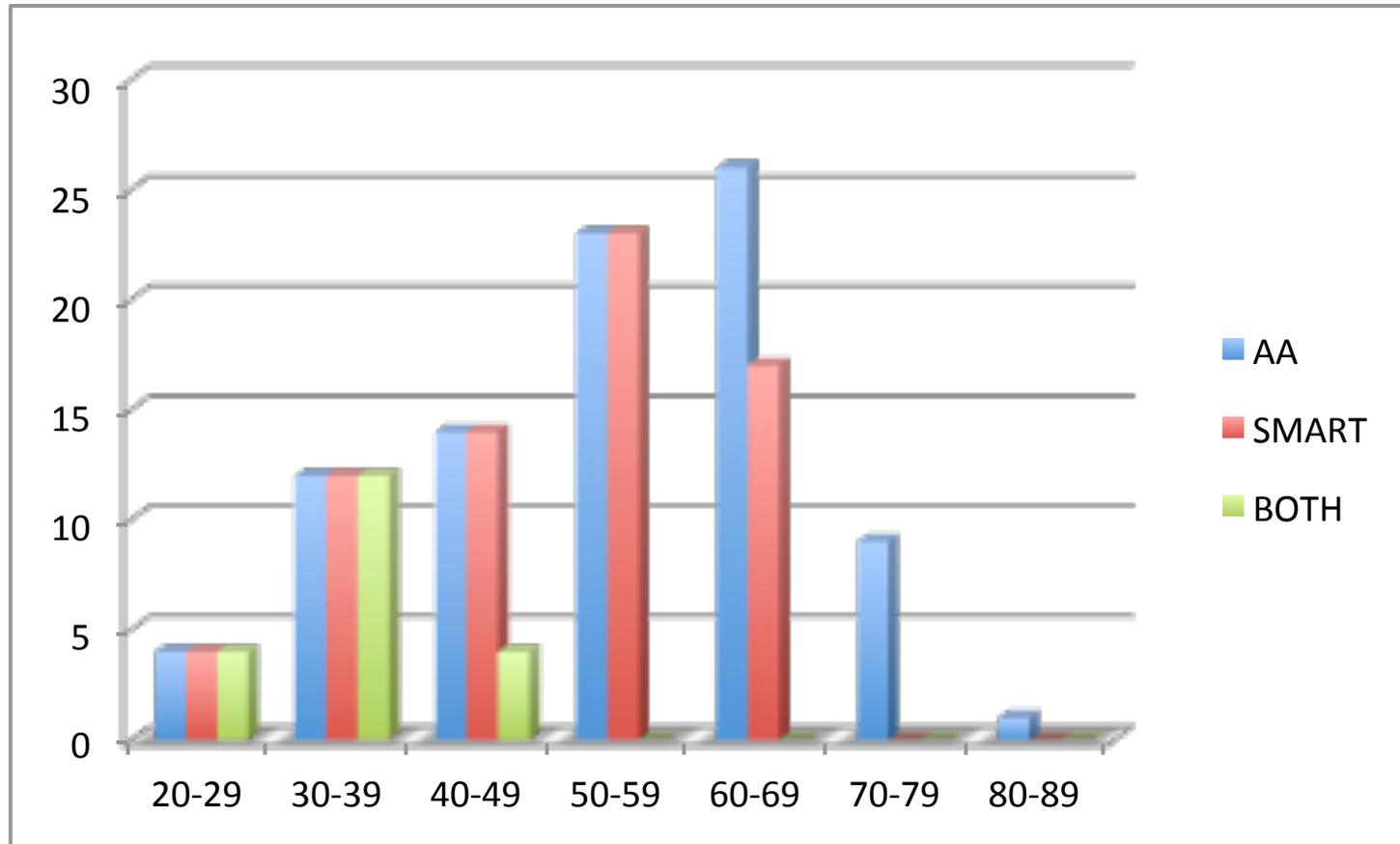
N=300

118 Incomplete

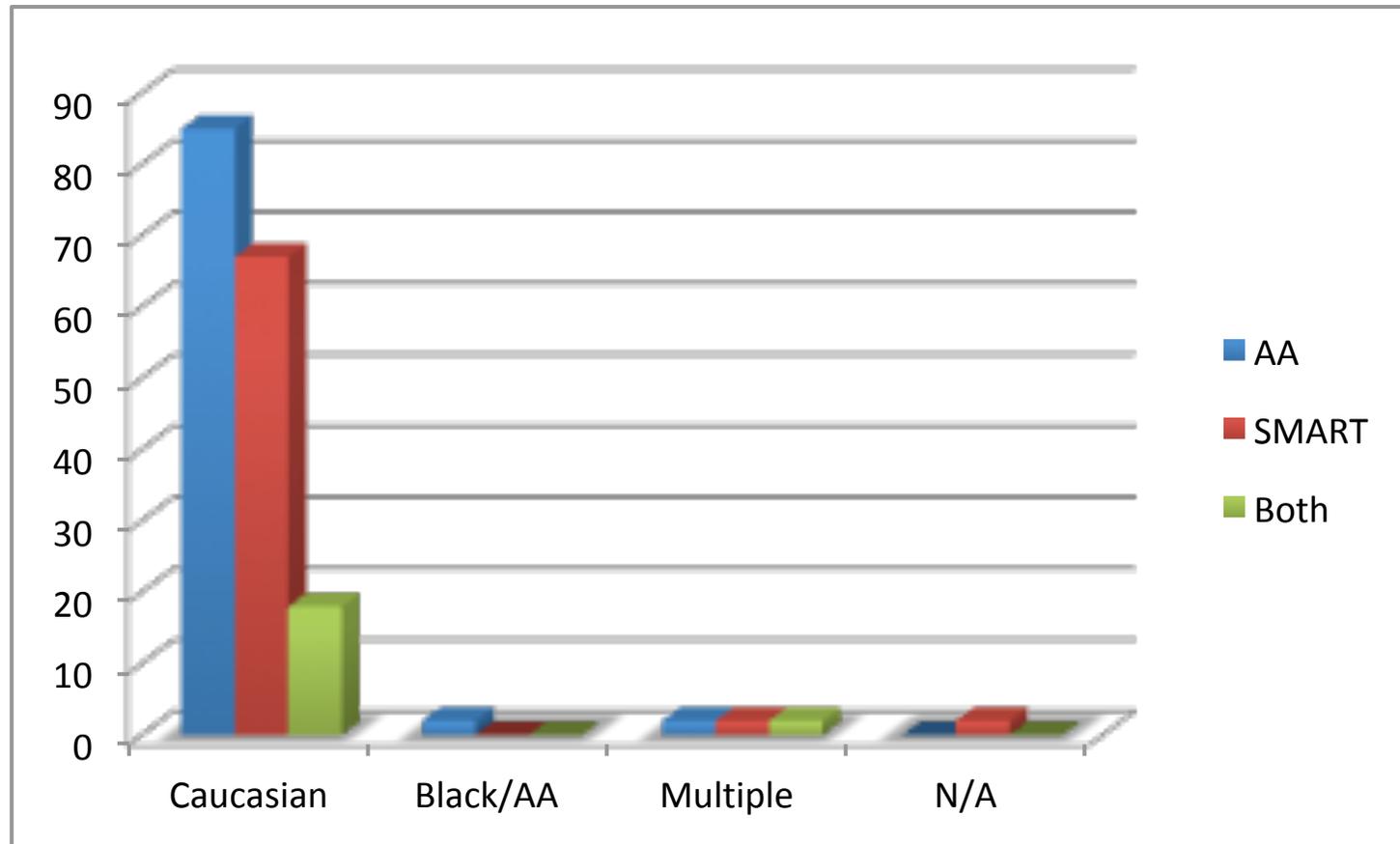
2 Requested Removal

180 viable

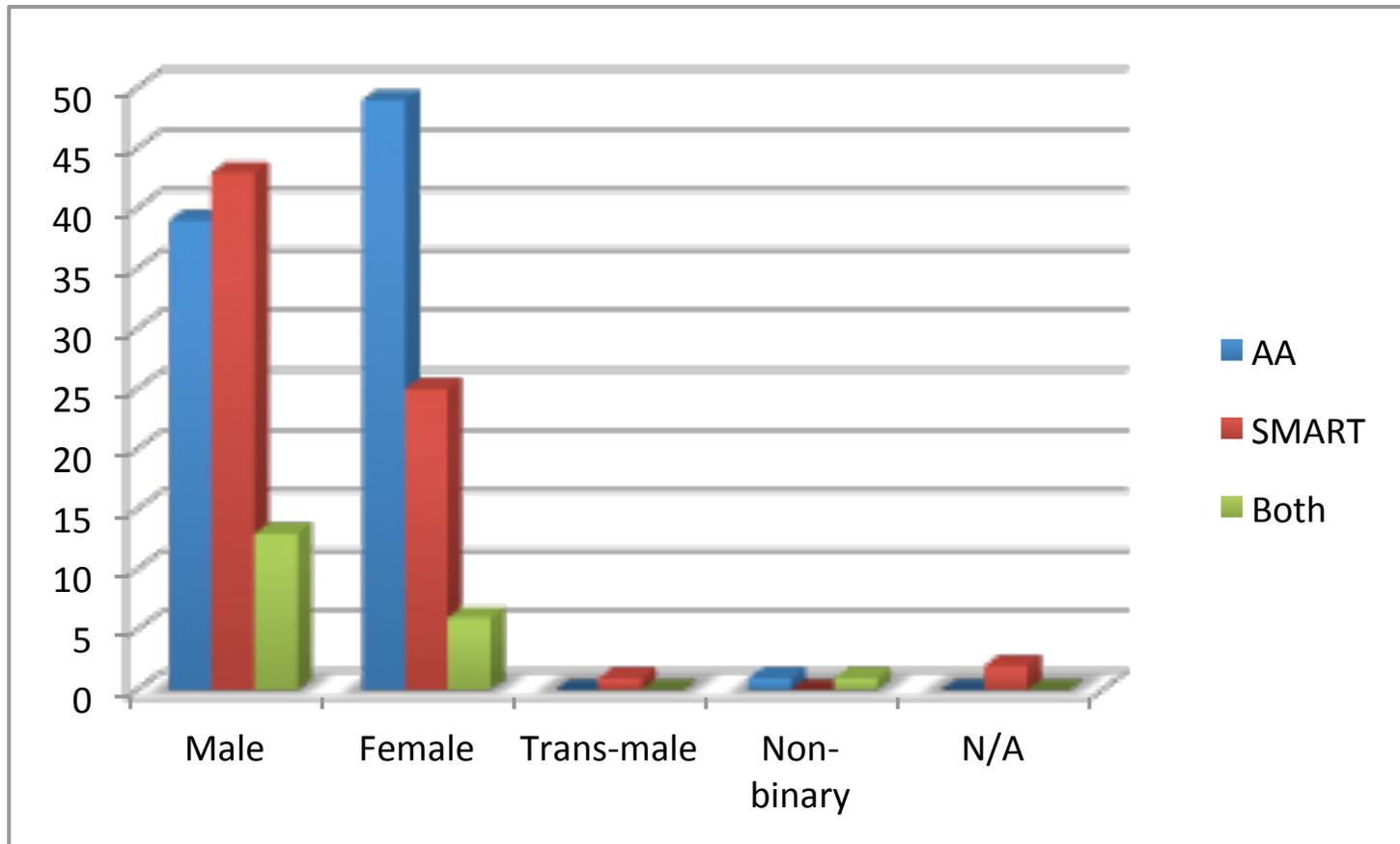
Respondent Ages



Respondent Race



Respondent Gender



Preliminary Analyses: AA Only (n=89)

- 55% female
- 37% majority hold undergrad degree
- 48% no history of AUD tx
- 17% three or more residential tx programs
- 8% three or more IOP programs



Preliminary Analyses: SMART Only (n=71)

- 61% male
- 41% majority hold grad degree
- 68% no history of AUD tx
- 3% three or more residential tx programs
- 3% three or more IOP programs



Preliminary Analyses: BOTH (n=20)

- 65% male
- 40% majority hold grad degree
- 20% no history of AUD tx
- 15% three or more residential tx programs
- 15% three or more IOP programs



Statistical Analyses Motivation

There was a statistically significant difference in Motivation between groups as determined by one-way ANOVA ($F(2,177) = 3.72, p = .026$).

Table 3

One-way Analysis of Variance (ANOVA) for the Effects of Peer Support Group Participation on Motivation

Source	df	SS	MS	F	p
Between-group	2	27.65	13.82	3.72	.026
Within-group	177	657.74	3.72		
Total	179	685.39			

Note: A Tukey post hoc test revealed that Motivation was statistically significantly lower for those participating in AA meetings (9.46 ± 1.94 points, $p = .025$) or SMART Recovery meetings (9.48 ± 1.95 points, $p = .032$) exclusively when compared to persons attending both SMART and AA meetings concurrently (10.71 ± 1.78 points). There was no statistically significant difference in Motivation between the AA and SMART groups ($p = .998$).



Statistical Analyses Motivation

There was no statistically significant difference in Motivation between the AA and SMART groups ($p = .998$).



Statistical Analyses Motivation

There was no statistically significant difference in Confidence between groups as determined by one-way ANOVA ($F(2,177) = .32, p = .726$).

One-way Analysis of Variance (ANOVA) for the Effects of Peer Support Group Participation on Confidence

Source	df	SS	MS	F	p
Between-group	2	457.77	228.88	.32	.726
Within-group	177	126532.23	714.87		
Total	179	126990.00			



Statistical Analyses Confidence

There was no statistically significant difference in Temptation between groups as determined by one-way ANOVA ($F(2,177) = .82, p = .444$).

One-way Analysis of Variance (ANOVA) for the Effects of Peer Support Group Participation on Temptation

Source	df	SS	MS	F	p
Between-group	2	520.34	260.17	.82	.444
Within-group	177	56396.21	318.62		
Total	179	56916.55			



Results

1. Participants in SMART Recovery and Alcoholics Anonymous exclusively report similar levels of Motivation.
2. Participants in both peer support groups report higher levels of Motivation than those attending either one exclusively.
3. Reported Self-efficacy was moderately high, though not significantly different, for all three participant groups.



Discussion

- SMART Recovery is a program based on self-empowerment in recovery and provides participants with concrete skills to handle urges, cravings, and triggers in order to maintain a sustained recovery.
- Alcoholics Anonymous provides a different set of skills for the same purpose, while requiring a religious/spiritual component.
- These results suggest that persons who seek elements of both programs – self-empowerment accompanied by spirituality, specifically – may be feel more highly motivated to sustain their recovery.



Discussion

- The similarity in levels of perceived Self-efficacy between all three treatment groups was unexpected and may be understood by comparing the philosophical foundations of both SMART Recovery and Alcoholics Anonymous. The former maintains a fundamental tenet of self-empowerment, which would seemingly result in a high sense of Self-efficacy. The latter requires surrender to a higher power, which may be interpreted as lowering Self-efficacy by handing over responsibility and direction for recovery to that higher power; this turned out to be an incorrect assumption in at least some cases.
- High levels of Confidence and low levels of Temptation attributed to God - "Self-efficacy defined and mediated by faith"



Limitations

- Appropriate sampling for all three study groups
- Motivation can vary in the same individual across multiple domains.
- Differences in how peer support groups are facilitated.



Limitations

Racial Composition of Study – Largely Caucasian

AA 96%

SMART 96%

Both 90%

Representative demographics of AA nationally:

89% Caucasian

4% AA/Black

No data is available regarding SMART demographics

Correlational Study

Design was not to establish causation.

Alcoholics Anonymous, 2014



Limitations

Philosophical Differences

Tradition 6: “An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose”

Tradition 10: “Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy. No A.A. group or member should ever, in such way as to implicate A.A., express any opinion on outside issues - particularly those of politics, alcohol reform or sectarian religion”

The AA Committee on Cooperation with the Professional Community

Future Research

- Take a look at diagnostic severity and participation in the three groups
- Duplicate study targeting more racially diverse organizations
- Factor analysis of Motivation and Self-efficacy in AA and SMART to determine why they are similar



Thank you!



Q&A

