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

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

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

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>TEMPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all</td>
</tr>
<tr>
<td>1. When I am in agony because of stopping or withdrawing from alcohol use</td>
<td></td>
</tr>
<tr>
<td>2. When I have a headache</td>
<td></td>
</tr>
<tr>
<td>3. When I am feeling depressed</td>
<td></td>
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<tr>
<td>4. When I am on vacation and want to relax</td>
<td></td>
</tr>
<tr>
<td>5. When I am concerned about someone</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>CONFIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all</td>
</tr>
<tr>
<td>21. When I am in agony because of stopping or withdrawing from alcohol use</td>
<td>0</td>
</tr>
<tr>
<td>22. When I have a headache</td>
<td>0</td>
</tr>
<tr>
<td>23. When I am feeling depressed</td>
<td>0</td>
</tr>
<tr>
<td>24. When I am on vacation and want to relax</td>
<td>0</td>
</tr>
<tr>
<td>25. When I am concerned about someone</td>
<td>0</td>
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<tr>
<td>26. When I am very worried</td>
<td>0</td>
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</tbody>
</table>
Respondents

N=300
118 Incomplete
2 Requested Removal
180 viable
Respondent Ages

![Bar chart showing respondent ages for AA, SMART, and BOTH groups.](chart.png)
Respondent Race

![Bar chart showing respondent race categories: Caucasian, Black/AA, Multiple, N/A. The chart indicates the percentage of respondents in each category.]

Legend:
- AA
- SMART
- Both
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
There was a statistically significant difference in Motivation between groups as determined by one-way ANOVA (F(2,177) = 3.72, p = .026).
There was no statistically significant difference in Motivation between the AA and SMART groups (p = .998).
There was no statistically significant difference in Confidence between groups as determined by one-way ANOVA (F(2,177) = .32, p = .726).
There was no statistically significant difference in Temptation between groups as determined by one-way ANOVA ($F(2,177) = .82$, $p = .444$).

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between-group</td>
<td>2</td>
<td>520.34</td>
<td>260.17</td>
<td>.82</td>
<td>.444</td>
</tr>
<tr>
<td>Within-group</td>
<td>177</td>
<td>56396.21</td>
<td>318.62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>179</td>
<td>56916.55</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
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 that 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.
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