



Newcomers to Al-Anon family groups: Who stays and who drops out? ☆



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HIGHLIGHTS

- Al-Anon is the most-used form of help for people concerned about another's drinking.
- We assessed the prevalence and predictors of dropout among Al-Anon newcomers.
- Drop-outs had fewer referrals by providers and less severe problems than attendees.
- Drop-outs were more concerned about their drinker's psychological health.
- Drop-outs had high rates of problems and would benefit from ongoing help and support.

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ABSTRACT

Al-Anon Family Groups (Al-Anon), a 12-step mutual-help program for people concerned about another's drinking, is the most widely used form of help for concerned others (COs) in the US. This study assessed the prevalence of dropout, and predictors of dropout, in the six months following newcomers' initial attendance at Al-Anon meetings. Al-Anon's World Service Office mailed a random sample of groups, which subsequently yielded a sample of 251 newcomers who completed surveys at baseline and 6 months later. At the 6-month follow-up, 57% of newcomers at baseline had dropped out (had not attended any Al-Anon meetings during the past month). At baseline, individuals who later dropped out of Al-Anon were less likely to have been referred to Al-Anon by their drinker's health care provider, and reported less severe problems than individuals who continued to attend, but dropouts were more often concerned about their drinker's psychological health; newcomers with these concerns may have found them incompatible with Al-Anon's philosophy. Dropouts reported high rates of problems, suggesting that COs who drop out of Al-Anon would benefit from ongoing help and support.

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1. Introduction

Al-Anon Family Groups (Al-Anon) is a 12-step mutual-help program for people concerned about another's drinking. Al-Anon is the most widely used form of help for concerned others (COs) in the US (Miller, Meyers, & Tonigan, 1999; O'Farrell & Clements, 2012; O'Farrell & Fals-Stewart, 2001). This study assessed the prevalence of dropout,

and predictors of dropout, in the six months following newcomers' initial attendance at Al-Anon meetings. Greater knowledge of factors associated with early dropout may increase provider awareness about COs and lead to more effective and efficient targeting of Al-Anon facilitation efforts.

1.1. Prevalence of dropout from 12-step groups

Participation in 12-step groups is associated with positive outcomes (Magura, Cleland, & Tonigan, 2013; Moos & Moos, 2007), but dropout rates are high. Dropout from Alcoholics Anonymous (AA) attendance has been studied among individuals treated for substance use disorders (SUDs). For example, dropout from 12-step groups was 40% at 1 year following SUD treatment (Kelly & Moos, 2003). Similarly, in Project MATCH's Twelve Step Facilitation outpatient condition, 41% of clients who initiated AA attendance during treatment dropped out during the following nine months (Tonigan, Connors, & Miller, 2003). Dropout from consistent 12-step group attendance over 2 years among treated

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cocaine users was 60% (Fiorentine, 1999). We have been unable to locate any estimates of dropout rates from Al-Anon, with the exception of an article from *Good Housekeeping* in 1960, stating that about 10% of attendees dropout after two or three meetings. However, the article did not provide the source of this statement.

1.2. Predictors of dropout from 12-step groups

Factors associated with dropout from 12-step groups include the demographic characteristics of being white, younger, less educated, and less likely to attend religious services (Kelly & Moos, 2003; Laudet, Magura, Cleland, Vogel, & Knight, 2003; McCrady, Epstein, & Hirsch, 1996). The main reason for initiating Al-Anon participation is accumulated life stressors and lack of resources, such as the drinker's or family's financial, relationship, legal, health, and work problems (Roth, 2004; Roth & Tan, 2007, 2008), but the extent to which these factors are associated with subsequent dropout by Al-Anon newcomers is unknown. Dropouts from conjoint treatment for alcoholism were less committed to their relationship with their spouse or partner (Epstein, McCrady, Miller, & Steinberg, 1994), and dropouts from 12-step groups reported being unable to relate to the severe life stressors and lack of resources experienced by other members (Klaw & Humphreys, 2000). Such findings suggest that problems due to life stressors and lack of social resources may be less common among Al-Anon dropouts than among stable members.

Resistance to 12-steps groups stems partly from a perceived lack of meeting convenience (e.g., distance from the nearest meeting, bad timing of meetings) (Kelly, Kahler, & Humphreys, 2010; Laudet, 2003). In addition, individuals with beliefs that are discordant with 12-step philosophy are less inclined to actively engage with mutual-help groups (Ouimette et al., 2001). For example, not believing in the disease model of addiction, not having an abstinence goal, not perceiving a need for lifelong 12-step group attendance or support from a higher power, and conflicts with the concepts of surrender, powerlessness, and spirituality were associated with subsequent reduced participation or dropout (Fiorentine & Hillhouse, 2000; Kelly & Moos, 2003; Klaw & Humphreys, 2000; Mankowski, Humphreys, & Moos, 2001). Additional reasons for dropout from 12-step attendance identified by Kelly et al. (2010) were discomfort with self-disclosure and with the group format. Similarly, McCrady et al. (1996) noted that individuals who decreased their involvement with AA over the course of SUD treatment felt uncomfortable with certain aspects of the program, and also may have had goals that AA was unable to meet.

Limited evidence suggests that dropout from 12-step groups is also associated with better functioning at the time of initial attendance in terms of self-reported health (Kelly et al., 2010; Laudet et al., 2003; McCrady, 1998). Although more participation in 12-step groups has been associated with more reliance on approach coping, and less on avoidance coping, to deal with health and other personal crises (Forys, McKellar, & Moos, 2007; Humphreys, Mankowski, Moos, & Finney, 1999; Majer, Droegge, & Jason, 2012), research has not examined the extent to which newcomers' coping styles are associated with their subsequent engagement with mutual-help groups such as Al-Anon.

1.3. Present study

The purpose of this study of Al-Anon newcomers was to examine the prevalence and baseline predictors of dropout six months later. Although attendees' demographic characteristics, life stressors and resources, views of 12-step programs, goals of attendance, functioning, and coping have been examined in relation to participation in and dropout from other mutual-help groups, these factors have not been examined to understand dropout from Al-Anon. It is not known whether similar factors are associated with dropout from Al-Anon or whether other factors are responsible. In particular, unique to Al-Anon,

is that newcomers' views of the drinkers in their lives may be related to subsequent drop-out and retention. That is, drinkers' characteristics, including their life stressors and functioning, may help to explain why some Al-Anon newcomers drop out and others do not. Identifying predictors of dropout, especially those that are amenable to intervention, should suggest strategies to enhance the utilization of Al-Anon by COs.

2. Method

2.1. Sample

The sample was 228 of 251 individuals who completed surveys at baseline and 6 months later, and whose status as dropped out or retained at follow-up could be determined (see Results section). All participants were Al-Anon newcomers at baseline; in accordance with Al-Anon convention, "newcomer" was defined as having attended 6 Al-Anon meetings or fewer (lifetime).

2.2. Procedure

2.2.1. Baseline

To acquire the sample, Al-Anon's World Service Office (WSO) mailed (but did not pay for) a random sample of 4500 Al-Anon groups. The WSO is a combined business office and service center that registers and supports Al-Anon groups, coordinates Al-Anon conferences, and creates and distributes Al-Anon literature and outreach materials throughout the world. The mailing introduced the study, asked permission for research staff to contact the group, and stated that the group was free to accept or refuse. Representatives were asked to return their group's permission to be contacted, their contact information, and an estimate of the number of newcomers attending their group per month directly to the researchers in prepaid envelopes; "newcomer" was defined. Of the 979 groups (22%) responding, 853 (87%) gave permission, and 126 (13%) refused (Timko et al., 2013).

Research staff mailed responding Representatives a cover letter explaining procedures to hand out surveys to newcomers and the purpose and potential benefits of the survey, and inviting them to call and discuss questions or concerns. The mailing included the number of survey packets corresponding to the estimated number of newcomers per month. Representatives were given a standard script to follow and asked to give the survey to the next newcomer at their meetings, without regard to demographic or other characteristics. If newcomers declined the survey, Representatives offered it to the next newcomer. Representatives were asked to send a notice to research staff (envelope provided), indicating how many newcomers who were approached declined. Of the 853 groups contacted, 784 (91.9%) returned notices; of these, 672 (85.7%) participated, and, on average, had obtained a refusal from less than one newcomer ($M = .48$, $SD = 1.2$).

A cover letter with the newcomer questionnaire and consent form provided a study summary (aims; methods; the survey's voluntary and confidential nature, basic content, and time requirements; how to contact project staff; request to complete the survey within two weeks). Surveys were received from 54% ($N = 360$) of groups that agreed to participate. Respondents ($N = 631$; mean number per group = 1.9; $SD = 1.2$) were offered a \$25 gift card. They returned their consent form and questionnaire in separate envelopes to protect confidentiality.

2.2.2. Follow-up

Of the 631 respondents, 365 were newcomers. Of the 365 newcomers, 305 (83.6%) agreed, at the time of the baseline survey, to be contacted about the 6-month follow-up survey. After 6 months, participants were mailed a copy of the follow-up survey and contacted by email to let them know the follow-up survey had been mailed to them. Participants again returned their survey and payment

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