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Role of self-help processes in achieving abstinence among dually diagnosed persons

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Abstract

The effectiveness of participation in dual-focus groups (i.e., focusing on both mental health and substance use) has not been studied empirically. The study examined whether three hypothesized active ingredients of self-help (helper-therapy, reciprocal-learning, and emotional-support processes) are associated with drug/alcohol abstinence outcomes for members of a 12-step dual-focus fellowship, Double Trouble in Recovery (DTR). The study was able to control for member attitudes and behaviors at baseline, which might be related to both self-help processes and outcomes, i.e., extent of participation in DTR and traditional 12-step groups, prior drug/alcohol use, severity of psychiatric symptoms, motivation for change, stressful life events, perceived coping, self-efficacy for recovery, and social support. Members of 24 DTR groups in New York City were recruited, interviewed, and reinterviewed after 1 year. Drug/alcohol abstinence in the past year increased from 54% at baseline to 72% at follow-up. Helper-therapy and reciprocal-learning activities were associated with better abstinence outcomes, independent of other attitudes and behaviors of the members. However, emotional support was not related to outcome. We conclude that specific elements of self-help participation contribute substantially to progress in recovery for members of dual-focus groups; facilitating such self-help processes should be encouraged by clinicians and senior fellowship members.

Keywords: Self-help; Substance use; Mental health; Dual diagnosis; 12-Step groups

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1. Introduction

Self-help groups are based on the premise that a group of individuals who share a common behavior they identify as destructive can collectively support each other and eliminate that behavior. Members learn more about their problem and share their experiences, strengths, and hopes for recovery. The group is a setting where socially stigmatized behaviors can be discussed in an accepting, trusting environment. It also provides a source of strategies to cope with the behavior and, as a person's recovery progresses, the opportunity to become a role model. Many self-help groups follow some version of the 12-step recovery model originally developed by the founders of Alcoholics Anonymous [AA] (1952).

There is research-based evidence that self-help can contribute to achieving or maintaining abstinence from alcohol and drugs. Most such studies have examined the association between 12-step group (usually AA) participation during or after formal treatment and subsequent outcomes (Devine, Brody, & Wright, 1997; Humphreys, Moos, & Cohen, 1997; Humpreys, Huebsch, Finney, & Moos, 1999; Rosenheck & Leda, 1997; Thurstin, Alfano, & Nerviano, 1987; Timko, Finney, Moos, & Moos, 1995). For instance, Moos, Finney, Ouimette, and Suchinsky (1999) found that stronger 12-step affiliation (i.e., more meetings made, speaking with sponsor, reading 12-step literature, etc.) was related to abstinence from alcohol and drugs, less psychological distress, and more employment at 1 year after treatment. The benefits of self-help affiliation before, during, and after treatment, as well as the additive benefits of treatment and self-help, have been shown for drug-dependent persons (Fiorentine, 1999; Fiorentine & Hillhouse, 2000a, 2000b).

However, very little research has examined the processes by which mutual aid and especially 12-step participation may lead to positive outcomes. For example, it appears that 12-step attendance alone is less effective than greater involvement in 12-step, including practices and activities such as having between-meeting contacts with other members, reading 12-step literature, ''working the steps,'' and having or being a sponsor (Caldwell & Cutter, 1998; Cross, Morgan, Moony, Martin, & Rafter, 1990; Humphreys, Kaskutas, & Weisner, 1998; Montgomery, Miller, & Tonigan, 1995; Vaillant, 1995). In addition, the influence of AA affiliation on abstinence appears to be mediated by a set of ''common change factors,'' specifically the maintenance of self-efficacy and motivation, and increased active coping efforts (Morgenstern, Labouvie, McCrady, Kahler, & Frey, 1997).

Dual diagnosis is highly prevalent among individuals with chemical dependency or psychiatric disorders, e.g., of respondents with lifetime illicit drug dependence or abuse, 59% also had a lifetime mental disorder (Kessler, 1995). Dually diagnosed individuals face more challenges than those with a ''single'' disorder (Laudet, Magura, Vogel, & Knight, 2000a). Yet, for several reasons, the potential benefits of 12-step self-help participation are not always available to them. Identifying and bonding with other group members may be difficult for dually diagnosed individuals insofar as they feel different from other members. Dually diagnosed persons who are newcomers to 12-step meetings often find a lack of acceptance and