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THE EFFECTIVENESS OF ALCOHOLICS ANONYMOUS IN HELPING ADULT MEN RECOVER FROM ALCOHOL USE DISORDER

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THE EFFECTIVENESS OF ALCOHOLICS ANONYMOUS IN HELPING ADULT
MEN RECOVER FROM ALCOHOL USE DISORDER

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Kenneth Aurthir Wiggins

May 2021

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ABSTRACT

This research project explored the effectiveness of the Alcoholics Anonymous (AA) 12-Step recovery process among males ages 21 to 67 who have abstained from using alcohol for more than one year following residential treatment while using all the suggested AA 12-Step program concepts as their base. This study also examined males ages 21 to 67 that have been unable to maintain sobriety for a year or more following residential treatment while partially using the suggested AA 12-Step program concepts as a base. Participants in the study were enlisted from the recovery community in Southern California, and qualitative interviews were conducted to gather data. The interviews were recorded on Zoom and transcribed using Trint artificial intelligence (AI) audio transcription software. The researcher used the post-positive paradigm to gain the participant's perspective on the effectiveness or ineffectiveness of AA as a recovery base to abstain from alcohol use. The findings were presented to California State University, San Bernardino, and provided to and participants in this study upon request.

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First, I thank God for guiding my path. Next, I would like to thank my beautiful wife, Natalie. I am forever thankful for your patience, support, and unconditional love you have shown me during this project and throughout the time we have been together. Next is my good friend in recovery, Darren, for your tireless efforts in helping me recruit participants for this study; thank you. Lastly, I want to express my gratitude to the faculty and staff of CSUSB. I am forever grateful for the support, guidance, and knowledge you have provided. As I continue my journey, I hope to be of service to others as I have truly been served.

DEDICATION

This project is dedicated to the loving memories of my mother and grandmother, Karla M. Wiggins and Elise Mayes.

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CHAPTER ONE

ASSESSMENT

Introduction

This chapter discusses the focus of this research and the chosen paradigm for the study. It also presents a literature review to provide background information on the topic from prior studies. Furthermore, it offers a discussion about the applied theoretical orientation and the study's possible contributions to micro and macro social work practice.

Research Focus

This research focuses on exploring what effect regular participation in the Alcoholics Anonymous (AA) 12-Step program of recovery has on males age 21 to 67 and their ability to abstain from alcohol. The post-positive paradigm used in this research study examined AA's effectiveness in helping males in this age group maintain abstinence from alcohol use for a year or more. The study sought to ascertain if these males experienced similar or less success in staying sober for a year or more. The purpose of this research is to shed insight into the question: What is the effectiveness of AA in assisting adult males 21 to 67 to maintain abstinence from the use of alcohol?

The DSM-V describes Alcohol Use Disorder (AUD) as the continued use of alcohol despite knowledge of adverse consequences (APA, 2013). According to individuals participating in AA as their recovery support, the AA program

affords them the ability to abstain from further alcohol use (Wilson, p. xxx, 2001). According to AA, participation in the program consists of six main points. First, the person must have a desire to stop drinking. Second, they are willing to work with a “sponsor,” who is someone who has participated fully in the program to gain and maintain sobriety. Third, they must complete all 12-steps outlined in the AA basic text called “The Big Book.” Fourth, the individual must attend AA meetings regularly and fellowship with other members, Fifth, share how they are staying sober with newcomers in the program, and sixth, develop a concept of a Higher Power (Wilson, p. xxx, 2001). According to successful AA members, working a program is doing the six things mentioned above. According to AA literature, when individuals that are having a problem with alcohol participate in the AA 12-step program as suggested, the “phenomena of craving,” or the obsession to drink, is removed. The occurrence has yet to be explained scientifically; however, the millions of people now sober attribute their success to AA participation (Wilson, 2001).

Paradigm and Rationale for Chosen Paradigm

The choice to use the post-positive paradigm allowed for objective scientific assessment of the positive impact AA may have on the recovery process for males who have difficulty abstaining from alcohol use. Post-positivism adds a critical realism, the belief that there is an objective reality that can be studied qualitatively (Sharp et al., 2011). According to Sharp et al., “Post-

positivists undertake intensive case-study-based investigations, typically drawing on qualitative information to illustrate processes, exceptions, and barriers” (Sharp et al., p. 501, 2011).

Hopefully, the data collected by this research provided insight into the effectiveness of AA as it relates to AUD. The post-positivist paradigm allowed for a more practical examination of the interview data collected from the participant’s perspective within their environment. The paradigm afforded a more comprehensive understanding of the impact that involvement in AA has on their ability to abstain from the use of alcohol. Furthermore, the post-positivism paradigm worked well with this research because its design permitted an increased understanding of the problem through inductive rather than deductive means (Morris, 2014). The post-positivist paradigm identified patterns and helped develop the qualitative data for evaluation. Moreover, it allowed the researcher to look beyond the assumptions about AA’s effectiveness in assisting adult males to recover from AUD and provided an accurate understanding of the thoughts, emotions, and experiences of those who successfully or unsuccessfully use AA in their daily lives to abstain from alcohol use.

Literature Review

First, this literature review offers a definition and discussion of Alcohol Use Disorder/Alcoholism. Second, some of the reasons individuals gave for not choosing to get involved in AA were examined. Third, a brief discussion of the

clinical aspects of AA was provided. Finally, data was presented on the effectiveness of AA in the treatment of AUD. This study's primary objective was to evaluate the efficacy of AA in helping males experiencing AUD achieve and maintain sobriety. The study was also used to assess AA's nonuse and its relationship to males experiencing AUD and chronic relapsing.

Much of the research on AUD focuses on the symptoms, which are physically, psychologically, and socially tragic from a human and societal perspective. Treatment outcomes and recovery data that originate from research studies often fail to consider AA's scientific and spiritual aspects. According to Wilson (2001), millions of people have achieved a new life and freedom from alcohol. A recent study found that individuals who participate in AA following inpatient treatment for AUD experienced a significant decrease in relapse rates (Karriker-Jaffe et al., 2018).

Background

AUD presents an enormous challenge for society. According to a recent study by Kelly et al. (2020), the damage to society in terms of "disability, premature mortality, and high economic costs from lost productivity, accidents, violence, incarceration, and increased healthcare utilization" is startling (p. 1). The study also showed that AA has provided cost-free treatment for AUD for over 80 years with millions of members but has only recently been studied as an effective treatment option (Kelly et al., 2020).

What is Alcohol Use Disorder/Alcoholism?

The Diagnostic and Statistical Manual of Mental Health Disorders 5th edition (DSM-V) defines Substance Use Disorder (SUD) as: “A problematic pattern of use leading to clinically significant impairment or distress (American Psychiatric Association, 2013, sec 2. para. 40). The DSM-V criteria focus is on alcohol use that induces substantial impairment in the individual’s ability to perform reasonably expected adult tasks (APA, 2013). Nine behavioral diagnostic criteria define impairment. The severity of the AUD is determined by how many of the criteria the individual meets; the more criteria met, the more severe the disorder (APA, 2013).

A diagnosis of AUD, according to the DSM-V (2013), must also include some level of withdrawal, tolerance, and cravings (APA, 2013). Alcohol withdrawal symptoms are defined as biopsychosocial discomfort when alcohol use is discontinued, and these symptoms usually begin to manifest about 4–12 hours after non-consumption of alcohol (APA, 2013). Tolerance develops as the individual’s intake of alcohol increases in frequency and quantity to achieve the desired effect or address withdrawal symptoms (APA, 2013). Cravings are the individual’s desire for pleasure or to offset withdrawal symptoms. Cravings are an obsession with a physical and psychological component (APA, 2013). Even decades before the DSM-V’s definition of AUD, AA’s description of the alcoholic asserted, “all these...have one symptom in common: they cannot start drinking without developing the phenomenon of craving” (Wilson, 2001, p. xxx).

AUD is prevalent in many societies and is one of the major causes of biopsychosocial problems globally. According to a 2018 World Health Organization (WHO) report, millions of deaths annually and an estimated one in 20 deaths worldwide are alcohol-related. The study also showed that at least three-fourths of the deaths involve males between 15 and 50 (WHO, 2018). Overall, the report showed that more than 5% of all global disease is directly related to alcohol abuse (WHO, 2018).

Barriers Using Alcoholics Anonymous as a Recovery Platform

One of the main issues that prevent an individual from participating in AA is the assumption that the program is based on religion and God. For some, the concept of powerlessness and only complete surrender to a “Higher Power” can help them to stop drinking is overwhelming (Wilson, 2001). The AA basic text (referred to as the “Big Book” in recovery circles) dedicates an entire chapter to the topic titled “We Agnostics” (Wilson, p. 44, 2001). The chapter is geared towards atheists and agnostics who feel that their belief or nonbelief is a barrier to recovering through AA (Wilson, 2001). The chapter encourages the atheist or agnostic to consider that “every man, woman, and child has a fundamental idea of God” (Wilson, p. 55, 2001). Thinking of God as a concept, “like the feeling we have for a friend or a power greater than ourselves” (Wilson, p. 55, 2001), can open the door to recovery, according to the Big Book.

Some view AA as a religious cult, and according to Kelly (2017), the trend may exist with good reason, “because of AA’s ostensibly quasi-religious/spiritual orientation and emphasis” (p. 929). Societies view of AA did begin to shift in the early 1990s, as the benefits of AA started gaining recognition on a macro level. Federal funding was made available to conduct studies on AA’s effectiveness in treating AUD. AA gained recognition as a behavioral change therapy based on objective facts rather than relying only on a Higher power (Kelly, 2017).

The latest research indicates that AA participation results in positive outcomes related to helping individuals maintain abstinence from alcohol. Another study by Kelly (2017) found that AA’s positive outcomes are partly due to changes in the participant’s perspective, the cultivation of social relationships conducive to not drinking, and mood management techniques acquired by modeling other successful sober AA members. Kelly (2017) also concluded from the study that AA appears to be an effective treatment for addiction recovery and is similar to therapeutic methods used in conventional treatment settings. Kelly (2017) also noted another positive aspect of AA: membership and participation is free.

Clinical Similarities Found in Alcoholics Anonymous

AA support groups are much like group counseling; moreover, AA meetings provide the therapeutic value of peer support that has been proven to be an effective behavioral change tool (Stone et al., 2017). Group therapy and

AA meetings are focused on creating an environment that consists of individuals experiencing the same problems. Sponsorship and working the 12-steps simulate the one-on-one therapy concept and goal setting (Stone et al., 2017). Like the counselor or social worker, the AA sponsor helps guide the individual through the 12-step process while modeling sobriety (Stone et al., 2017).

Additional research indicates that the AA program is an effective method for individuals seeking recovery and healing from the biopsychosocial damage that results from AUD (Flynn, J., 2008). The study also emphasized that the positive results were from participants who “follow the program’s outline for success: they got a sponsor, went to meetings, worked the steps, and helped other alcoholics achieve sobriety” (Flynn, J p. 15, 2008). The relationship with a sponsor is based on the premise that they share the same goal: to stay sober one day at a time (Stone et al., 2017). Sponsors use their knowledge acquired from their experiences in AA and recovery to cultivate rapport with sponsees (Stone et al., 2017). This therapeutic relationship applies the generalist model’s engagement step, similar to counseling and social work, to form an honest, open relationship based on trust and respect.

Effectiveness of Alcoholics Anonymous as a Recovery Program

A recent study conducted in England to determine the recovery success rates of individuals who attended AA meetings found that individuals who attended AA were twice as likely to stay sober than those who did not participate

(Day et al., 2019). Furthermore, the study found that when individuals participated in AA as a follow-up to professional treatment, they experienced fewer relapses and psychological episodes (Day et al., 2019). The study concluded that professional therapy, combined with peer support groups like AA, improved outcomes significantly compared with individuals who just attended therapy (Day et al., 2019).

Many formal treatment programs encourage clients to attend AA meetings during treatment and as a means of continuing care after treatment (Karriker-Jaffe et al., 2018). The research found that AA is a part of so many treatment plans because it is used worldwide and has a proven record of success in its effectiveness in helping individuals abstain and avoid relapse (Karriker-Jaffe et al., 2018). From the first printing of the AA big book in 1936 with a few hundred members, AA today boasts a worldwide membership of over two million, with over 115,326 groups and meetings in 175 different countries. Millions of people are recovering from alcohol use disorder with the help of AA (Alcoholics Anonymous World Services, 2021).

The literature reviewed for this study identified some of the barriers to seeking help through AA. It provided research data that confirmed the effectiveness of Alcoholics Anonymous in helping individuals recover from Alcohol Use Disorder. Moreover, the literature showed that individuals struggling to maintain abstinence or sobriety lack full participation in AA. The question posed by sober AA members is, are they or have they worked the program as

recommended in the big book of AA, or are they engaging in half measures, defined in the same book as only partially working the program of AA (Wilson, 2001).

Theoretical Orientation

This study's theoretical orientation is based on Albert Bandura's Social Learning Theory (SLT), which emerged from a millennium of the academic study of human behavior (Smith, 2021). Bandura identified three factors that became the central components of his SLT. Bandura suggested human behavior is determined by (a) the inherent traits of the individual, (b) the peripheral ecosystem, and (c) the disorder itself (Smith, 2021). More evidence of this phenomenon is presented by Turner (2017), who "assumes that behavior is learned within social contexts and thus should be changed within a social environment" (Turner, p. 54, 2017). SLT posited that drug addiction results from the functional relationships between an individual's characteristic traits, social environment, and drug-seeking behaviors (Smith, 2021). Since AUD is considered a chronic and progressive biopsychosocial disorder, treatment should include internal and external elements related to the individual (Smith, 2021). Moreover, effective treatment interventions should focus on the SLT model's three points and how they relate to addressing the individual's AUD's chronic progression (Smith, 2021). AA represents a program of living that addresses this chronic progression of AUD through its (a) recommendation for abstinence, (b)

creating a sober environment, and (c) providing examples of how peers can live an alcohol-free life through its meeting, sponsorship, and fellowship (Wilson, 2001).

Potential Contribution of the Study to Social Work Practice

The potential of this research to contribute to both micro and macro social work practice is notable. At the micro-level, this study allows professionals who work with individuals diagnosed with AUD to understand client goals better and formulate a plan to meet those goals within a recovery context. Furthermore, increasing the client and care provider's awareness may open the door to support systems like AA that studies show are effective treatments for AUD. This study can help bridge the gap between traditional treatment organizations and 12-step support groups at the macro level. Moreover, raise the awareness that free evidence-based services like AA are available for all, which benefits society.

Summary

Chapter one covered the research topic and explained the AA 12-Step program and its relationship to recovery. The section provided reasoning for using the post-positivist paradigm to conduct the study. It also offered a literature review on the obsession and recovery aspects AUD and how AA plays a major role in the recovery process. It provided the study's theoretical orientation and explained its potential contributions to micro and macro social work practice.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two covers how the engagement process of the study was carried out. The discussion includes information about the study site environment and how interaction with the finders and participants occurred. Furthermore, it examines the self-preparation procedure, ethical, diversity, and political questions, and technology's role in the research.

Study Site

This study took place in Southern California; no specific sites for this study were used due to COVID-19 contact restrictions in place at the time.

Engagement Strategies for Individuals in the Community

First, the researcher contacted acquaintances in the AA community using the flyer in appendix B, phone calls, text messaging, and emails. The researcher also provided each contact with copies of the questionnaires, the informed consent form and engaged in verbal communications of how the study would be conducted. Second, interested acquaintances were asked to become finders, locate potential participants, brief them about the research, and obtain permission for the researcher to contact them. The finders then provided the

researcher with the potential participant's contact information. The researcher then contacted these individuals and discussed the study process. After confirming that potential finders and participants had a clear understanding of the research plan, all parties were encouraged to provide input and further develop the research project.

Self-Preparation

The self-preparation of the researcher included a life experience of recovery with over 21 years of sobriety through AA participation and assisting other males to stay sober; the researcher has acquired a wealth of experience and knowledge. The preparation included increasing the researcher's understanding of the topic through reviewing existing literature and discussions with gatekeepers. An examination of personal biases was essential; having utilized AA to maintain sobriety, this researcher kept an open mind and allowed the participant's perspective to prevail.

Moreover, recognition and monitoring of researcher bias were addressed by stepping back after each interview to reflect and discussing interpretations with objective peers. The researcher also discussed the interview preferences of the participants and engaged in general conversation to reduce stress and develop a rapport (Morris, 2014). Self-disclosure of the above-stated facts was provided to those who aided in the recruitment of participants (e.g., "finders") and to participants themselves before their involvement in the study since some of

the recovering and struggling alcoholics may feel more comfortable sharing with a male who has gone through similar experiences. Nevertheless, self-disclosure occurred on a case-by-case basis to assure the genuineness of the information gathered.

Additionally, the literature review information indicated that the different perspectives concerning AA that exist were substantial in some areas. Scientific literature has begun to validate AA as an effective treatment for AUD; there is now ample clinical and empirical data to support AA's efficacy. The above information encouraged the researcher to continue the study and promote additional research. Overall, the process of locating participants and engaging in discussions with experts and finders, the researcher became more aware of the social modeling that AA provided, which confirms the SLT aspects and similarities of AA emphasized by (Turner 2017).

Diversity Issues

There is an array of issues related to diversity that could have emerged during the research. These concerns were connected to age, gender, spiritual, and religious beliefs. Generally, working with this population of study participants, the focus was on being open-minded, sincere, and empathetic. Due to COVID-19 restrictions, time limitations, and financial constraints, the researcher only conducted interviews with males age 21 to 67. Concerning spiritual and religious beliefs, the researcher conducted each interview from a neutral perspective,

applied the basic principles of AA, and respected each participant's perspective. The researcher was a middle-aged African American male student with over 20 years of continuous sobriety using AA as a recovery program and was mindful of how age, gender, spiritual, and religious belief differences between the participants and investigator could affect input. The researcher acknowledged these diversity issues and strived to build trust and rapport with the participants.

Ethical Issues

The researcher focused on conducting a minimal harm study in compliance with the CSUSB Institutional Review Board (IRB). Ethical issues concerning this research project were addressed in writing via the informed consent form, which was provided to advise potential participants and others about all aspects of the study to help them make an informed decision about participation (Hepworth et al., 2017). The participants' consent to be interviewed and audio recorded via zoom was obtained before beginning the interviews. The researcher recorded the information obtained through the interview process so that the participants' identity could not readily be ascertained, directly or through identifiers linked to them. Specifically, the investigator did not record any participant names, dates of birth, addresses, detailed demographic information, or anything else specific enough to identify them personally. The interview recordings were deleted immediately after being transcribed. Transcriptions were

stored on a password-protected computer accessible only to the researcher. The transcriptions were destroyed after data analysis and the final report completed.

Political Issues

Consideration was given to the possibility that the researcher's experience in AA could cause participants to respond to the researcher as a sponsor rather than an objective observer. This issue could also influence participants to hold back information, feelings, and emotions due to judgment concerns about their answers or feel intimidated when expressing a dislike for AA as a recovery option. The researcher addressed this issue by limiting disclosure and developing a rapport based on empathy, acceptance, acknowledging the participants' perspective through active listening, and presenting with positive open body language.

The Role of Technology

Technology played a significant role in all aspects of the research project. The Internet was used for the literature review, to obtain information about AA, and as a communications platform for finders and research participants. Zoom was used to conduct the interviews. The researcher also used Trint artificial intelligence (AI) audio transcription software to transcribe the interviews for a bottom-up analysis of the data gathered from observations and conversations

(Morris, 2013). To ensure that the information collected was kept secure, the researcher also used the Trint software to delete any study data.

Summary

Chapter two discussed the engagement process of the study examined the techniques and procedures used when interacting with finders and participants. Furthermore, a discussion was provided of the researcher's self-preparation methods and ethical, diversity, and political issues. The role technology played in the research was defined.

CHAPTER THREE

IMPLEMENTATION

Introduction

This chapter discussed the processes used to execute the study, explained the participant selection procedure, and reviewed how the data was gathered. The section also described how the information was recorded, safely stored, coded, and analyzed. The chapter concluded with how the study was terminated, the follow-up process, and how the data was disseminated.

Study Participants

The study participants included six males, age 21 to 67; their ethnicity was not a consideration. The men were divided into two distinct categories: men having difficulty abstaining from alcohol use for more than a year and men who maintained abstinence or sobriety for a year or more. The study participants also had to be familiar with AA meetings and had recently or were currently participating in an AA recovery program. The criteria for sobriety or abstinence were a year or more of continuous nonuse of any mood or mind-altering chemicals. Men who were taking medications prescribed by their primary care physician as prescribed were accepted.

Selection of Participants

The sampling technique used in this study was a combination of Convenience and Typical Case Sampling (TCS). According to Morris (2013), TCS is used to explain a problem that an ordinary member of society may not be familiar with, like how individuals recover from alcoholism through AA (Morris, 2013). AA is an entity that society is familiar with due to name recognition; however, the basic principles of the 12-step program and how it applies to the recovery process in helping those with AUD is not so well understood.

The study involved two types of participants: 1) males who were using the AA 12-step process as recommended by AA, and 2) males that were not using the AA 12-step program as recommended by the AA. Both male types were identified after voluntarily answering the suitability questions in Appendix C via phone interview. The convenience portion of the sampling process was any individual who viewed the questionnaire or flyer in Appendix B via finder presentation or email and expressed interest in participating in the study was then screened via phone for eligibility. TCS was applied by gathering data from these two types of participants using the structured interview questions in Appendix C.

Participants that screened eligible to participate in the research study were sent copies of all questions via email. The informed consent form was sent to the participant no later than three days prior to the scheduled interview date for the participant to review, sign and return to the researcher using Adobe fill & sign

software. The researcher also discussed the informed consent form with the participant via zoom before the study interview to answer any questions or concerns. No zoom interviews were conducted with participants before a signed informed consent was received and the participants had given verbal consent to participate in the research.

The three participants from each group, those who were sober and those struggling to stay abstinent, were interviewed to implement data collection. The resulting data were compared and analyzed. The process included questions during the zoom interview and observation made by the researcher to gather qualitative data from participants. The combined data collected was used to develop a comprehensive understanding; the findings were then used to develop a statement “about what is and is not working” (Morris, p. 121, 2013) in terms of AA’s 12-step program helping men experiencing AUD.

Data Gathering

This study took place in Southern California, and no specific sites for this study were used due to COVID-19 contact restrictions that were in place at the time. Participants were added using the snowball technique, where acquaintances of the researcher recruited participants from among their colleagues, and then those peers recommend others for participation in the study (Audemard, 2020). The steps used in the snowball technique are the following; first, the researcher contacted acquaintances in the AA program via phone, text,

and email and provided detailed information about the qualitative study, including copies of the questionnaires, informed consent, and details of how the study would be conducted. Second interested acquaintances were asked to become finders, assist in locating potential participants, briefing them about the research, and obtaining consent to be contacted by the researcher. The finders then provided the researcher with the potential participant's contact information. The researcher then contacted the men and screened them using the questions in appendix C to determine if they met study qualifications. If they qualified, the researcher discussed the study process and the informed consent form in detail, and with their permission, an interview time was scheduled.

The interview format consisted of various types of questions to gather data about the recovery process within the AA 12-step framework from the participant's perspective. The beginning questions were designed to engage the participants and build a rapport. A focus on identifying patterns and regularities allowed examination of the participant's understanding of, in this case, the recovery and relapse process (Morris, 2013). There are three commonly used types of questions when gathering data in post-positive research: descriptive, contrast, and structural (Morris, 2013).

Descriptive questions elicited a response or observable reaction from the participant to their current circumstances. Contrast questions encouraged introspection by the participants. An example of a descriptive question asked of the men struggling to stay sober was comparing their recovery process with

those experiencing success. An example of a contrast question was: When you see other's success with AA, why do you reject participation in an AA program? Predetermined structural questions were also used and were essential in this research study because of their structured focus on the six suggestions of AA as a recovery program allowing the researcher to gain clarification and a better understanding of what was being conveyed by the participants (Morris, 2013). An example of structural questions is: How has the program of Alcoholics Anonymous helped your recovery from alcohol? Or how has not working the program of Alcoholics Anonymous affected your recovery? This questioning aimed to encourage the participant to reflect on how and what they experienced. Active listening and empathy were used to understand each participant's perspective better. Interviews ranged from 20 to 40 minutes and lasted 25 minutes on average.

Phases of Data Collection

The stages of data collection through the structured interview process consisted of four phases. The first phase involved five questions designed to engage the participant and helped to determine their level of participation in AA. These questions were related to the AA introductory text and generally referenced if the participant was working an AA program consistent with what was suggested by AA. The second phase consisted of 15 questions focused on the research topic. Examples of these questions were: Has alcohol caused

problems in your life? Do you attend AA meetings regularly? The interview's final phase was designed to allow the participant to share and express their feelings about how AA has impacted their sobriety and life. An example of these questions was: What would you say to someone seeking help for AUD? In addition, the participant was given time to elaborate on any previous questions and share random thoughts.

Data Recording

After obtaining permission from the participants to make audio recordings of the interviews, Zoom was used to record the discussion results. The data was sequenced in a research journal by a numeric code to protect the participant's confidentiality and assure accuracy to record and process identifying information (Morris, 2013). After each interview was completed, the researcher recorded personal thoughts, feelings, and impressions in the research journal (Morris, 2013). The researcher also evaluated the conversation in terms of question effectiveness and other aspects to improve the process by adjusting accordingly. The recorded data were transcribed immediately after the interview by using Trint AI audio transcription software. As noted in the previous section of this proposal, the utmost care was taken to ensure participant confidentiality.

Data Analysis Procedures

This study's analysis method was qualitative, using a "bottom-up" approach (Morris, 2013). The recorded data was transcribed using Trint, an artificial intelligence (AI) audio transcribing software. The data analysis was accomplished in phases using open, axial, and selective coding. After interviewing participants from both sample groups, open coding was used to identify common or uncommon recovery experiences, such as whether they had a sponsor and whether they completed or working the 12 steps of AA. Axial coding was used to sort the information into detailed categories, which reveal how the data was connected and allowed intricate patterns to be observed (Morris, 2013). Selective coding was used to refine the information gleaned from the open and axial coding and further explain the theoretical statement (Morris, 2013). In the final stage, the data analysis was used to define the theoretical aspects from a micro/macro perspective.

The theoretical idea developed in the previous steps was refined using the conditional matrix described by Morris (2013). The matrix served as a tool to assist with tracking and deciphering the relationships, actions, and connections of the findings related to the individual, family, groups, and organizations from a social context (Morris, 2013).

Summary

Chapter three discussed the implementation stage of this study. The chapter also examined the participant selection and data gathering methods. This chapter further discussed how the theoretical concepts were defined using the conditional matrix tools to track and decipher the themes in this study.

CHAPTER FOUR

EVALUATION

Introduction

This chapter addresses the results of these qualitative interviews. First, the findings presented are from the participant interviews transcribed and analyzed by this researcher, from which common themes and categories were developed. Next, data interpretation is explained. Finally, the implications of the findings for micro and macro social work practice findings are examined, and a summary concludes the chapter.

Data Analysis

Participant Demographics

The study interviewed a total of six male participants divided into two groups of three males. The participants represented a range of ethnicities, one participant identifying as African American, three identifying as White or Caucasian, and two identifying as Hispanic. The participant age ranged from 21 to 67, and the average participant age was 43. The first group was made up of three males that maintained sobriety for a year or more by adhering to the recommendations of AA. The second group was made up of three males that experienced intermittent periods of sobriety totaling less than a year and had

partial participation in AA. All the participants studied were screened using the questionnaire in Appendix C.

During the data analyst's open coding stage, the following categories were identified: AA meeting attendance, sponsorship, 12-step work, having a homegroup, being of service, and a Higher Power concept. Axial coding was used in the subsequent phases of data analysts. During the axial coding process, the researcher discovered a link between the participant's ability to remain abstinent or sober and the extent to which they completed the six concepts recommended by the AA as a recovery program. The two key themes that resulted from the identified relationships were long-term continuous sobriety and chronic relapse.

Open Coding

AA Meeting Attendance. A common theme identified as impacting positive or negative outcomes in maintaining sobriety or abstinence during the open coding process was meeting attendance. All the study participants emphasized the importance of regular AA meeting attendance, especially early on in their recovery. The participants reported that when they attended AA meetings at least three times a week or more and participated by sharing their stories, they could abstain because of the fellowship and support they received from their peers. Participants who experienced chronic relapse reported that they either attended AA meetings sporadically, stopped attending them altogether, or had little or no

AA meeting participation. Participant X1 stated, "I uh, was either making coffee or secretary. Well, mostly leading in meetings that were down the street from the ..., the ones that we could go to, and so I immediately started being of service then when I got out of rehab." Participant X5 echoed sentiments stating, "I mean, my first AA meeting was when I was a freshman in high school. You know, I was a binge drinker then. And, you know, I went to AA, you know, and NA, I like kind of like relapsing a bunch, in and out of the program for about a year... I was 14 then, 14 or 15, and then I didn't go back to AA until I was around 30. And then when I did that, like, I just got three years on the nineteenth of January." Participant X4 stated, "So, um, what I found out for myself and for others who have been doing this over AA I. Say you have to do five things for a recovery to work, and the first for me is to go to meetings, right. When I was regularly going, I was probably doing three or four meetings a week."

Sponsorship. During the open coding process, having a sponsor was another theme shared among the participants interviewed. AA describes a sponsor as a member who has more experience in staying sober and guides other new or struggling members in maintaining sobriety complete the 12-Steps (Wilson, 2001). Participant X2 stated,

I was about six months into my recovery, and that's when I hit my bottom right. So, my emotional bottom was at about six months, I'd been sober for over for six months before I really started to struggle, and then I, I still

stayed sober. I never relapsed, but it took me another six months working closely with my sponsor to, you know, to get my head above water again. Participant X1 stated, “And yes, that next step is you get a sponsor, you work the steps with that sponsor.” Participant X4 stated,

Um, having a sponsor keeps you, um, working the program. It keeps you like you have something to do for the program. Like, I know that now I have a sponsor, so I know that I’m going to be working on the steps. I know that I have a sponsor, so I know I’m gonna have to meet up with somebody during the week that keeps me in the know with AA, yeah.

Participant X3 described the importance of having a sponsor stating, The program for me, as my sponsor told me, was to work the 12 steps. What that did was it freed me from alcoholism and the old ways of thinking about it, acting around it, and behaving around it.”

12-Step work. The researcher identified another concept from participant interviews through the open coding process, the importance of 12-Step work. AA defines 12-Step work as “The steps we took, which are suggested as a program of recovery” (Wilson, p. 59, 2001). In the AA meeting circles, it is generally accepted that individuals who do not complete the 12-Step drink again. Participant X2 stated, “I have. I’ve actually done the 12 Steps twice before. I’m going on my third time now.” Participant X3 said, “I’ve worked all the steps one time, the concepts, and the traditions, and then I’ve worked with sponsees

through the 12 steps.” Participants X5 discussed the importance of working the 12-Steps by stating, “that moment when I just, I just knew I was like, it’s done. It’s not; I’m not fighting it anymore, you know. I went through, and I did the steps.” Some participants were having difficulty maintaining sobriety and did not complete the 12-Steps. Participant X6 stated,

Right now, I’m kind of in-between the third and the fourth Step. We (my sponsor) finished the third Step, and I haven’t started the fourth; the Steps are a way for me to change my behaviors. The Steps teach me how to change my behaviors, my old behaviors, they teach me how to have a different outlook on life, how to kind of work on what’s going on inside here. You know, from an emotional or spiritual aspect. You know, that’s what the Steps work does for me, you know, and I have to change certain behaviors, and I have to change old ideas and stuff like that before I can recover from alcoholism.

Participant X5 stated, “Oh, um. I was working on the steps, but just a little bit, I want to say I’m struggling right now.”

A Homegroup. During the open coding procedure, the researcher identified another theme that was commonly afforded significance by participants interviewed, which was the concept of having a home group. AA describes a home group as a sober environment or fellowship where the common focus is staying sober (Wilson, 2001). In Chapter One, the researcher discussed social

learning theory and the significance that socializing with peers focused on the same goal improves outcomes (Smith, 2021). Participant X6 stated,

It is important. I think it's one of those things that I never thought of homegroup was important, but it's important for me today because I think a homegroup is a place that I can walk in, and people know my name. And if I'm not there, people wonder where I was. You know, they said, where is he? You know, and um, people wonder where I was, and it's a place that I can uh, that I can get a commitment, a place that I can people can hold me accountable. I can get a coffee commitment. It's a second family. It's ah; it's ah, it's a family group.

Participant X2 stated,

Yeah, yeah, yeah, the homegroup, when I was in (another) State, the homegroup was called the ..., I never know how to say that word but um, that club was a great place, and the club was a great place just to hang out and get lunch. They had a little-like kitchen where they would make sandwiches and stuff, and we'd get lunch and have them talk about the subject. So, I would go to meetings just by hanging out.

Being of Service. During the open coding procedure, the researcher identified another common theme that participants deemed during the interview process as vital to them staying sober, and that was being of service. AA describes being of service as carrying AA's message to other alcoholics who are

struggling with alcohol use and sharing how they stay sober (Wilson, 2001). Bill Wilson, the founder of AA, emphasizes the importance of being of service to stay sober in AA and reported that when all other efforts to lift the cravings and stay sober for him failed, talking to and helping other alcoholics removed the cravings, and he remained sober. (Wilson, 2001). Participant X6 stated in the interview,

Well, uh, during that six months, umm, I was either making coffee or secretary. Well, mostly leading in meetings that were down the street from the Salvation Army, the ones that we could go to, and so I immediately started being of service then when I got out of rehab. After six months and I was the coffee maker for three years, and after that three years of making coffee, I was a secretary for three years. So, for 21 years, I have not gone a month without having a service commitment.

Participant X3 expressed the importance of service work in his recovery, stating,

I did service work right at the beginning as well in many hospitals and institutions. I went back into the jails also. I sponsor people as well. Just we keep it simple. It's like giving back what was freely given to me. You know, I did service work for five years straight. I continue to do service work in my community and work for other recovering alcoholics.

Participant X4 expressed the importance of service work, stating, "Well, I know the main thing is helping others; that's what I hear a lot."

A Higher Power Concept. The researcher identified another concept from participant interviews through the open coding process: having a Higher Power.

There is much debate whether the Higher Power in AA refers to God as an entity or a spiritual belief. The possible impact on interviewed participants was discussed in an earlier chapter in this paper. According to AA, the key to understanding the Higher concept is discussed in detail in chapter 4 of their basic text titled “We Agnostics” (Wilson, p. 44, 2001). This concept is simplified in Step 3 that states that the individual is encouraged to make the decision to turn their will over to a power greater than themselves, “as we understood Him” (Wilson, p. 59, 2001). According to AA, the individual is encouraged to develop and use their concept of a Higher Power. Participant X1 described his concept of Higher Power as,

A spiritual awakening, let’s say, and I made that decision, and I stuck to it no matter what happened in my life. That was my moment of clarity, I like to call it, as they say in Alcoholics Anonymous, and I said, God help me, I don’t want to live like this anymore.

Participant X3 described his concept of a Higher Power in this way,

Well, the program talks about spirituality. I believe, you know, I had a foundation of spirituality, but as I was going through the program, it kind of connected me back to the God of my understanding. And quite frankly, I got on my knees with my Bible, and I prayed, and I, the taste (of alcohol) was removed at that time.

Participant X6 passionately describes his Higher Power experience in AA: “AA introduced me to Higher Power. AA introduced me to a fellowship of broken

people like me, trying to get well and trying to recover. AA offers me a fellowship; there's so much that AA has done for me."

Axial Coding.

During the study's axial coding stage, the researcher analyzed the concepts identified in open coding in more depth. During this phase, the researcher found that the participants' experiences were connected to two central themes: they stayed sober or struggled with staying sober. The researcher discovered during analyzing process that regular AA meeting attendance, sponsorship, 12-step work, having a homegroup, being of service, and having a Higher Power concept were all connected to whether the participant outcomes resulted in continuous sobriety or sporadic alcohol use.

Participants who were having difficulty staying sober reported that they were not fully engaged in all five suggested AA concepts as a recovery program. Participant X6, who says that he now has three years of sobriety after following all the suggestions of AA, posits why others may be struggling to stay sober like he was stating,

Well, it depends why they're struggling to get sober, you know, I mean, I guess it could be a higher power thing if they don't if they're not willing to accept a higher power. It could be that they're not going to meetings. It could be that they're not listening to their sponsor. It could be they don't have a sponsor.

Participants interviewed for this study reported that they experienced positive outcomes, including continuous sobriety, following the suggested recovery program of AA. Moreover, they participated in AA meetings regularly, worked with a sponsor to complete the 12-Steps suggested by AA, maintained a homegroup, were being of service, and had a Higher Power concept. Participant X2, who has over 31 years of continuous sobriety states,

What I say is it's not magic. It's not that there isn't a secret pill or the secret handshake that people in recovery have. It's its work, its patients, its faith, its commitment, its practice. And you can't get good at something unless you practice, buckle down, and get to work. There's no magic involved. It's um, It can be spiritually and feel like magic, but that's not magic to me. That's just a spiritual change inside of us. I don't think it's magic. I think it's commitment, hard work, dedication, and practice, all those things that AA teaches.

Consequently, working an AA program of recovery as suggested appears to impact sobriety outcomes positively, at least for the participants in this study.

Data Interpretation

The findings of this study indicated that regular AA meeting attendance, sponsorship, 12-Step work, having a homegroup, being of service, and a Higher Power concept were factors that promoted long-term sobriety. Participants who used AA as a program as suggested to address their AUD stayed sober longer.

These concepts were discovered through analyzing the data obtained through interviews with males age 21 to 67. The participants shared their feelings and thoughts about their AA experiences and were diagnosed with AUD.

Regular AA meeting attendance was one of the concepts that surfaced as an essential component in assisting participants in staying sober or having difficulty abstaining from alcohol use. A recent study by Stone et al. (2017) found that many males experiencing AUD also have underlying issues and can benefit from counseling. AA meetings help change behaviors through social modeling. The study also suggested that when alcoholics who are new to AA start attending meetings, the groundwork for behavioral change is established through the process of fellowship, empathy, and sharing with other alcoholics (Stone et al., 2017). For participants in this research study who indicated success with continuous sobriety for more than a year, regular meeting attendance was vital. Participants who had trouble staying sober noted that their AA meeting attendance was sporadic and often dwindled to none before relapse. Through regular AA meeting attendance, individuals learn coping skills by listening to and modeling more experienced members and get empathetic support from a peer network which significantly increases their chances of staying sober.

Sponsorship was another concept that emerged during this study that participants reported contributed to their ability or inability to stay sober. The participants who had sponsors and utilized their experience to help them complete the 12-Steps of AA and spent time attending meetings and other

events with their sponsors reported important positive sobriety outcomes. The participants who said they did not have a sponsor during the interview process experienced a pattern of chronic relapse and significant difficulties staying sober for a year or more. One other significant theme that emerged and related to sponsorship was being of service. The participants who had considerable sobriety time, a year or more, shared during the interview process that they sponsored other men who were newcomers to the AA program. The AA big book text, chapter seven, entitled "Working with Others," discussed the importance of one alcoholic helping another alcoholic stay sober by sharing how they are staying sober (Wilson, p.89, 2001). During the interview process, participants who did not work with other alcoholics reported having difficulty staying abstinent for a year or more and acknowledged that they did not work with others as suggested by AA members. 12-Step work was another common theme identified in the study that influenced participant outcomes in maintaining continuous sobriety for a year or more. In chapter five of their basic text, "How it Works," AA members posited that it is a rarity that an individual fails to achieve sobriety that has followed all the suggested concepts of the AA recovery program (Wilson, p. 58, 2001). The chapter also indicates that not working the AA program as recommended usually results in adverse outcomes such as sporadic sobriety at best (Wilson, 2001). Chapter five also suggested that the men who completed the 12-Steps of AA as part of their recovery program fared better than those who did not. The men who followed the suggestion of the twelfth Step of sharing how

they stayed sober with others suffering from AUD maintained their sobriety (Wilson, 2001). During the interviews, participants confirmed that when they followed all the AA concepts, including working all 12-Steps, they achieved and maintained continuous sobriety. In fact, many of the participants who achieved long periods of sobriety reported that they struggled to maintain abstinence from alcohol before completing the 12-Steps. Furthermore, these participants also noted that the longevity of their sobriety resulted from them completing the 12-Steps and incorporating the twelfth Step into their daily lives.

Having a homegroup was another factor participants interviewed reported played a significant role in their maintaining or lack of retaining sobriety. According to approved literature by the AA General Service Conference (GSC), the AA Homegroup member has accepted service commitments, being of service, and is open to developing and maintaining friendships with other individuals desiring to stop drinking alcohol (GSC, 2019). The literature also described a homegroup as a place where members feel that they are a part of a fellowship or family and creates an environment conducive to recovery because everyone there accepts a common goal: to stay sober (GSC, 2019). This strong bond coincides with SLT, emphasizing the importance of social settings that promote the desired behavior modeling. In the case of AA homegroups, the environments are sober, and the members model sober living and provide support for others seeking a sober lifestyle. Participants also reported that the homegroup was a place where they could go and feel welcome. Participants

stated that the importance of the homegroup setting was that it provided a place to meet with peers, participate in service work such as making the coffee or leading the meeting, meet with their sponsors and sponsees, and be around others who desire to stop drinking. Study participants reported this common theme as essential to maintaining sobriety and developing sober lifestyles.

Being of Service was reported as another substantial sobriety component that emerged from participants interviewed in the study. Members of AA said that being of service was an essential component of the 12-Step recovery program (Wilson, 2001). The initial purpose of being of service was for the recovering alcoholic who had been freed from the obsession to drink was to share how they achieved their sobriety by following the suggested concepts of AA (Wilson, 2001). In chapter seven of the AA big book, how to share the AA recovery program with others is explained in great detail. Chapter seven focused on finding potential alcoholics in the local hospitals and homeless shelters (Wilson, 2001). The chapter also discussed practical ways to approach prospects for the program by empathetically sharing how they struggled with alcohol and what they did to get sober (Wilson, 2001). As time evolved and the development and importance of a homegroup setting emerged, and being of service has grown to include meeting set up, making the coffee, being a greeter (GSC, 2019). Other service work consisted of a six-month to a one-year commitment to an AA meeting as a leader or secretary of the meeting, providing literature, or as the treasurer (GSC, 2019). Participants shared during the interview process for this

study that having a commitment and being of service were vital pieces of the suggested AA program and are essential to their efforts to get and stay sober.

The Higher Power concept was another theme that emerged as a reason noted by interview participants that contributed to their sobriety or lack of abstinence. A recent study found that individuals experiencing AUD often report a lack of spirituality and purpose, whereas individuals who participated in some type of support group like AA report an increased sense of purpose and well-being (Bluma, 2018). Moreover, Bluma (2018) posited that those who attend peer support groups reported an increase in their sense of spirituality and self-efficacy, allowing them to better cope with life stressors and thus stay sober. The study also showed that in some instances, AA was more effective in helping individuals maintain long-term sobriety due to the spiritual connectedness of regular interaction with other spiritually-minded individuals (Bluma, 2018). The research found that participants who actively engaged in the Higher Power concepts of AA stayed sober longer than those who struggled or rejected the Higher Power concept (Bluma, 2018).

Implications of Findings for Micro and Macro Practice

According to the World Health Organization (WHO), globally, alcohol causes over 3 million deaths per year, around 5% of all deaths in the world today (WHO, 2018). The estimated worldwide AA active membership as of 2020

totaled over 2 million members and over 129 thousand groups worldwide (Alcoholics Anonymous World Services, 2021).

This study provides social workers and others with a clearer understanding of AA as a free and effective support resource for individuals experiencing AUD. The themes of AA meeting attendance, sponsorship, 12-Step work, having a homegroup, being of service, and a Higher Power concept that emerged from this study will benefit social workers providing comprehensive services and case management for these individuals and their families on a micro and macro practice level. Moreover, the information gleaned from this research study will also provide valuable data for clinicians working with co-occurring clients and patients where AUD is the secondary diagnosis and having difficulty treating the primary disorder due to the individuals' alcohol use.

The results of this research may well be utilized as a bridge between treatment and the healthcare community, allowing for a transitional discharge plan that includes critical elements of SLT. The AA model presented in this study can also be used as an advocacy tool for social workers lobbying for individuals suffering from AUD to provide treatment rather than incarceration. Kelly et al. (2020) found extensive evidence through the Cochrane study that AA as an intervention is equally or better than other well-known therapies for improving an individual's length of sobriety rates. The study showed that AA also accomplishes this increased abstinence at a much more reduced cost and reduces the burden on the healthcare system due by lowering incidents of hospital visits, missed

workdays, and social issues (Kelly et al., 2020). These and other study results should encourage social workers and clinicians to make AA an essential part of their comprehensive AUD treatment program recommendations. It is also hoped that future qualitative studies include AA members, so the true nature of AUD and effective treatment solutions are better understood on a micro and macro level.

Summary

This chapter first examined the study participant in terms of demographics. Second, it discussed the theories developed during the open coding phase. Third, a discussion of the extensive analysis that occurred during the axial coding stage. The chapter concluded with the implications of the research study for micro and macro social work practice.

CHAPTER FIVE

TERMINATION AND FOLLOW-UP

Introduction

In this chapter, the study termination process and how the findings were communicated to participants are discussed. Then, the ongoing relationships with the participants of the study are addressed. Lastly, dissemination of the information is provided, and a summary concludes the chapter.

Termination of the Study

Before the end of the study, participants were informed as soon as possible of the termination date. Gratitude was extended to all participants and those instrumental in facilitating the research. A debriefing process was initiated, and referral resources were provided as needed. Participants were also informed that copies of the study were available upon request from the CSUSB library. The researcher contacted each participant and finders that had given permission and provided additional resources and information as requested.

Communicating Findings of Study to Finders and Participants

Due to Covid-19 restrictions, a research presentation to the finders and participants of the research project was not possible when this study concluded.

The researcher will provide copies of the final study report for both the finders and the study participants if requested.

Ongoing Relationship with Study Finders and Participants

The researcher's contact information was made accessible to all participants and finders for further questions about the study. The researcher will also reach out to the participants' finders and offer a follow-up meeting with participants to see if they have any needs that the researcher can render.

Dissemination Plan

The paper will be published in the CSUSB Scholar Works, and a poster will be presented on poster day. Another possible way to disseminate the study results is to request publication in the AA recovery magazine, the "Grapevine," which is an open-source publication that provides information, news, events, and other information to the recovery community.

Summary

This study explored the effectiveness of alcoholics anonymous in helping adult men recover from alcohol use disorder. In this chapter, the study's termination and communicating findings to the participants and finders were discussed. Next, the ongoing relationship with participants and finders was discussed. Finally, a dissemination strategy was presented.

APPENDIX A:
PERMISSION LETTER

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2020-199

Kenneth Wiggins Gretchen Heidemann

CSBS - Social Work, Users loaded with unmatched Organization affiliation.

California State University, San Bernardino

5500 University Parkway

San Bernardino, California 92407

Dear Kenneth Wiggins Gretchen Heidemann

Your application to use human subjects, titled "The Effectiveness of Alcoholics Anonymous in Helping Adult Men Recover from Alcohol Use Disorder," has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino, has determined your application meets the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. The exempt determination does not replace any departmental or additional approvals which may be required. You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study. Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2020-199 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Donna Garcia

Donna Garcia, Ph.D., IRB Chair

CSUSB Institutional Review Board

DG/MG

APPENDIX B:
RECRUITMENT FLYER



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This study has been approved by the California State University, San Bernardino Institutional Review Board.

Participants Needed For an Important Study To Improve Recovery Outcomes.

The study will be conducted by Ken Wiggins, an MSW student from the School of Social Work, California State University, San Bernardino.

The participants for this study will consist of 6 to 10 males of any ethnicity, ages 21-67. Participants must have had or are having problems with alcohol and have some level of involvement in an AA 12-Step program of recovery. The study will take 20-30 minutes. Zoom will be used whenever possible, and, when not possible, the interview will be conducted by phone. If you would like more information about participation, please contact:

Ken Wiggins (researcher) at 619-977-5346 or wiggins_k@msn.com

APPENDIX C:
INTERVIEW QUESTIONS
DEVELOPED BY THE RESEARCHER

**This study has been approved by the California State University,
San Bernardino Institutional Review Board.**

Questions to Determine Suitability for Participation in the Study
To determine if the participant is using AA or not using AA as a support vehicle for their recovery, each participant will be asked, "Are you working an AA program which consists of 5 main points:

1. Do you have a sponsor?
2. Are you working, or have you completed all 12-steps?
3. Do you have a home group?
4. Are you of service by helping others trying to recover?
5. Do you have a concept of a Higher Power?

These are the basics of the AA 12-step program that everyone accepts, and self-report is allowed in the community.

Interview Questions

1. Has your alcohol use caused unmanageability in your life?
2. At what age do you believe your problem with alcohol began?
3. How long did you struggle to get sober/abstain?
4. How many times have you been in a detox facility, including an Emergency Room that was alcohol-related?
5. How many times have you been to a residential treatment center (RTC)?
6. What was your longest period of continuous sobriety/abstinence?
7. Was that a happy/pleasant time? Why?
8. How did you achieve that sobriety/abstinence?
(what did you do or not do, etc.?)
9. Do you attend Alcoholics Anonymous meetings? How frequently?
10. Do you have a home group?
11. Do you have a sponsor?
12. Have you completed all the 12-Steps?
13. Do you sponsor or help others who are seeking help through Alcoholics Anonymous?
14. Do you have a concept of a Higher Power?
15. What would you say to the Alcoholic who is struggling to get sober?

APPENDIX D:
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the effectiveness of Alcoholics Anonymous (AA) in helping adult men living in San Diego County recover from alcohol use disorder/alcoholism. The study is being conducted by Ken Wiggins, a graduate student under the supervision of Dr. Gretchen Heidemann of the School of Social Work at California State University, San Bernardino (CSUSB). The Institutional Review Board has approved the study at CSUSB.

PURPOSE: The purpose of the study is to examine the effectiveness of AA in helping adult men recover from alcoholism from the AA member's perspective.

DESCRIPTION: Participants will be asked questions regarding the current status of their sobriety and to what extent they feel AA has helped or not helped and why?

PARTICIPATION: Your participation in the study is voluntary. You can refuse to participate in the research or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: The information obtained and responses you provide during the interview will be recorded by the investigator in such a manner that your identity cannot be ascertained. The investigator will not record your name, date of birth, address, detailed demographic information, or anything else specific enough to identify you personally. Your facial and emotional gestures may be recorded confidentially in a journal to help the researcher maintain the study's human aspect. The interview recordings will be deleted immediately after being transcribed. Transcriptions will be stored on a password-protected computer accessible only to the researcher. The transcriptions will be destroyed after data analysis, and the final report is complete by the conductor Ken Wiggins.

DURATION: The interviews will last 30 to 45 minutes and can be terminated at any time. Your sponsor or a support member can be present at your discretion.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer, and you can skip any question or end your participation at any time. In addition, you may have your sponsor or others present during the interviews for support. You may also utilize the following helpline services:

1. Alcoholics Anonymous San Diego Central Office: (619) 265-8762, or sdaaco@aol.com
2. SAMHSA's National Helpline 1-800-662-HELP (4357)
3. Or <https://www.samhsa.gov/find-help/national-helpline>

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Heidemann at (909) 537- 3501.

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino, after May 2021.

Once you have read and signed this consent form, please return it to me at the secure email address or fax provided. You may also have this document hand-delivered by your sponsor. I encourage social distancing for all transactions.

I agree to have this interview and my agreement to the above read informed consent form be audio recorded. Please answer Yes or No _____ YES _____ NO.

I understand that I must be 18 years of age or older to participate in your study. I have read and understood the consent document and agree to participate in the study.

Place an X mark here

Date.

APPENDIX E:
DEBRIEFING STATEMENT

Debriefing Statement

The study you have participated in is designed to examine the effectiveness of Alcoholics Anonymous in assisting adult men to recover from alcoholism. No deception was used in the study. Thank you for participating in this study. Please address any questions or concerns relating to this study.

Please, contact The School of Social Work CSUSB 5500 University Parkway San Bernardino, CA 92407. A copy of the study results will be available upon request at the end of the Spring quarter in May 2021.

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