

Title: The influence of religiosity on AA participation and adolescent treatment response.

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Summary:

Purpose: Higher religiosity among adults is associated with greater participation in Alcoholics Anonymous (AA) and other mutual help groups of recovery, involvement in which is linked to improved alcohol outcomes. This study examines the influence of lifetime religiosity on AA participation and mediated effect on adolescent treatment outcomes.

Methods: The sample consisted of 195 adolescents court-referred to residential treatment. Inclusion criteria included: stable contact information, 14 to 18 years of age, consent, medical detoxification, no major health problem, and not currently suicidal/homicidal. A semistructured 90-minute interview was conducted with adolescents at treatment entry and two months later at treatment discharge.

Lifetime religiosity was assessed using subscale scores from the Religious Background and Behaviors Questionnaire (formal practices and god-consciousness). Three indices of AA participation were assessed: the number of meetings attended during the 2 month treatment period, step-work assessed with the GAATOR, and AA-related helping (AAH) assessed with the Service to Others in Sobriety (SOS) questionnaire. Dependent variables included: positive toxicology screens for alcohol, alcohol-related craving assessed with the Adolescent-Obsessive Compulsive Drinking Scale, the clinician-rated Children's Global Assessment Scale (CGAS), and three Narcissistic Personality Inventory (NPI) subscales (entitlement, exhibitionism, vanity). Controlling for baseline covariates, mediational analyses explored the relationship between adolescent lifetime religiosity, AA participation, and treatment outcomes. **Results:** Elevated formal practices were associated with higher GAATOR and SOS scores, which were linked to improved AOD outcomes, CGAS scores, and reduced entitlement. The GAATOR significantly mediated the effect of lifetime formal practices on increased abstinence from alcohol. The SOS mediated the effect of lifetime formal practices on reduced craving symptoms and entitlement.

Conclusions: Formal religious practices encourage giving service, confession, redemption, and surrender, which may better prepare youth to make progress through the 12 steps and to help others. As a result of this facilitated assimilation into mutual help groups, these youth appear to have a better response to residential treatment. Those youth entering treatment with low or no formal religious practice may require greater 12-step facilitation or a different approach to derive equal benefit from treatment.

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