SERVICE TO OTHERS IN SOBRIETY (SOS)

M.E. Pagano, PhD 1, A.R. Krentzman, PhD 2, C.C. Onder, BA 1, J.L. Baryak, BA 1, W.H. Zywiak, PhD 3, & R.L. Stout, PhD 3

1Case Western Reserve University, Department of Psychiatry, Division of Child Psychiatry, Cleveland, OH
2University of Michigan Addiction Research Center, Ann Arbor, MI
3Decision Sciences Institute, Pacific Institute for Research Evaluation (PIRE), Providence, RI

Abstract

Alcoholics Anonymous (AA) participation offers a unique opportunity for both treatment research and practical application. This study provides psychometric findings for the Service to Others in Sobriety (SOS), a brief self-report inventory that assesses helping behaviors and related AA involvement. The SOS can serve as a useful instrument for assessing levels of AA involvement, accessible to all, and available both inside and outside AA meetings. The SOS can be administered at the start of treatment and repeated at one-week intervals. The SOS can be administered as a brief tool: Service to Others in Sobriety (SOS)

Introduction

• Helping others helps the alcoholic helper
  – Reduced risk of relapse following treatment (Pagano et al., 2004)
  – Reduces depression (Pagano et al., 2005)
  – Helping beneficial during treatment (Jemence, Kukulska, Ammon, 2004)

• Limitations of prior research
  – AAH narrowly defined (being a sponsor and/or 12th step work)
  – Lack of consensus about AAH construct
  – SOS administered again one week later

Objective

To explore the psychometric properties of a brief tool: Service to Others in Sobriety (SOS)

Method

• 32 alcoholics recruited from the Case Monitoring II (CMII) investigation
• Surveyed 3 years post treatment
  – SOS
  – SOS administered again one week later
  – AA Involvement scale (AAI)
  – Prosocial Personality Battery (PSB)
  – Hypersensitivity Narcissism Scale (HSNS)

Results

Sample

High versus Low AAH: Selection of SOS Cut-Off Scores

Construct Validity

SOS Component Structure and Test-Retest Reliability

Table 1: Correlation Matrix of Service to Others in Sobriety (SOS) Component Structure and Test-Retest Reliability

Table 2: Comparison of Difference in Others in Sobriety (SOS) Cut-Off Scores Using the Two-Tailed t-Test of AHP

Table 3: Comparison of Difference in Others in Sobriety (SOS) Cut-Off Scores Using the Two-Tailed t-Test of AHP

Table 4: Comparison of Difference in Others in Sobriety (SOS) Cut-Off Scores Using the Two-Tailed t-Test of AHP

Conclusions

• Sample representative of CMII participants
• 3 years post treatment, 28% reported high AAH, covert narcissism levels similar to general population
• Personal distress assistance more common than formal AAH (step-work, sponsorship)
• SOS a valid and reliable measure
  – Single factor construct
  – Adequate internal consistency
  – Excellent test-retest reliability
  – Evidence for construct and convergent validity measures

Limitations

• Self-report instrument
• Small sample for in-depth study of AAH
• Association rather than causation: relationship between SOS scores and construct validity measures

Clinical Implications

Utility of the SOS
  – Identifies alcoholics low in AAH
  – Inform treatment planning and recovery progress
  – Less than 5 minutes to administer and score
  – Treatment outcome measure
  – SOS items
    • accessible to all
    • relevant for all stages of recovery
    • Do not depend upon 12th step meeting attendance

Acknowledgements

This study was supported by federal grants K01 AA05137 to Dr. Pagano and R01 AA009907 to Dr. Stout from the National Institute on Alcohol Abuse and Alcoholism (NIAAA).