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Evaluating Alcoholics Anonymous Sponsor Attributes Using Conjoint Analysis

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Abstract

Alcoholics Anonymous (AA) considers sponsorship an important element of the AA program, especially in early recovery. 225 adult individuals who had experience as either a sponsor, sponsee, or both, participated in a hypothetical sponsor ranking exercise where five attributes were varied across three levels. Conjoint analysis was used to compute part-worth utility of the attributes and their levels for experience, knowledge, availability, confidentiality, and goal-setting. Differences in utilities by attribute were found where confidentiality had the greatest overall possible impact on utility and sponsor knowledge had the least. These findings suggest qualitative differences in sponsors may impact their effectiveness. Future research on AA should continue to investigate sponsor influence on an individual's overall recovery trajectory.

Keywords

conjoint analysis; Alcoholics Anonymous; AA; sponsorship; sponsor; sponsee; part-worth utility

A large segment of the adolescent and adult population of the United States meet criteria for substance use disorder (SUD) with alcohol or other drugs (AOD). The 2013 National Survey on Drug Use and Health (NSDUH) approximated 21.6 million individuals or nearly 9% of the population aged 12 or older met the DSM-IV criteria for abuse or dependence of AOD (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014). Of those individuals reporting treatment for SUD (4.0 million in 2013), 57% or 2.3 million utilized self-help groups (SHG) (SAMHSA, 2014). The NSDUH defines SHG as non-professionally led groups including or similar to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) (SAMHSA, 2014). Since SHG are a dominate treatment protocol their efficacy has significance for overall SUD outcomes.

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Several long term studies suggest that AA involvement is related to higher rates of abstinence, fewer drinking problems, greater self-efficacy, and better social functioning (Magura, Clelland, & Tonigan, 2013; Moos & Moos, 2006; Moos, Schuette, Brennan, & Moos, 2009). Weekly meeting attendance or greater was also found to be predictive of higher odds of abstinence for both Narcotics Anonymous (NA) and AA over a five year study (Gossop, Stewart, & Marsden, 2008). Using an epidemiological causality model, Kaskutas (2009) matched current research studies and findings for AA effects arguing substantive evidence for AA efficacy.

Sponsorship functions an important element of the AA paradigm. The sponsor provides information on AA, acts as an empathetic friend, and introduces the sponsee to others in recovery. Finding a sponsor is especially encouraged for a newcomer to AA as this gives the newcomer a reliable and consistent source of support (AA, 2010). Research on sponsorship has focused generally on the presence or absence of a sponsor as a predictor of AA affiliation or SUD outcomes (Witbrodt, Kaskutas, Bond, & Delucchi, 2012; Young, 2012).

Research suggests sponsorship represents an important aspect of AA affiliation. This relationship has been documented in studies of AA involvement (Bond, Kaskutas, & Weisner, 2003; Major, Jason, Ferrari, & Miller, 2011; Subbaraman, Kaskutas, & Zemore, 2011) and the relationship with future drug and alcohol usage (Cloud, Zeigler, & Blondell, 2004; Kingree & Thompson, 2011; Tonigan & Rice, 2010; Witbrodt, Kaskutas, Bond, & Delucchi, 2012). In addition, having a sponsor significantly reduced the likelihood of an individual dropping out (Kelly & Moos, 2003), and the initiation of AA helping behaviors was associated with actively being under sponsor stewardship (Pagano, Zemore, Onder, & Stout, 2009).

Sponsorship also has risks. AA stresses several pitfalls including: 1) dependency, 2) misuse of perceived authority, 3) misuse of a counseling role, and 4) imposition of a personally biased AA worldview. All of these may put the sponsee at risk for successful transition to sobriety (AA, 2010). The risk of dependency is emphasized as a natural characteristic of an individual with SUD (Brown, 1995). Thus, there is reason to believe sponsorship qualities may affect recovery outcomes.

The use of conjoint analysis in evaluating preferences in the health care field is relatively nascent but expected to grow (Bridges, Kinter, Kidane, Heinzen, & McCormick, 2008). Recent studies in health have included an evaluation of consumer preferences for HIV test attributes (Phillips, Maddala & Johnson, 2002), research on individuals' preferences for cigarette and alcohol cessation (Flach & Diener, 2004), an investigation of the economic value of informal care (van den Berg, Maiwenn, van Exel, Koopmanschap, & Brouwer, 2008). Conjoint methods have also been used in research in quality adjusted life years (QALY) (Flynn, 2010). Recently a task force representing the International Society for Pharmacoeconomics and Outcomes Research reported on a standard checklist for good practices when using and reporting conjoint analysis in research (Bridges, Hauber, Marshall, Lloyd, Prosser et al., 2011).

Conjoint analysis is grounded in conjoint measurement theory, first mathematically developed by Luce and Tukey (1964). This theory allows for the use of ordinal preferences to be decomposed into relevant attribute part worths or marginal utilities. The general idea for psychology is that most people make relative preference decisions based on a bundle of attributes conjointly (or simultaneously) evaluated. This holistic evaluation can then be used to calculate relative importance weights for observed attributes (Krantz & Tversky, 1971). For example, individuals choose cars, but cars have an array of attributes that may influence individuals' preferences—e.g. safety, reliability, resale value, performance, mileage, etc. Conjoint analysis uses an ordinal ranking of car preferences (e.g. Toyota Corolla, Ford Mustang) to estimate the part worth utilities and tradeoffs between attributes (e.g. mileage vs. performance).

The general model for an additive conjoint model utilizes an observed ranking, rating, or choice dependent variable as a function of a combination of attributes. In a basic formulation, it is an ANOVA with an ordinal dependent variable. This formulation allows for nominal, ordinal, or interval attributes (e.g. a car that is red, goes fast, attracts attention, and gets 27 mpg). In addition, the associated part worth utilities do not have to assume a monotonic form (e.g. a fast car may have a part worth utility greater than a slow car, but a super-fast car may have a lower part worth utility than a slow car). Conjoint analysis is most often used to evaluate consumer preferences and attribute tradeoffs (e.g. does being rich make up for not having a sense of humor?).

Monte Carlo simulation studies of conjoint analysis have demonstrated the procedure to be superior to linear modeling (forcing the assumption of monotonicity), robust with respect to the dependent variable measure (ranking, rating, and choice--although ranking is the theoretically better measure), and the assumption of orthogonal designs (e.g. attribute independence) (Carmone, Green, & Jain, 1978; Elrod, 1992). The present study used ranking data on hypothetical Alcoholics Anonymous sponsor attribute profiles to evaluate part worth utilities of availability, experience, knowledge, confidentiality, and goal-setting behavior.

This exploratory investigation focused on the characteristics of an effective AA sponsor for an individual with SUD early in recovery (working their initial 12 step program). Five attributes were chosen to investigate based on their relationship to specified functions described by AA (AA, 2010), findings from sponsors that were generally supportive of the AA model (Whelan, Marshall, Ball, & Humphreys, 2009) and confidentiality as a risk (Brown, 1995). These five attributes were experience with AA, knowledge of AA, availability, level of confidentiality, and the structuring of goals or goal-setting. The major research goal was to measure the utility profiles of these five attributes—experience, knowledge, availability, confidentiality, and goal-setting—and their relative part worths to better understand possible differences in sponsorship effectiveness. In addition, did these utility profiles differ by sex (female/male) or current role (sponsor/sponsee) and if so, what were these differences?

Method

This investigation utilized a convenience sample of anonymous adult individuals in recovery from SUD in a cross-sectional, self-report design that was administered at the 2010 World Oxford House Convention. Oxford House (OH) is an operating model of a communal, democratically governed recovery residence for individuals with SUD. Six to 10 same sex residents share a rental home without limits on length of stay. The major house rules require residents to stay clean and sober, cover their share of expenses, maintain order, and share in house work (Jason et al., 2007). Individuals in residency are encouraged to participate in recovery related activities such as AA meetings. Oxford House is listed on SAMHSA's Registry of Evidence-Based Programs and Practices (SAMHSA, 2011).

Participants

109 (48.2%) females and 116 (51.3%) males participated in the study. White, not of Hispanic origin ($n = 163$, 72.1%) and African Americans ($n = 41$, 18.1%) comprised most of the sample. The average age was 40.9 years ($Md = 41.0$, $SD = 10.7$, minimum age = 20, maximum age = 72) with a median educational level of some college (35.1% of the sample). High school equivalency was achieved by 94.3% of the sample. Nearly fifty percent of the individuals were single, never married (47.6%) and 42.6% were separated or divorced.

Approximately 4 out of 5 participants currently lived in an Oxford House (80.5%) with the balance being mostly Oxford House alumni. The current average length of stay was 19.5 months ($Md = 12.0$, $SD = 20.7$). The average length of abstinence was 47.5 months ($Md = 29.5$, $SD = 54.4$). All of the participants for these analyses identified as having been a sponsor, sponsee, or both. Of the 225, 109 had been or were sponsors.

Measures

For this study, the conjoint method involved participants ranking hypothetical sponsors, each of whom was defined by their measures on five different characteristics. A participant was given a set of nine same sex sponsors (e.g. females were given female hypotheticals, males were given male hypotheticals) which differed on the bases of experience, knowledge, availability, confidentiality, and goal-setting behavior. Each participant then ordered these nine sponsors in their ranking of perceived sponsor effectiveness. The nine cards that represented a set of sponsors had attributes that were determined by a design of experiments (DOE). The DOE structured the evaluation of the possible attribute and level combinations (243 possibilities given three levels and five attributes) as three sets of nine sponsors (27 unique combinations). Each participant was randomly allocated one set of nine hypotheticals to rank order. Three examples of hypothetical sponsors:

Sponsor X

Sponsor X is new to being an AA sponsor and her knowledge of AA, 12-step, and substance abuse recovery is mainly just personal. She is always available 24/7 but she has been known to slip occasionally with confidentiality. She takes a hands-off approach and lets the sponsees set their own goals.

Sponsor Y

Sponsor Y is new to being an AA sponsor but she is widely recognized for being very knowledgeable about AA, 12-step, and substance abuse recovery. She is always available 24/7 and she always maintains confidentiality. She takes a structured approach and sets goals for her sponsees.

Sponsor Z

Sponsor Z is a seasoned veteran at being an AA sponsor and she is widely recognized for being very knowledgeable about AA, 12-step, and substance abuse recovery. It often takes a second call to reach her, but she always maintains confidentiality. She takes a hands-off approach and lets the sponsees set their own goals.

Each participant, then, provided nine rankings (1→9) that were associated with the hypothetical sponsors, each sponsor having a unique combination of levels across five attributes (experience, knowledge, availability, confidentiality, and goal-setting).

Results

The calculations of the utility profiles were done by using conjoint analysis methods as implemented by SYSTAT, a statistical package (SYSTAT Software, 2007). This analysis procedure solves for the maximization of Kendall's tau (τ) in a loss function of $1 - (1 + \tau)/2$ where $-1 \leq \tau \leq 1$. For this analysis, the loss function converged at .2947997 and $\tau = 0.410$ where $\tau = 1.00$ would be a perfect match of rankings. Kendall's tau is a rank correlation coefficient that can be transformed to an equivalent Pearson coefficient ($r = \sin(.5\pi\tau)$) for interpretation purposes if desired (e.g. $\tau = .41 \rightarrow r^2 = .36$). The estimated part worth utilities are presented in Table 1. In this analysis, estimated coefficients reflect relative distances and the sum of all part worth utility coefficients is always equal to zero (0). Thus, negative utilities represent utilities that are less than average and positive utilities represent greater than average utility.

These coefficients represent the part-worth utility of an attribute given the level of the attribute as derived from a conjoint (taken as a whole) assessment of a bundle of five attributes at varied levels. For this analysis, confidentiality has the highest possible level of utility (0.641), but the biggest gain in utility is simply going from low to a moderate level of confidentiality (part-worth utility of .698). The greatest gain from going from a medium to high level is for availability (.251). If an individual were endowed with one low attribute, two medium level attributes, and two high level attributes, the utility maximizing combination of characteristics would be low knowledge, moderate confidentiality and goal-setting, and high levels of availability and experience (Total utility = 0.630). Figure 1 has the slopes for these derived part-worth utilities in graphic form. The range of part-worth utilities for any single attribute is also an important indicator of relative overall importance. For example, confidentiality has the largest overall range (.82) while knowledge and goal-setting ($\approx .18$) have materially smaller possible changes on overall utility.

Some noteworthy themes emerge in this conjoint experiment of holistically evaluating a bundle of sponsor attributes and their levels. First, maintaining some respectable level of confidentiality seems to be critical for a sponsor to be effective. Being available and actively

engaging in goal-setting also appear to be positively valued attributes. Experience is progressively and ultimately positively valued. Knowledge has low overall utility, a narrow range of contribution, and a non-monotonic slope. Since this analysis is ultimately, non-parametric, and therefore, descriptive in nature, perhaps a possible conclusion for knowledge is that changes in knowledge did not seem to materially affect overall utility. Therefore, knowledge exhibited the least leverage on overall utility formation.

Two additional conjoint analyses were performed to descriptively observe whether profile part-worth utility plots change perceptibly by sex or sponsor/sponsee as group conditions. Table 2 has the part-worth utilities for this analysis. Graphical representations of attributes with the greatest differences between females and males exhibit little to no difference in levels or patterns (See Figure 2).

The grouping methodology required independent analysis by group, thereby reducing the effective sample sizes by about half. The part-worth coefficients changed in some instances from the full analysis, although for most attributes, the change is only relative in nature. For knowledge, however, changing to groups has led to a positive monotonic slope. The major finding of this analysis, which was to compare female and male conjoint evaluations, is that female and male conjoint appraisals are indistinguishable and knowledge of a person's sex would not lead to a prediction difference of part-worth utility of sponsor characteristics.

The group analysis of sponsor/sponsee role also resulted in generally close part-worth utility coefficients. Overall, the example graphs with the greatest differences (Figure 3) exhibit close matches in level and shape. From an exploratory perspective, one difference is interesting to note. The largest difference between sponsees' and sponsors' evaluations concerns having the sponsee being left to set their own goals. Sponsees view this much more negatively than sponsors do. In general, sponsees and sponsors tend to appraise part-worth utilities in a generally similar manner. Differences between females and males, sponsees and sponsors were small even as exploratory descriptive differences.

Discussion

Confidentiality exhibited the largest range of possible contribution to utility followed by experience, availability, goal-setting, and knowledge. As identified by this analysis, the greatest single utility contribution came from going from low to moderate confidentiality. In addition, confidentiality was the most important attribute given its overall magnitude. With respect to possible group differences between females and males, or sponsors and sponsees, no significant differences were found. Thus, while there were material between-participant differences in what constitutes an effective AA sponsor, there was little evidence of between-group differences as defined by sex or the sponsor/sponsee role.

Availability scored highly on all three analytical exercises and ranked third highest of the qualitative responses. Clearly an unavailable sponsor would likely be ineffective, but availability probably has nuances with respect to the expectations of both sponsor and sponsee. From the perspective of practice, it would seem that a general discussion of expected availability and contact would be useful between prospective sponsors and

sponsees due to the possible variation in these expectations and availability's relative importance.

Structure seemed to be an important theme. Letting the sponsee set their own goals was negatively valued and even more negatively valued by sponsees. These results strongly suggest that sponsees are looking to the sponsor to provide requisite structure for the sponsee to progress in recovery. The nature of this structure might vary significantly between individuals, but the evidence suggests that sponsees see the role of the sponsor as more than just an information source or advice giver on the AA program. From a practical standpoint, an a priori discussion on this topic would seem to be beneficial and importantly, the sponsor should be expectant of having to provide leadership in helping a sponsee chart a promising recovery path.

These conjoint results support the perspective that AA sponsorship has characteristics that distinguish between effective and ineffective sponsorship. This would suggest AA sponsorship can be effective, but not always, so that current literature that ties sponsorship to results with a dichotomous variable may be understating the effects of an effective sponsor and overstating the effects of an ineffective sponsor. Another implication has to do with overall AA affiliation effects. Spillover or contagion effects, positive or negative, to overall program compliance due to sponsor relationship effects. To the extent AA program elements are not independent, an improved AA sponsor relationship might have a generative effects on AA effects overall.

This exploratory research has limitations including its cross-sectional, self-report design with a convenience sample. Although this sample has experience and interest generally in AA and AA sponsorship, they've also been associated with Oxford Houses which are communal, democratically-operated, recovery residences. No theories of sponsorship mechanisms or effectiveness were proposed or tested. This research was designed to measure the relative worth of level differences across five attributes ranked in a holistic scheme.

From a practice perspective these differences argue for substantive dialogue between potential sponsor/sponsee dyads so that expectations and relationship behaviors can be best harmonized. In addition, these data suggest that beginning sponsors have wide latitude around confidentiality, availability, and goal-setting that might distinguish between being effective and ineffective. Future research should continue to focus on distinguishing better practices for sponsor/sponsee dyads including longitudinal studies that measure relationship quality over time and its association with improved recovery outcomes.

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Highlights

- Participants are 225 adults experienced with Alcoholics Anonymous sponsorship
- Exploratory investigation to better understand qualities that may be more indicative of effectiveness
- Hypothetical sponsors ranked in attractiveness with attributes evaluated with conjoint analysis
- Confidentiality differences had the greatest potential influence while knowledge had the least

Figure 1.
Part-worth utility coefficients by attribute and attribute level.

Figure 2. Part-worth utility coefficients by attribute by level by sex for availability, confidentiality and goal-setting.

Figure 3. Part-worth utility coefficients by attribute by level by role for availability, confidentiality, and goal-setting.

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Table 1

Part-worth utility coefficients for attributes by levels (L, M, H)

	Experience	Knowledge	Availability	Confidentiality	Goal-Setting
Low	-0.288	-0.086	-0.285	-0.182	-0.165
Medium	-0.026	-0.190	-0.141	0.516	-0.050
High	0.140	-0.018	0.110	0.641	0.023

Table 2

Part-worth utility coefficients by attribute, by level, and by sex and role

	Male	Female	Sponsee	Sponsor
Part-worth Utility Coefficients				
EXPER(L)	−0.295	−0.276	−0.271	−0.299
EXPER(M)	0.083	0.111	0.084	0.101
EXPER(H)	0.202	0.196	0.220	0.203
KNOW(L)	−0.154	−0.154	−0.205	−0.094
KNOW(M)	0.042	0.036	0.082	−0.018
KNOW(H)	0.158	0.152	0.136	0.171
AVAIL(L)	−0.077	−0.139	−0.081	−0.104
AVAIL(M)	0.022	0.023	0.021	0.020
AVAIL(H)	0.122	0.145	0.122	0.137
CONFI(L)	−0.546	−0.527	−0.485	−0.580
CONFI(M)	0.147	0.139	0.136	0.157
CONFI(H)	0.247	0.213	0.229	0.243
GOAL(L)	−0.202	−0.178	−0.260	−0.106
GOAL(M)	0.101	0.154	0.112	0.106
GOAL(H)	0.150	0.105	0.161	0.065