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An Exploratory Investigation of Important Qualities and Characteristics of Alcoholics Anonymous Sponsors

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Abstract

Alcoholics Anonymous recommends members to have sponsors, especially those early in their recovery, yet little research has been done on the qualities of an effective sponsor. 245 adults (117 females, 128 males) currently in substance use disorder recovery participated. 231 of these individuals had experience as a sponsor, sponsee or both (109 had experience as a sponsor). Qualitative results suggest effective sponsors are currently engaged in the program on a personal level, are trustworthy, and are available although a wide variety of attributes were cited. In a choice and ranking exercise, 12- step engagement and qualities of character were also most often ranked highly. No significant differences were found between genders or sponsor/sponsee roles. Implications based on breadth of responses and dominant themes are discussed as well as the need for further research on sponsor/sponsee characteristics, satisfaction, and recovery outcomes.

Keywords

Alcoholics Anonymous; AA; sponsorship; sponsor; sponsee; attributes; effective

Substance use disorder (SUD) with alcohol or other drugs (AOD) affects a large segment of the adolescent and adult population of the United States. Despite prevention and treatment efforts, prevalence has remained relatively stable over the past ten years. The 2012 National Survey on Drug Use and Health (NSDUH) estimated 22.1 million individuals or approximately 9% of the population aged 12 or older fit the DSM-IV criteria for abuse or dependence of AOD (Substance Abuse and Mental Health Services Administration (SAMHSA), 2013). In 2002, approximately 22.0 million individuals were similarly diagnosed in the 2002 NSDUH survey (SAMHSA, 2003). Overall, approximately 1 in 12 individuals aged 12 or older would satisfy the DSM-IV criteria for SUD.

Of the reported 4.0 million persons engaged in some type of SUD treatment during 2012, 53% or 2.1 million utilized self-help groups (SHG) (SAMHSA, 2013). SHG is defined with the NSDUH as a non-professionally led group including or similar to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) (SAMHSA, 2013). Given SHG's majority role in SUD treatment, the efficacy of these SHG's has important implications for SUD outcomes.

Studies suggest that AA participation is predictive of greater abstinent outcomes. In a long-term, naturalistic study of individuals with alcohol SUD, greater duration of AA involvement in Year one was predictive of higher rates of abstinence, fewer drinking problems, greater self-efficacy, and better social functioning in Year 16 (Moos & Moos, 2006). In another five-year study examining the association of AA and NA meeting attendance on abstinence from opiates, stimulants, and alcohol, results indicated that weekly or greater meeting frequency significantly increased the odds of abstinence (Gossop, Stewart, & Marsden, 2008). Kaskutas (2009) matched current research studies and findings with six criteria for establishing causality in an epidemiological framework. Overall, AA research offered evidence for most criteria but given the voluntary nature of maintaining an AA protocol, some limitations are inherent in AA research (Ferri, Amato, & Davoli, 2006).

Although not formally codified in the AA recovery program, sponsorship is an integral element in AA. AA outlines three major functions for a sponsor; a source of information on AA, an empathetic friend, and a facilitator for expansion of the sponsee's social network. In AA, sponsors share as equals their own experiences with other individuals. This relationship offers more personal and continuous support for an individual member than the group meeting provides, and finding a sponsor is especially encouraged for a newcomer to AA. The sponsor is expected to encourage a confidential and comfortable interchange and act as a sympathetic, understanding friend (AA, 2010). In studies of AA, research on sponsorship has been relatively limited and has focused generally on the presence or absence of a sponsor (Witbrodt, Kaskutas, Bond, & Delucchi, 2012; Young, 2012).

Sponsorship plays a key role in AA affiliation. In an analysis of AA involvement, social network composition, and abstinence over a three year period after intake into treatment for SUD, having a sponsor was associated with both abstinence and the percentage of the social network encouraging a reduction in drinking (Bond, Kaskutas, & Weisner, 2003). A six month longitudinal study to investigate sponsorship and meeting attendance as prospective indicators of future abstinence found that sponsorship at baseline predicted abstinence rates at both three and six months (Kingree & Thompson, 2011). Having a sponsor was a significant incremental predictor of abstinence outcomes over a seven year period (Witbrodt, Kaskutas, Bond, & Delucchi, 2012). McKellar et al. (2003) used sponsorship as one of four indicators for AA involvement which was predictive of concurrent abstinence and also was predictive of future abstinence. Research by Kaskutas et al. (2002) on social networks and support had similar results where sponsorship was a significant predictor of AA involvement and AA social support with a subsequent prediction of abstinence. Evidence suggests sponsorship is a significant indicator of AA involvement and AOD usage behaviors.

Gomes and Hart (2009), in researching post-treatment AA effects in a Minnesota Model program, found that having a sponsor was positively related to future completion of AA steps as well as abstinence. Additionally, the Project MATCH data (Cloud, Zeigler, & Blondell, 2004) indicated that having a sponsor was significantly correlated with mean proportion days of abstinence. Individuals who met criteria for high attendance of AA/NA meetings also tended to have a positive relationship with their sponsor which in turn significantly increased their odds of abstinence, both concurrently and prospectively (Subbaraman, Kaskutas, & Zembre, 2011). Research examining early recovery found that

having a sponsor during months the first three months significantly increased the odds of being abstinent at months four through six (Tonigan & Rice, 2010). Overall, these results suggest that sponsorship, as measured in a simple, dichotomous manner, may be a good predictor of SUD behavior, with explanatory power incremental to other measures, as well.

Research suggests that having a sponsor is predictive of other recovery outcomes, as well. For example, 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 research has generally utilized dichotomous measures and as a result, the examination of sponsor characteristics has been limited. In regard to mental health factors, Polcin and Zemore (2004) found that psychiatric severity was negatively correlated with the likelihood of being a sponsor. From a demographic perspective, research by Young (2012) found sponsors to be older, more likely married, more likely a parent, and to have higher spirituality scores. While these demographic characteristics are suggestive of individuals with, perhaps, more stable recovery trajectories, this thread of research remains limited yet potentially still useful.

Overall, sponsorship has a significant role in the AA program although the sponsorship process is guided by several general principles rather than a strictly defined set of comprehensive protocols and rules. Empirical studies of AA often include sponsorship as an indicator of an overall involvement or affiliation measure. These studies suggest involvement is predictive of abstinence. Studies where the relations of sponsorship are uniquely captured have suggested that having a sponsor, especially early in recovery, is significantly related to the likelihood of not relapsing.

In a pilot study to explore the role of AA sponsors, researchers collected data from 28 participants who were currently active as AA sponsors (Whelan, Marshall, Ball, & Humphreys, 2009). Generally, the findings were supportive of the AA perspective on sponsorship. Major qualities and roles clustered around three major dimensions: 1) providing personal, readily available support, 2) encouraging and guiding 12-step work, and 3) carrying the AA message.

However, risks are inherent in this dyad relationship. AA stresses several pitfalls including: 1) sponsee dependency, 2) misuse of sponsorship as a means to authority, 3) misuse of sponsorship as a quasi-therapeutic 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). In a review of descriptive literature on the role of sponsorship, the risk of dependency is highlighted as a natural characteristic of an individual with SUD (Brown, 1995).

The present research attempts to better understand the qualities and characteristics that distinguish an effective sponsor through exploratory methods. This research may inform researchers, clinicians, and practitioners on functions and roles that are influential in the recovery process for an individual with SUD.

Oxford House (OH) is a network of self-governing, self-supporting recovery homes for individuals with SUD who are currently committed to abstinence. OH's are rental, single family homes inhabited, on average, by 6 to 10 same-sex residents. Residents are not limited in their length of stay. The major rules governing the house require a resident to remain clean and sober, pay a fair share of expenses, do a fair share of household chores, and not be disruptive (Jason et al., 2007).

Sponsorship is an integral component of the AA program yet most of the empirical research to date has simply measured whether or not an individual has a sponsor and/or is a sponsor. These simple dichotomous measures have been empirically powerful, but they do not inform on the qualities and characteristics that make for effective sponsorship (Rynes & Tonigan, 2011; Witbrodt et al., 2012). These qualities and characteristics have generally not been examined from a perspective of sponsor attributes and roles.

The present study was an exploratory investigation that focused on the characteristics of an effective AA sponsor for an individual with SUD early in recovery (working their initial 12 step program). The following research questions were the basis for the experimental design and methods: Without providing intentional aided awareness to the participant, based on their perspective and experience, what are some of the most important characteristics and functions of a successful sponsor for a sponsee early in recovery? With the provision of intentional aided awareness and a bounded set of 20 available qualities and characteristics, which 10 are most important for an effective sponsor to possess? Of the most important characteristics, how are these characteristics ranked in order of importance? Of these ranked characteristics, do the characteristics and rankings differ by sex (female/male) or current role (sponsor/sponsee) and if so, what are these differences?

Method

This exploratory research utilized a convenience sample of anonymous adult individuals in recovery from SUD in a cross-sectional, self-report design. Participants were recruited at the 2010 World Oxford House Convention using an informed consent process where they were given an information sheet outlining the scope, topics, and estimated timing of completing the survey. Individuals who started the survey process were offered the incentive of entry in a raffle.

Participants

245 adult individuals (female = 117, 47.8%, and male = 128, 52.2%) participated in the study. The majority of the participants were White, not of Hispanic origin ($n = 175$, 71.4%) with African Americans representing 18.8% ($n = 46$) of the sample. The next largest category was American Indian or Alaskan Native at 2.4% ($n = 6$). Overall, this sample was predominately European White with a representative sample of African Americans with a nearly 50/50 mix of females and males.

The average age of a participant was 41.0 years ($Md = 41.0$, $SD = 10.6$, minimum age = 20, maximum age = 70) with a median educational level of some college (35.7% of the sample). At least a high school equivalency was attained by 94.3% of the sample and 15.2 % had a

bachelors or higher academic degree. Nearly fifty percent of the individuals were single, never married (49.2%) and 40.1% were separated or divorced.

Over 70% of the sample were employed (full time = 60.7%, part time = 11.5%). Those seeking employment but were unemployed totaled 10.2%. Students represented 10.7% and the balance (7.0%) were disabled or retired. Approximately 4 out of 5 participants currently lived in an Oxford House (80.8%) with the balance being mostly Oxford House alumni. The current average length of stay was 19.6 months ($Md = 12.0$, $SD = 20.8$).

The average length of substance usage was 236.8 months or 19.7 years ($Md = 228.0$ months, $SD = 117.2$ months). The average length of abstinence was 45.2 months ($Md = 26.0$, $SD = 52.9$). 94.3% ($n = 231$) of the participants identified as having ever been a sponsor, sponsee, or both. Of the 231, 109 had been or were sponsors.

Measures

The sponsorship sections were designed for this study and had not been used in previous studies or been empirically validated by research. The sponsorship survey was developed to initially gather data about the respondent's participation in a sponsorship relationship, and then without aiding the awareness of the individual about specific sponsorship characteristics (which were on the next page) asked:

Based on your perspective and experience, please write down some of the most important characteristics and functions of a successful sponsor for a sponsee early in recovery (working an initial 12-step process).

After this open-ended section on sponsorship characteristics the next section of the survey consisted of a 4 by 5 array (20 total) of characteristics and qualities that might be important for a sponsor to be effective. These characteristics were reviewed informally with Oxford House researchers and Oxford House alumni prior to their use. The following is the array (Figure 1).

After choosing the 10 most important characteristics from their perspective, participants were asked to rank their top five of these ten in the order of their importance. This ranking exercise was designed to capture a relative ranking of the top characteristics or qualities participants felt were important to being an effective sponsor.

Results

The results are exploratory and consist of three major analytic tasks mainly defined by the research questions and subsequent survey instrument design. This design led the participant through 3 major reporting exercises: 1) an opened ended, unaided awareness question, 2) choice of attributes and 3) ranking of attributes.

Results for the Qualitative, Open-ended Research Question I

Research Question I: Without providing intentional aided awareness to the participant, based on their perspective and experience, what are some of the most important characteristics and functions of a successful sponsor for a sponsee early in recovery?

The survey item for this research question was:

“Based on your perspective and experience, please write down some of the most important characteristics and functions of a successful sponsor for a sponsee early in recovery (working an initial 12-step process)”

Participants provided a total of 1029 responses ($M = 4.42$, $SD = 1.20$, $Md = 5$, Range = 1→8). Examples include:

<i>calling everyday to establish relations</i>	<i>trustworthy & honest</i>
<i>knowledge of steps</i>	<i>calling me on my crap in a loving way</i>
<i>she always being at meetings</i>	<i>having time for me</i>
<i>able to reach her at any given time</i>	<i>be open-minded</i>
<i>has no problems listening to me</i>	<i>be honest</i>

These 1029 items were then analyzed independently by two research assistants. Both research assistants (female PhD student in clinical psychology and full-time male researcher on an Oxford House grant) were members of the research staff at the Center for Community Research, DePaul University. After independent reviews, a coding system of 19 themes was developed (see Table 1).

After agreement on a coding scheme, the two research assistants independently coded the 1029 items. After this independent coding, agreement scoring was done to measure inter-rater reliability. The raw agreement score based on tabular intersections was 752 of the 1029 items or 73.1%. Usually, inter-rater agreement scores are adjusted for the probability that the agreement is simply due to chance. The Kappa statistic (κ) for this analysis represents “substantial agreement” per Landis and Koch (1977). Since this first iteration of coding achieved a satisfactory level of agreement, no changes were made to the theme structure nor was any recalibration of initial coding judgments made.

Average theme frequencies ranged from slightly less than 15 to over 100 with Trustworthy and Engagement tied for having the highest coded frequencies and Service having the fewest counts (see Table 2).

The extent of differentiable attributes suggest sponsorship to be an extensive and complex role. Several unique comments highlighted this range including 1) I have never had a successful sponsorship relationship (P#277), 2) introduction to clean and sober activities--hiking, camping (P#111), 3) *fun stuff* (P#262), and 4) *success rate of other sponsees* (P#404). These comments present potentially important characteristics to any individual sponsor/sponsee relationship and Participant #404 clearly identifies a potentially critical measure of a sponsor’s effectiveness.

Results for the Choice Exercise, Research Question II

Research Question II: With the provision of intentional aided awareness and a bounded set of characteristics of 20 available qualities and characteristics which were the 10 that were

considered most important for a sponsor to be effective (Figure 1)? This question was analyzed on the basis of absolute and relative frequency counts and the correlation matrix of characteristics to investigate possible substitution and augmentation effects.

Respondents chose ten of the characteristics they thought were most important for a sponsor. Table 3 shows the frequency and proportion for these attributes.

Involvement with 12-step, Trustworthy, and Honest Feedback scored the greatest number of mentions. As an indicator of significance and in comparison to being chosen at random, Guidance with a proportion of .599 is statistically different than random choice ($z = 3.106$, $p = .002$). Participants overall did not highly value Attentiveness or Mandatory Scheduled Contact, and Experience as a Sponsor was not perceived as being critical.

To test for possible substitution effects across attributes, a correlation matrix of attributes was calculated. Overall, the strongest substitution correlation was $-.239$ which occurred between Encouragement and Knowledge of AA which indicates relative independence between the items as perceived by the participants and that the ranking based on frequency fairly represents the relative importance of sponsor characteristics.

Results for the Ranking Exercise, Research Question III

Research Question III: Of the 10 most important characteristics, as chosen by a participant, what were the rankings of the most important characteristics? This exercise was designed to examine the relative importance of the attributes that the participant had previously chosen as the 10 most important characteristics.

The results of this ranking exercise are summarized in Table 4.

For example of all the respondents, 47 had Involvement w/12 Steps as their most important attribute. This attribute made it into the top three attributes for 103 individuals and 134 participants had it in their top five. These results are highly consistent with the results of the simple choice exercise. While these rankings appear to be relatively stable, the diversity of responses across individuals is indicated by the result that only Involvement w/12 Step had over 50% (134/242 or 55.4%) of the participants rank it as a Top Five characteristic. Therefore, it's important to note that the other 19 characteristics did not have the majority of the respondents endorsing them as a Top 5 attribute. Thus, these rankings reflect both a strong consistency of important, but not exclusively dominate themes and the breadth by which individuals perceive the critical qualities of a sponsor.

Results for the Ranking Exercise, Research Question IV

Research Question IV: Of these ranked characteristics, do they differ by sex (female/male) or current role (sponsor/sponsee)? To test for differences by sex or role, χ^2 (chi-square tests) were performed where the null hypotheses were the distribution of counts for Top Five rankings were independent of sex or sponsor/sponsee role. For the distributions of rankings by sex, the results were not significant ($\chi^2 = 20.493$, $df = 19$, $p = .365$), therefore no evidence of differences by sex was found. In testing for differences between the distributions of rankings for sponsees and sponsors the results were also not significant ($\chi^2 =$

22.929, $df = 19$, $p = .240$). Both the analysis by sex (female/male) and role (sponsee/sponsor) provide substantive evidence that the important characteristics and qualities of a sponsor are largely independent of sex or role.

Discussion

While sponsorship is considered an important process within the AA paradigm (AA, 2010), little research has been published that describes the qualities and characteristics of an effective AA sponsor. This exploratory investigation of the attributes of an effective sponsor was designed to collect data through an unaided, open probe of important characteristics and a choice and ranking exercise of 20 pre-defined attributes. The participants for this research were individuals in recovery from substance use disorder who had experience being a sponsee, sponsor, or both.

Findings and Implications

Overall, this research provided insight on the broad and diverse constellation of characteristics that might typify the effective AA sponsor. This breadth is illustrated by only one individual mentioning the empirical “success rate” of the sponsor and only *Involvement with 12-step* being in the Top 5 ranking for over 50% of the participants. So while several meaningful themes emerged in this analysis, one general finding appears to be effective AA sponsorship represents a diverse set of properties that satisfy a diverse set of sponsee’ needs.

This diversity, on average, was not explained by sex or dyad role (sponsee/sponsor). Female and male differences were not significant in either the choice and ranking exercise or the conjoint analysis. Overall, it appeared that females and males have similar perspectives on what constitutes characteristics of an effective sponsor. Similar results were obtained in the group analyses for sponsees and sponsors. This lack of group differences by sex or role has important implications. The large individual differences found between participants were independently distributed with respect to sex and dyad role and that the study’s findings are universal with respect to those characteristics.

This breadth of important characteristics and qualities which would seem to be evidence of relevant individual differences implies that sponsee/sponsor matching should not be a passive process of assuming sponsor or relationship adequacy. Instead, this breadth argues for an active process of inquiry prior to the formalization of a sponsorship relationship and continuing evaluation of its usefulness. In essence, these data would suggest one size does not fit all.

The qualitative analysis did reveal several important themes. First, a sponsor’s current engagement in AA appeared to be the most important AA-related attribute and basically, tied with Trustworthy as the highest frequency theme. Both Experience and Knowledge ranked much lower than Engagement and it would appear that someone currently active and focused on the AA program would be perceived as likely to be more effective than someone with greater past experience or knowledge of AA. This characteristic of Engagement carried through as the Involvement with 12-step in the choice and ranking exercise as the only attribute with a majority of mentions in the Top 5 ranking. As a practice implication, current

engagement in AA may signify both commitment to the AA program and a current commitment to being a sponsor. It probably also indicates that an active practitioner provides more usefulness to a sponsee (e.g. current AA social network access, role modeling of sober behaviors) than just experience and knowledge.

The second theme, or perhaps a collection of themes, has to do with qualities of character. In the qualitative analysis, Trustworthy tied for the highest number of mentions. In the conjoint exercise, the greatest change in utility was in moving from low levels of confidentiality to moderate levels. In the choice task, Trustworthy was second and Respects Confidentiality and Integrity were four and six respectively. These themes were relatively independent but all three seem indicative of the possible misuse of the relationship and the greater vulnerability of the sponsee. If one were to ask “why should the sponsor need to be trustworthy, etc?” possible answers seem to be protective of the sponsee. This has implications for issues such as shame, stigma, and other indications of psychological vulnerability.

For the sponsee, how a potential sponsor portrays themselves and how they are viewed by others with respect to these themes of character would seem to be an important consideration in making a relationship decision. Also, these characteristics generalize much more broadly to interpersonal relationships overall and may possibly be an influence on a sponsee’s overall development, for example, through social learning. The evaluation of character seems to have multiple implications, both positive and negative, for the potential sponsee.

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. While some qualitative responses leaned towards a concept similar to 24/7 (24 hours a day, 7 days a week), some were more focused on predictability or regularity. 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 variation in these expectations and availability’s relative importance.

Structure seemed to be an important theme in every analysis, although taking slightly different labels. In the qualitative study, Structure included elements of goal-setting, content, accountability, and feedback. In the choice and ranking exercise, Honest Feedback was the third highest chosen attribute and fourth top ranked attribute. In the conjoint analysis, 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.

Another grouping of themes has to do with an effective sponsor's attitudes. Although only Positive Attitude in the choice task rated highly as an attitude (fifth in choice), constructs such as compassionate, respectful, encouraging, patient were mentioned enough to justify that the attitudes of a sponsor may be very critical to the sponsee/sponsor relationship. While not consistently high scoring as developed in this set of analyses, a sponsor's attitudes could be influential to relationship strength and permanency. It could also influence such volitional mechanisms as a sponsee's motivation.

With respect to knowledge and experience, on average, experience was perceived as slightly more characteristic of a successful sponsor. Neither were near to current Involvement w/12-step or the qualitative equivalent of Engagement. This might have important implications for both new and experienced or knowledgeable sponsors. It would seem that lack of experience can be overcome by current involvement and that knowledge has lower marginal usefulness than current practice. Therefore, being currently in active practice has greater perceived value for the sponsee, on average.

This may be possibly understood when evaluating this finding through the lens of Moos (2008) description of the beneficial mechanisms of a SHG. These mechanisms included social control, social learning, behavioral choice, and stress and coping skills. An active, engaged sponsor would be in a stronger position to model and align behaviors and skills in the AA recovery model. In essence, the sponsor would be demonstrating proficiencies through practice rather than lecturing. An engaged sponsor could exert social control by being an exemplar of AA engagement rather than being a proponent of it. Through sharing of current experiences, real time learning of stress and coping skills could take place. These potential benefits would seem to place greater weight on current involvement as compared to simply having acquired knowledge or experience.

For the sponsee, an assessment of this engagement may be an important process prior to initiating a sponsor relationship. For a new sponsor, understanding the value of concurrently executing the AA program may reduce the anxiety of having lesser experience and motivate greater adherence to their own recovery program. One implication of this may be that in the search for a sponsor, referrals to those visible and active may take precedent over those who currently have sponsees but are less active.

Overall, the choice and ranking exercise demonstrated that simple frequency was highly related to ranking. This finding would indicate that analytically, a voting mechanism is roughly equivalent to a ranking mechanism for this level of analysis. Thus, an attribute that has a frequency ranking of third would also after post-choice ranking, maintain the third position. This finding also helps support the informative value of the qualitative study, in that, frequency of mentions of a characteristic are suggestive of ranking weight.

From a theoretical perspective these results support 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. Given disparity in

effectiveness, another theoretical implication has to do with overall AA affiliation effects. Basically, the issue is spillover or contagion effects, positive or negative, to overall program compliance due to sponsor relationship effects. To the degree AA program elements are not independent, improved AA sponsor relationships might have a multiplicative effect on AA effects overall.

While the iatrogenic focus on sponsorship has received some attention in the literature (AA, 2010, Brown, 1995), this has largely been described in terms of dependency. The collection of Trustworthy, Confidentiality, and Integrity as important characteristics would suggest some theoretical basis for developing a connection between vulnerability, risk, and the sponsor's role in facilitating strength. Clearly, there is an ethical argument for not taking advantage of a sponsee relationship but there might also be a strength of character effect that allows for greater vulnerability and greater possibility for transformative change in the sponsee. These possibilities for both negative and positive effects probably argue for a more precise measure of sponsorship that mere presence.

Sponsorship characteristics would seem to support many of the possible mechanisms described by Moos (2008). For example, Structure would provide elements of social control, access to social learning, and some clarity of behavioral choices. As discussed previously, Engagement or Involvement w/12-step might influence all four categories including stress and coping. Motivating functions such as having a positive attitude, being encouraging, etc., could possibly affect all the categories as well. Sponsorship as perceived by this sample generally aligns well with the conceptual SHG mechanisms of Moos.

Of the top five mentions in both the qualitative and choice results, only one was specific to AA. Most of the characteristics would generalize to other peer or non-peer mentorship relationships. The qualities of character (e.g. Trustworthy) and attitudes (e.g. Positive Attitude) may be informing for many relationships that involve initiating and maintaining a transformative process. For these more broad-based possible implications, current Engagement could possibly be substituted with current role modeling at high proficiency. This would allow possible interpretations across fields and contexts.

In summary, the findings suggest a broad array of characteristics and qualities that may contribute to a sponsor's effectiveness. This breadth probably indicates significant individual differences in perceptions of important attributes. Group differences based on sex or dyad role (sponsor/sponsee) were not significant. Several important themes emerged that were supported across analyses including Engagement, Trustworthy, Structure, and Availability. These themes and the individual differences suggest a discussion of potential issues between a prospective sponsor and sponsee prior to formalizing a relationship.

Limitations

This exploratory research was conducted as a 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 elicit important

qualities and characteristics of effective sponsors, to derive relative value through choice and ranking, and to evaluate characteristic level differences in utility when conjointly assessed.

Future Research

The diverse set of characteristics that participants reported provides a solid foundation for continuing to investigate sponsorship, sponsorship functions, sponsorship effectiveness, and sponsorship relationships to both the sponsee's and sponsor's recovery trajectories and outcomes. One possible focus might be level of satisfaction with the relationship.

Relationships may have individual differences in perceived satisfaction that influence a sponsee's engagement with the AA program generally. In addition, sponsees who have had relationships end in a positive or negative manner may develop different attitudes towards sponsorship and AA. Having a basis for measuring the effects of sponsorship satisfaction would probably help better understand sponsorship's role in AA involvement, affiliation, and future intentions.

Barriers and expectations would also be a measurement research focus that might be of practical and theoretical use in understanding sponsorship's contribution to the AA paradigm. Measuring why or why not individuals initiate a sponsor search, what their expectations are, the search process and search outcomes might provide insight on why the likelihood of a sponsor relationship varies and what may be influencing relationship satisfaction.

Research of sponsorship could provide many practical, clinical, and theoretical insights to improve the likelihood of a successful recovery process. Overall, the field is currently relatively underdeveloped and sponsorship may provide not only an informative and meaningful research focus within the substance misuse field, it would probably produce generalizable information on mentorship for other fields as well.

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From the following list of 20 qualities & functions of a sponsor, please circle the ten (10) that you think are the most important

Guidance (1)	Involvement w/12 Step (2)	Experience w/sobriety (3)	Good Role Model (4)	Integrity (5)
Availability/ Accessibility (6)	Encouragement (7)	Good at Setting Goals (8)	Experience as a Sponsor (9)	Trustworthy (10)
Respects Confidentiality (11)	Flexible (12)	Positive Attitude (13)	Advice (14)	Attentiveness (15)
Mandatory Scheduled Contacts (16)	Sharing Experiences (17)	Honest Feedback (18)	Knowledge of AA (19)	Problem Solving (20)

Figure 1.
The array of attributes for the choice and ranking exercise.

Table 1**Qualitative Sponsorship Attribute Coding Themes**

<u>Theme</u>	<u>Keywords</u>
AVAILABILITY	Accessible, has time, not too busy
KNOWLEDGE	Of Big Book, traditions, AA, life, philosophy, recovery
STRUCTURE	Goals, content (e.g. steps) accountability, feedback
SHARING	Disclosure, personal information, recovery activities
GUIDANCE	Advice, suggestions, leadership
ENGAGEMENT	Goes to meetings, has a sponsor, works steps
SERVICE	Having to do with doing service (both sponsee & sponsor)
TRUSTWORTHY	Confidential , honest, doesn't gossip
LISTENING	Listens, wants my opinion, view
CONTACT	Proactive consistency of contact, calls daily, etc
SIMILARITY	Same experience, higher power, drug of choice,as me
COMPASSIONATE	Understanding, caring, empathetic, kindness, sincere
RESPECTFUL	Doesn't judge
EXPERIENCE	Time in recovery, clean time, experience as a sponsor, etc
PATIENCE	
ROLE MODEL	Has what I want, does the right things
SUPPORTIVE	Positive, encouraging, "not a catastrophizer"
COLLABORATIVE	Work together
OTHER	Sense of humor, nothing personal, brief reflections to past

Table 2

Average Count of Attribute Themes

	Frequency	%
Engagement	108	10.5
Trustworthy	108	10.5
Availability	102	9.9
Structure	96	9.3
Guidance	72	7.0
Knowledge	59	5.7
Experience	56	5.4
Compassionate	44	4.3
Sharing	44	4.3
Listening	41	4.0
Contact	40	3.9
Supportive	39	3.8
Similarity	33	3.2
Respectful	32	3.1
Role Model	27	2.6
Collaborative	26	2.5
Patience	18	1.7
Service	15	1.5
Other	69	6.7
Total	1029	100.0

Table 3

Frequency of choice for important characteristics of sponsors

Attribute	Count	Proportion
Involvement w/12 Step	188	0.777
Trustworthy	180	0.744
Honest Feedback	178	0.736
Respects Confidentiality	163	0.674
Positive Attitude	162	0.669
Integrity	158	0.653
Availability/Accessibility	154	0.636
Experience w/Sobriety	152	0.628
Guidance	145	0.599
Sharing Experiences	136	0.562
Encouragement	131	0.541
Knowledge of AA	130	0.537
Good Role Model	113	0.467
Problem Solving	70	0.289
Experience as a Sponsor	60	0.248
Advice	60	0.248
Attentiveness	58	0.240
Flexible	48	0.198
Good at Setting Goals	46	0.190
Mandatory Scheduled Contact	33	0.136

Table 4

An attribute's presence as a count in an individuals' Top 1, Top 3, & Top 5 characteristics

	Top 1	Top 3	Top 5
Involvement w/12 step	47	103	134
Respects Confidentiality	19	63	101
Trustworthy	26	70	98
Honest Feedback	12	56	95
Integrity	17	56	92
Availability/Accessibility	14	48	90
Guidance	25	54	85
Experience w/Sobriety	31	64	84
Positive Attitude	11	39	69
Knowledge of AA	13	50	67
Sharing Experiences	5	29	56
Encouragement	3	21	48
Good Role Model	8	21	47
Problem Solving	0	8	31
Experience as a Sponsor	3	12	23
Mandatory Scheduled Contact	3	10	21
Good at Setting Goals	1	2	18
Attentiveness	3	9	17
Advice	0	7	16
Flexible	0	1	9