

The Role of Social Identity and Support in Recovery from Alcohol and Drug Dependence

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*A therapeutic community is a treatment facility in which **the community itself**, through self-help and mutual support, is the principal means for promoting personal change*

(ATCA website)

*The profound distinction between the TC and other treatments and communities is the use of **community as a method** for changing the whole person*

(De Leon, 2000: p 92)

- But how do we **define and measure** Community as Method?
- How do we know **when it's working** for particular individuals?
- What is it specifically about the TC that leads to **positive and lasting change** in the individual?

Social psychology theories help here...

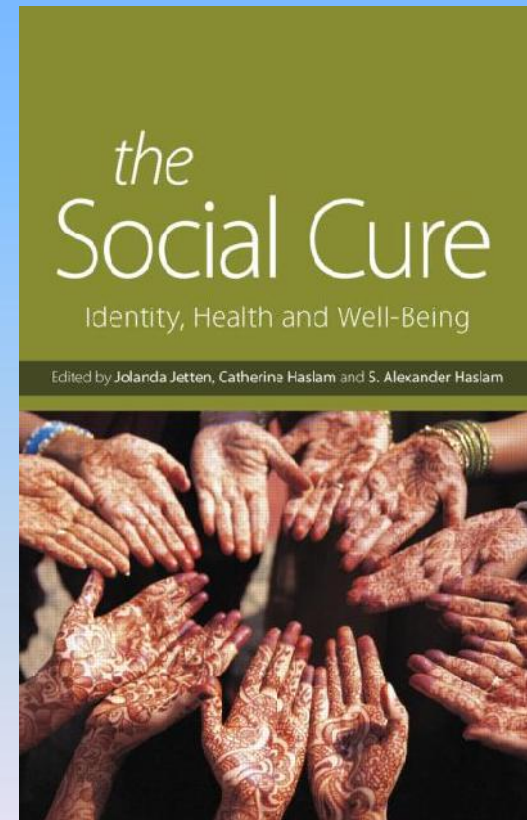
Social Identity approach (Tajfel & Turner, 1979) asserts that the groups we belong to can shape how we **understand ourselves** (e.g. Australian, a woman, mother, worker, psychologist, member of various friendship groups and associations, etc);

And group memberships are an important determinant of social behaviour because **attitudes and behaviours** tend to conform to norms of the groups we identify with and value.

Social groups, health and wellbeing

Valued groups are **resources** for social support, which leads to better health and wellbeing

1. Emotional support
2. Social companionship
3. Ability to give and receive help
4. Informational support



More groups are generally better:

- Recovery from **stroke** (Boden-Albala et al 2005; Haslam et al 2008) and **brain injury** (Jones et al., 2012)
- Recovering from **heart surgery** (Haslam et al 2005)
- Risk of developing Alzheimer's **dementia** (Wilson et al 2007)
- Prevention of relapse into **depression** (Cruwys et al; 2013a, b)
- Stress and job satisfaction in **stressful occupations** (Haslam et al 2005)
- Students **transitioning into University** (Iyer et al, 2009)

Some groups are less good for you

Groups memberships are not always related to positive health behaviours

- Some groups may be unsupportive or may promote attitudes and norms that encourage poor health and wellbeing, eg **substance using social groups**



Analyses of Project MATCH data

- Kelly et al (2011) *Addiction*: (N=1726)

Among both out-patients and after care patients the effect of AA attendance on alcohol outcomes was explained primarily by *adaptive social network changes* and increases in social abstinence self-efficacy

- Stout et al (2012) *JSAD*

- *Social network variables uniquely predicted 5-12% variance in drinking outcomes across 3 years*

- *AA attendance following treatment accounted for a further 1-6% variance*

Best et al (2012) DAR: recovery stories of 205 adults in Glasgow with history of alcohol and heroin dependence

- *Greater engagement in meaningful activities was associated with better functioning, and was associated with quality of life, followed by number of peers in recovery in the social network.*

Questions for this study

1. What do clients' social **connections and identity** look like when they enter the TC?
2. How does **social identity change** over time in the TC?
3. How does identity relate to **support and wellbeing** while in the TC?
4. What do clients' social connections and identity look like at follow up?
5. How does identity relate to **substance use and wellbeing** at follow up?
6. Does **type of group** matter in terms of support and client outcomes (does it have to be an A&D related group?)

Logan House TC Sample N=132

Gender: 68% male, 32% female

Age: average = 37 years (range 22 to 63 years)

Ethnicity:

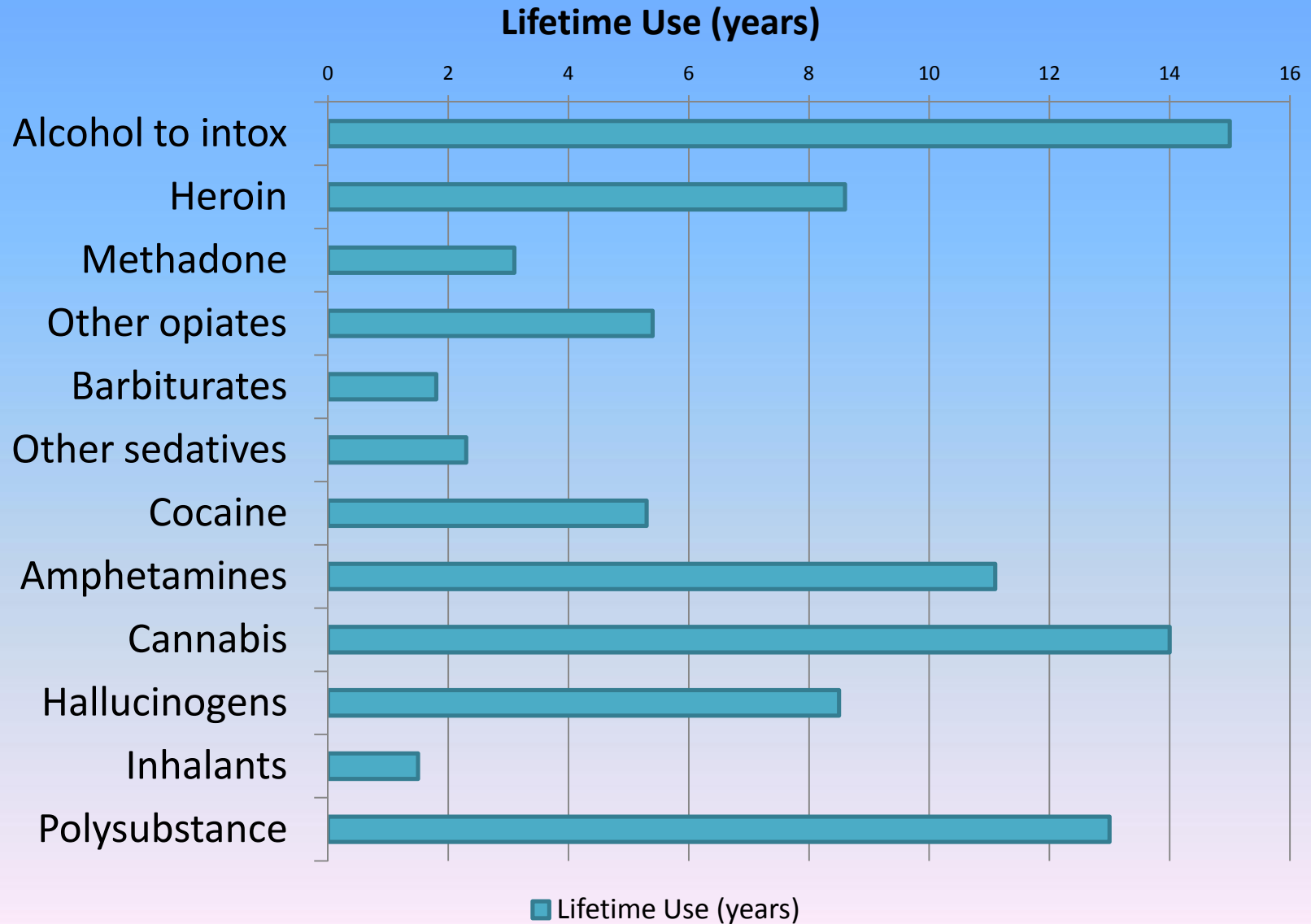
- White Aust: 89%
- Aboriginal / Torres Strait Is: 5.5%
- Asian / Pacific Is: 5.5%

Education: average 10.8 years

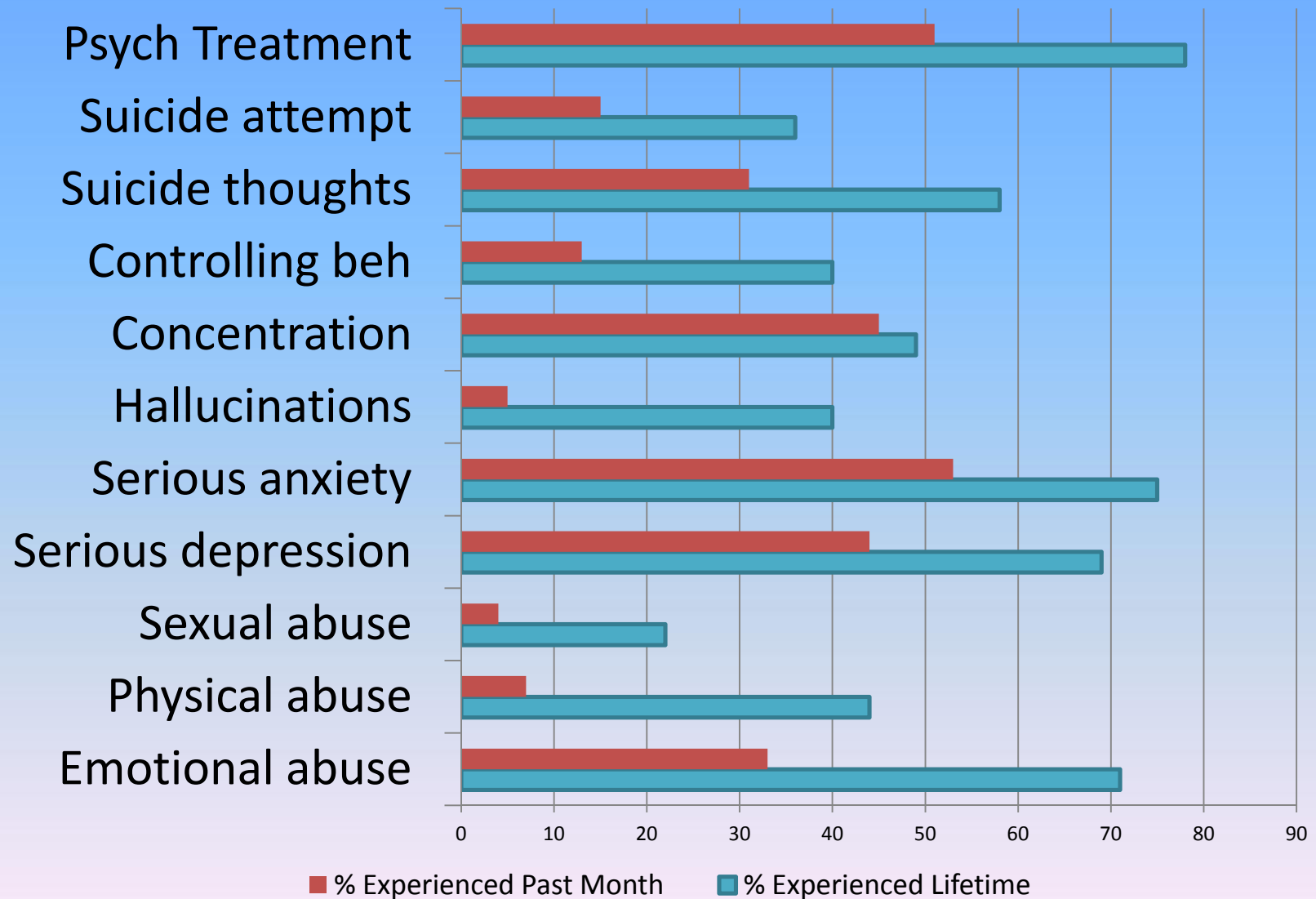
Employment: full time work 34%

- Part time work 22%
- Controlled environment 16%
- Retired / disability pension 14%
- Unemployed 12%
- Student 2%

Substance use problems:



Mental health problems:



Social connections at entry to the TC

Relationship:

- single (never married) 60%
- Separated / divorced 27%
- Married / stable relationship 13%

How do you spend most of your time?

- 29% "With Family"
- 29% "With Friends"
- 42% "Alone"

38% of the sample lived with someone with an alcohol or drug use problem.

Social group identity at entry to the TC

Ratings on a scale of 1=totally disagree to 7=totally agree

Member of different social groups: Av = 2.7 out of 7

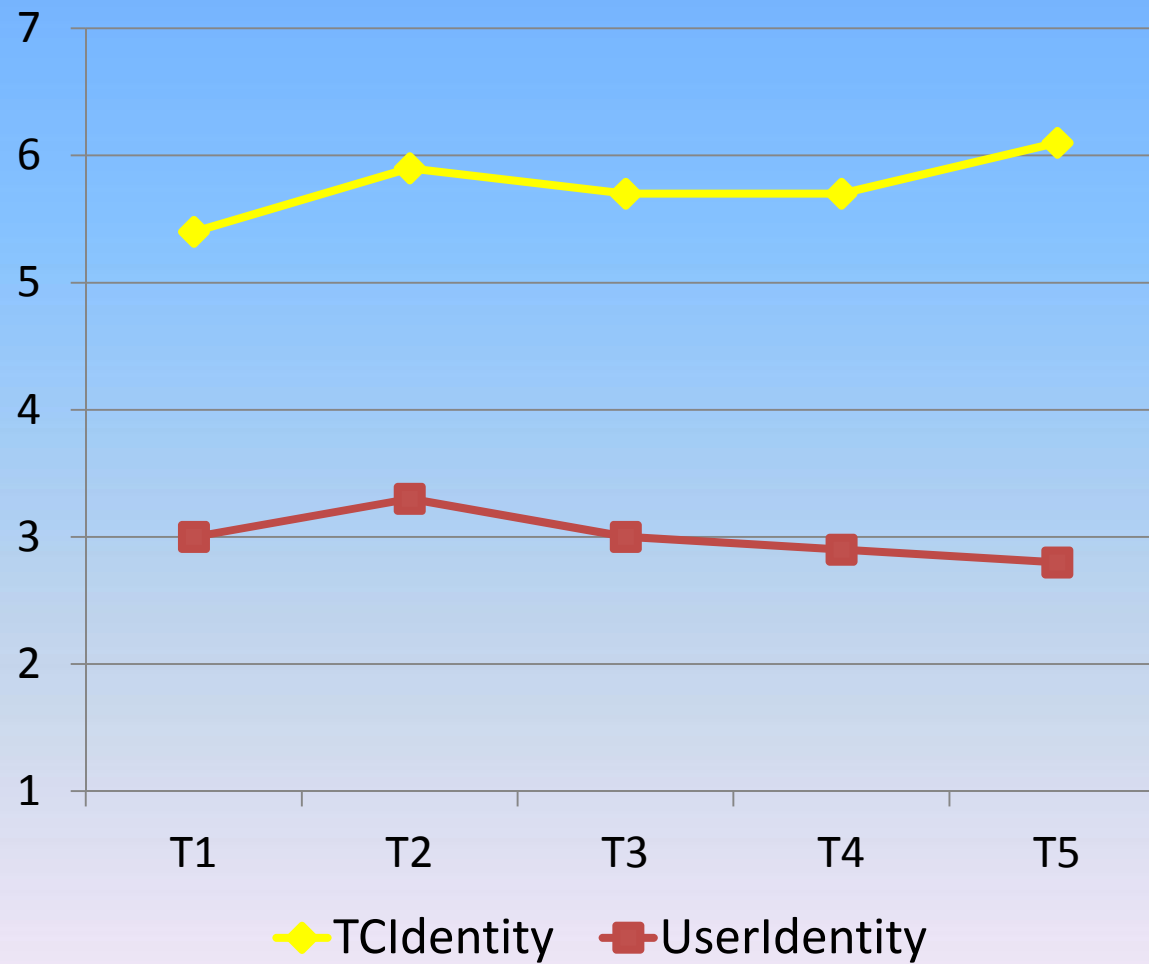
Social support from lots of different groups: 2.61

Member of drinking / drug using social groups: 4.66

Social support from drinking / drug using social groups:
3.73

Active member of my family: 3.58

Social identity changes over time in the TC (fortnightly assessments)



Identifying as a **member of the TC at T1** was related to:

lower depression ($r = -.199^*$)

lower anxiety ($r = -.203^*$)

lower stress ($r = -.202^*$)

higher social support from the TC ($r = .681^{***}$)

Identifying as a **member of the TC at T2** was related to:

higher social support in the TC ($r = .674^{***}$)

retention (days in the TC) ($r = .33^{**}$)

So, identifying strongly as a member of the Therapeutic Community is related to **better wellbeing** within the TC and **longer retention** in treatment.

But how does this identity shift relate to **substance use and wellbeing after leaving** the TC?

At follow up, N=53
(average 7.5 months after leaving):

	N	%
Home	53	42
No info	46	37
Prison	8	6
Back at the TC	7	6
Declined	6	5
Another Rehab	3	2

Follow up substance use

Alcohol Use:

59% were abstinent (past month)

Average of 85% days abstinent (past month)

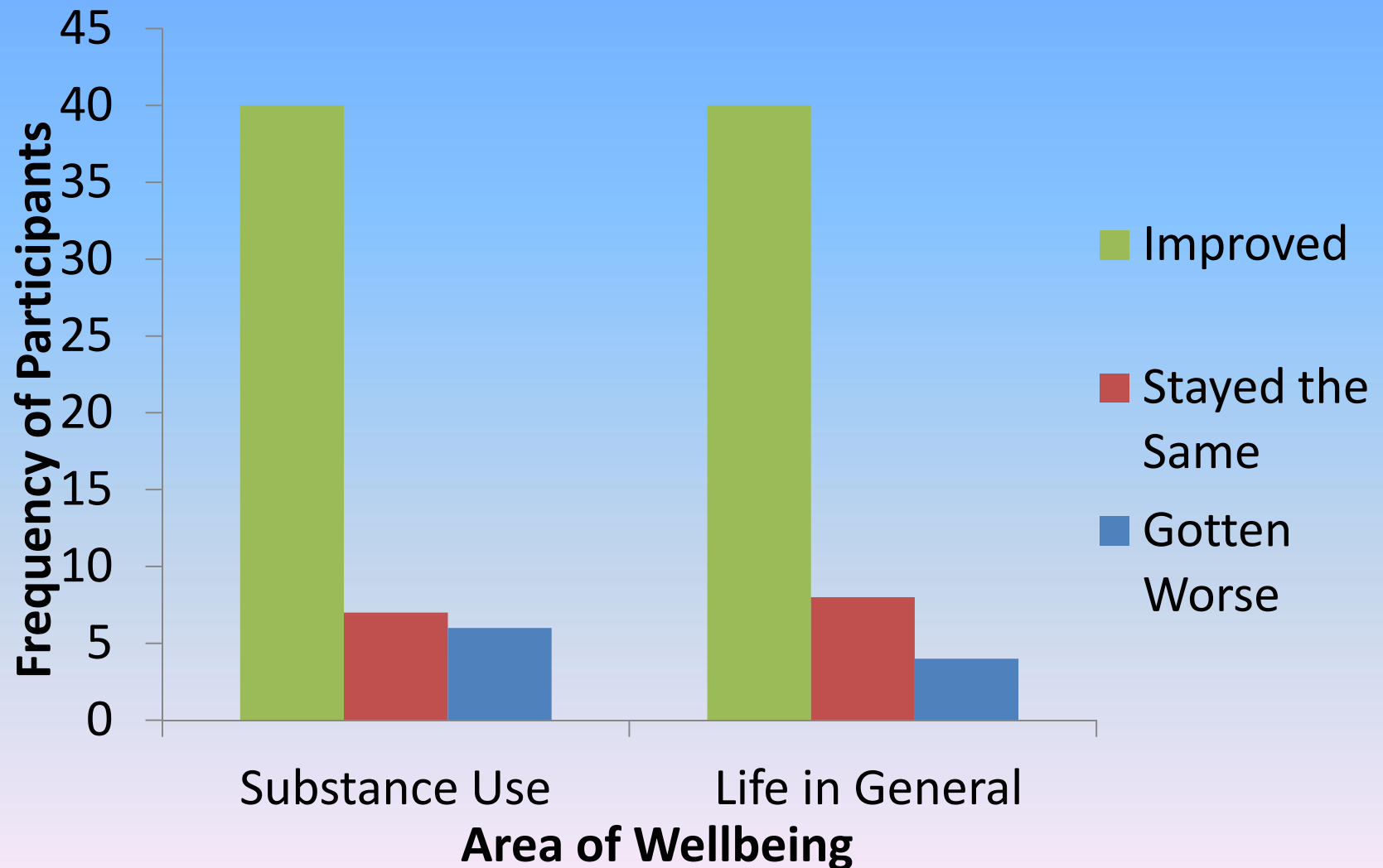
Average 4.3 standard drinks/drinking day

Other drug use:

73.6% reported no other drug use (past month)

Average of 93% days abstinent (past month)

Client perceptions of current status compared to when entering the TC

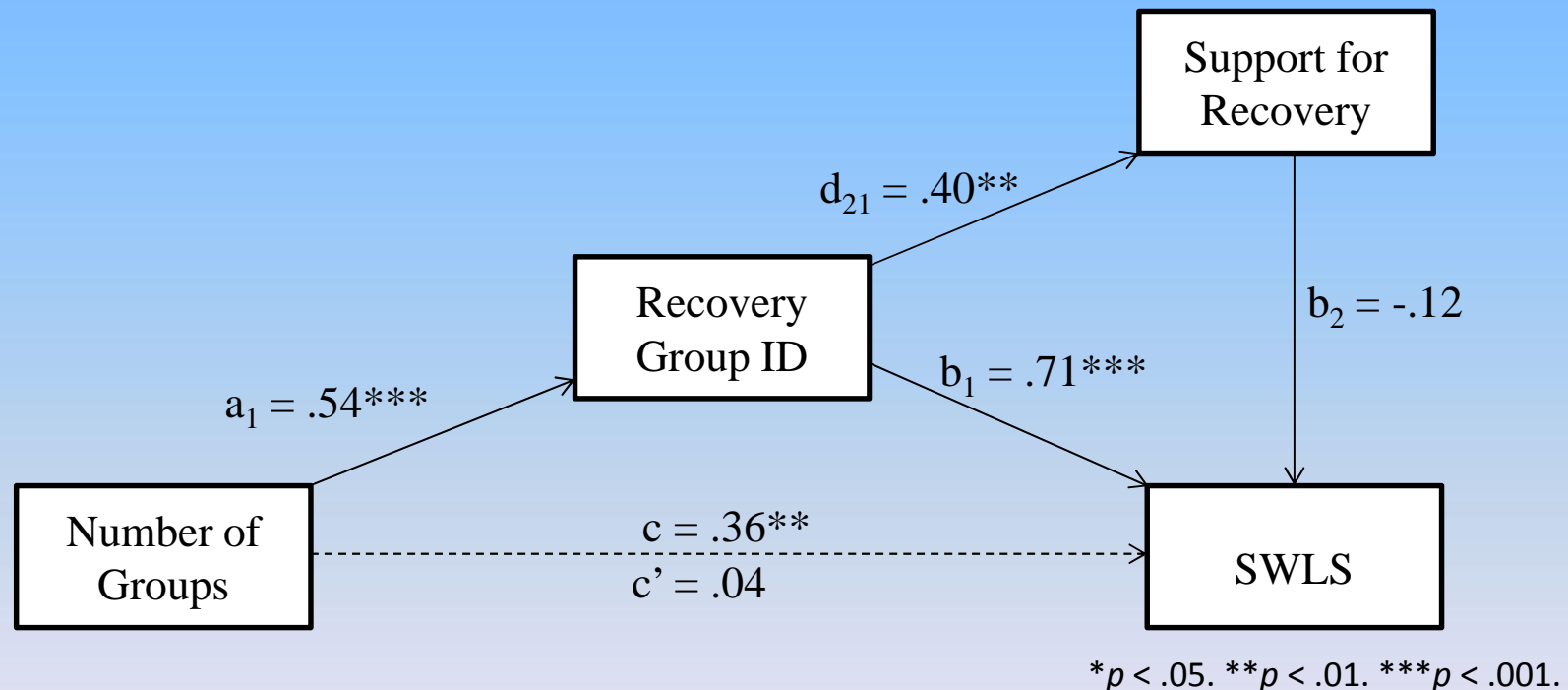


Group Membership Table

List groups you regularly contact / attend (e.g. sporting, cultural, your family, community, Church, AA, NA, Reclink, friendship groups, education classes and interest groups, etc)	Tick any groups you were already in when you entered Logan House	How strongly do you identify as a member of this group? 0% = not at all to 100% = completely	How supportive are members of this group of your recovery (non-drinking or drug using goals)? 0% = not at all to 100%= completely
1.			
2.			
3.			

Measure	Mean	SD	User Identity	Recovery Identity
User Identity	3.07	1.38	1.00	
Recovery Identity	5.44	1.58	-.32*	1.00
Number of groups	3.38	2.00	-.21	.54**
Recovery group support	4.78	2.24	-.17	.78**
Support for recovery goals	74%	29%	-.22	.52**
Life Satisfaction	3.71	1.43	-.63**	.67**
DASS total	23.31	16.72	.57**	-.52**
PDA (Drugs)	93%	18%	-.52**	.10
PDA (Alcohol)	85%	26%	-.39**	.47**
SDA	4.31	7.48	.40**	-.43**

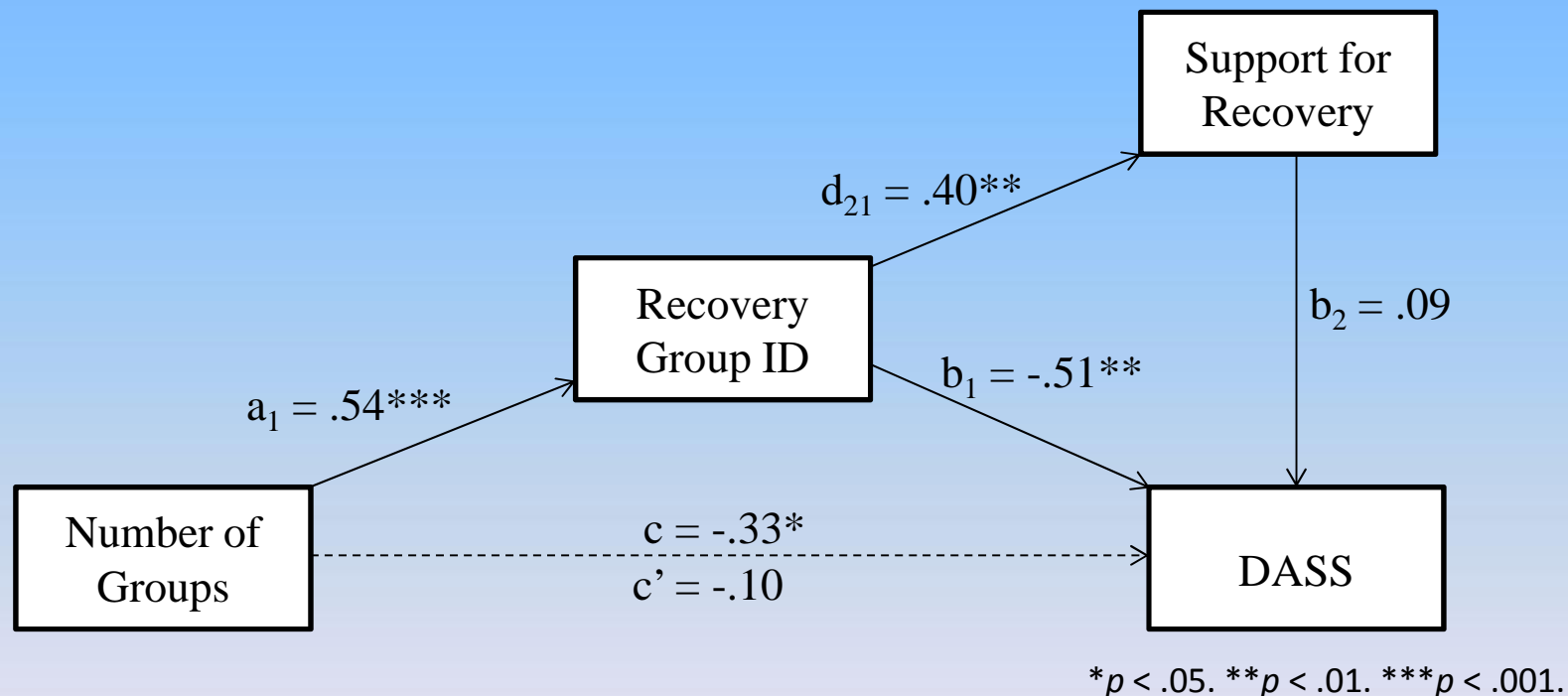
Groups and recovery social identity predict life satisfaction:



Mediation of recovery group identity, $\beta = .38, p < .05$,

No serial mediation of support towards recovery goals, $\beta = -.03, ns$.

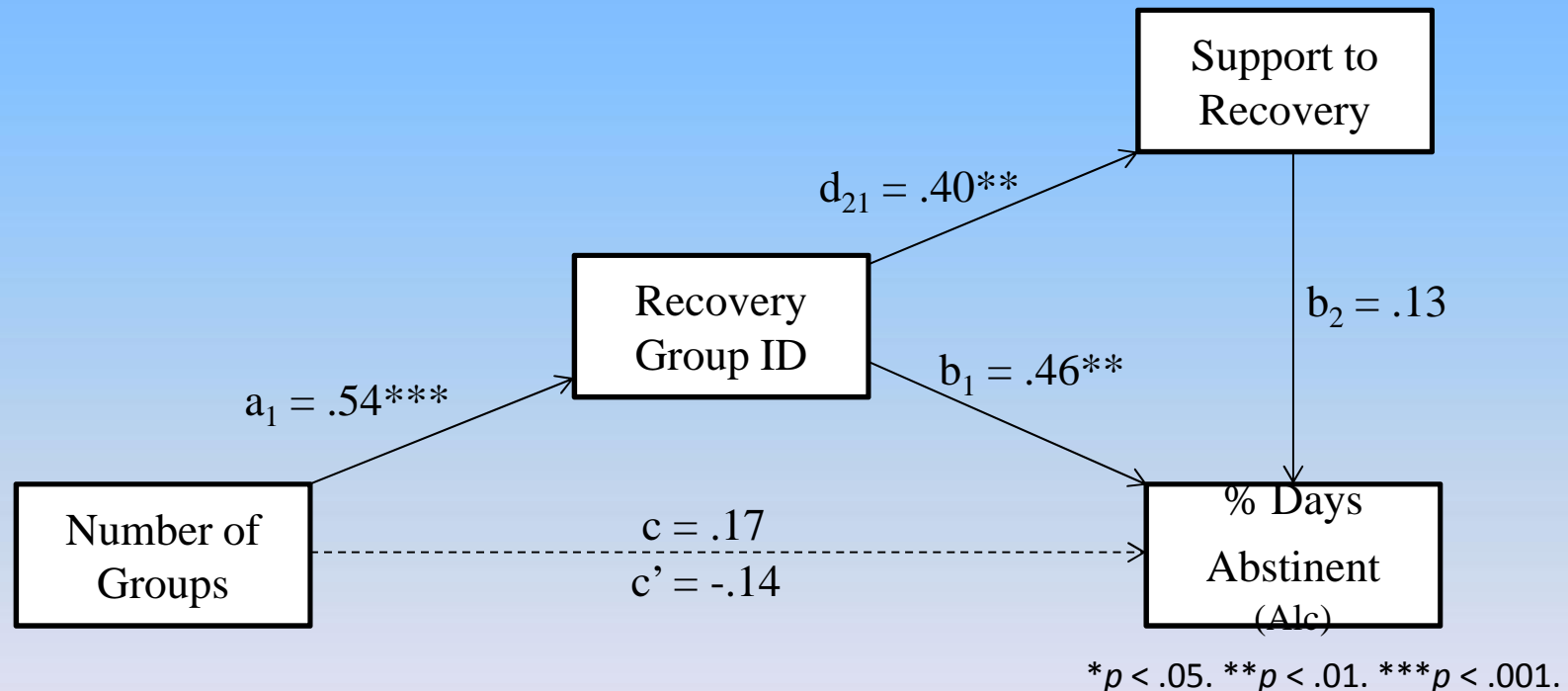
And symptoms of depression, anxiety, and stress (DASS)



Mediation of recovery group identity, $\beta = -.27, p < .05$,

No serial mediation of support towards recovery goals, $\beta = .02, ns$.

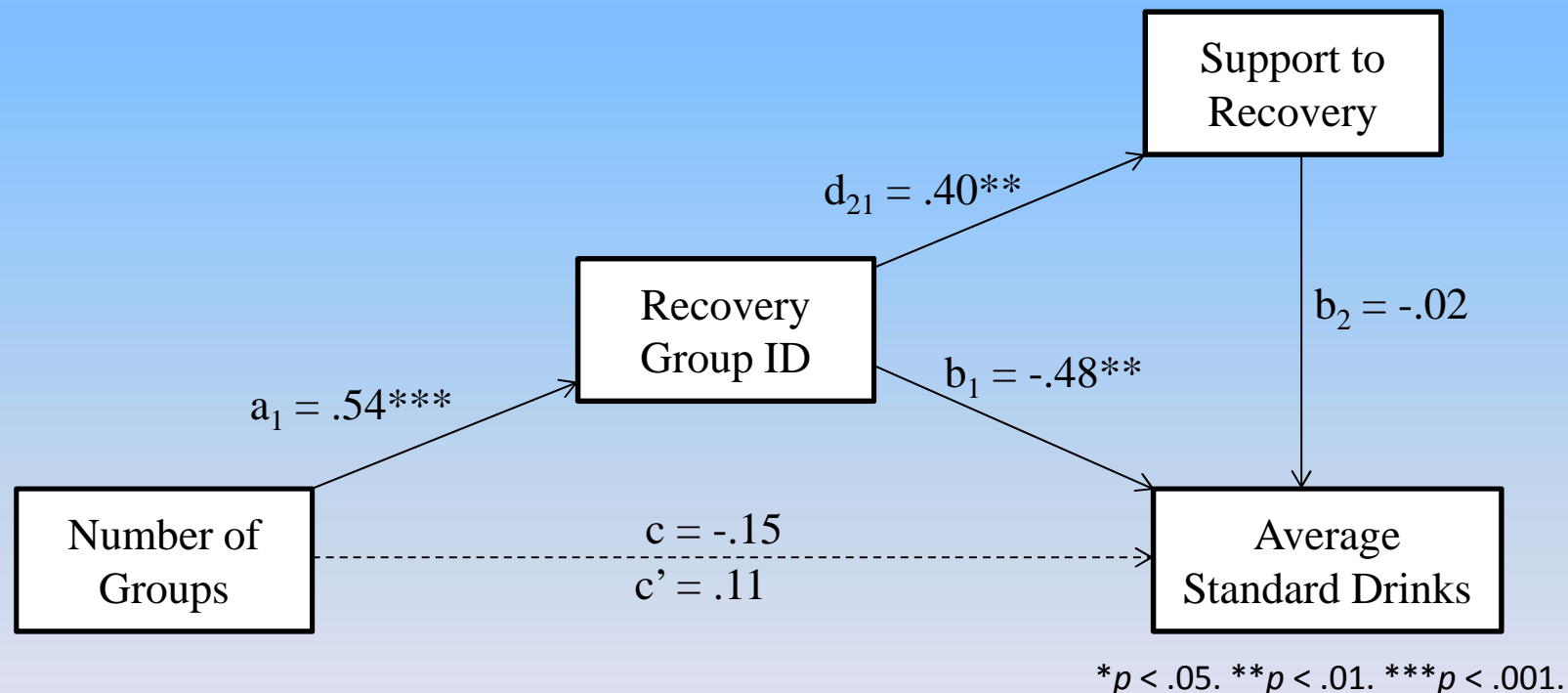
Fully mediated path predicts % days abstinent (past month)



Mediation of recovery group identity, $\beta = .25, p < .05$,

No serial mediation of support towards recovery goals, $\beta = .03, ns$.

And drinking quantity (past month)....



Mediation of recovery group identity, $\beta = -.26$, $p < .05$,
No serial mediation of support towards recovery goals, $\beta = -.00$, *ns*.

Does Type of Group Matter?

Type of Group	% reporting membership	Correlated with which outcomes?
Family	72	A&D
Other A&D	66	A&D
Friends	49	Wellbeing
Community	38	Wellbeing
TC	25	A&D

What does this mean for Clinicians?

- Client group memberships and identity play an important role in TC treatment and in ongoing recovery
- More groups is generally better, especially if clients see the groups as compatible with their recovery identity and supportive of recovery goals
- Different types of groups provide different types of support
- Clinicians can ask about clients' social groups and identity at entry and actively foster clients' building of recovery identity and group networks during treatment to help sustain their recovery

Huge thanks to....

Lives Lived Well



DEALING WITH ADDICTION. PASSIONATE ABOUT THE POSSIBILITIES

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