

Processes that Promote Recovery from Addictive Disorders

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Social Processes and Substance Use

- Describe four theories about the role of social processes in the development of and recovery from substance use and misuse
- Use these theories to highlight common processes in how treatment and self-help groups, as well as families, friends, social networks, promote a trajectory toward recovery
- Offer propositions about treatment, self-help groups, and everyday social contexts that reflect their role in shaping and changing substance use and related aspects of well-being

Four Theories

- **Social Control**
- **Social Learning**
- **Behavioral Economics and Behavioral Choice**
- **Stress and Coping**

Social Control Theory

Strong bonds with family, friends, work, religion, and other aspects of traditional society motivate individuals to engage in responsible behavior and refrain from substance misuse. These bonds are also associated with better overall functioning and well-being.

The main cause of weak attachments to existing social standards is lack of goal direction and inadequate monitoring of behavior, including families that lack cohesion and structure, friends who espouse deviant values and engage in undesirable behavior, and lack of supervision and vigilance in work and social settings.

Social Learning Theory

Substance use originates in the substance-specific attitudes and behaviors of the adults and peers who serve as an individual's role models. Substance use is a function of family members and friends who espouse positive norms about use, engage in and model substance use, and make substances easily available. Modeling begins with observing and imitating substance-specific behaviors, continues with expectations of positive consequences from substance use, and culminates in substance use and misuse.

Comparable social learning processes are associated with positive indices of individual functioning and well-being. The attitudes and behaviors of the adults and peers who are an individual's role models also influence these aspects of adaptation. Family members and friends who espouse norms about competence, model effective behavior, and inculcate expectations of success contribute to well-being.

Behavioral Economics and Behavioral Choice Theory

The key element of the social context is the rewards provided by involvement in conventional activities, such as educational, work, social, and religious pursuits. These activities provide social rewards, protect individuals from exposure to substances and opportunities to use them, and enhance the likelihood of initiating and maintaining recovery-oriented behavior.

Lack of effective access to rewards from educational and work pursuits, social activity, and religious engagement decreases the likelihood of adequate job-related, social, and spiritual functioning. In turn, it promotes the choice of other reinforcing behavior, such as substance use.

Stress and Coping Theory

Stressors and social disorganization associated with family, friends, work, and financial and other problems lead to a lack of motivation and self-efficacy. For example, family stressors such as conflict, criticism, physical and sexual abuse, and lack of cohesion and structure, erode self-confidence and create alienation and distress. The tension reduction model posits that alcohol and other drugs reduce distress, which reinforces their use.

Stressors are most likely to impel substance use among impulsive individuals who lack self-confidence and coping skills and who try to avoid facing problems and experiencing depression and distress. For these individuals, substance use is a form of avoidance coping that involves self-medication to reduce alienation and depression which, if successful, reinforces substance use.

Key Recovery-Based Processes

- **Social Control** – Bonding, Goal Direction, Monitoring
- **Social Learning** – Norms and models;
Observation and imitation
- **Behavioral Economics** - Involvement in rewarding and protective activities
- **Stress & Coping** – Building self-efficacy;
Developing effective coping skills

Social Processes and Recovery

- **What are the active ingredients in effective treatment for substance use disorders?**
- **Are these ingredients comparable to those that help explain the benefits of self-help groups?**
- **Are the active ingredients in treatment and self-help groups comparable to those in families and social networks that are associated with the overall process of recovery?**
- **Can theories about the social processes involved in the onset and growth of substance misuse help understand remission and recovery?**

Key Life Domains

- **Intervention Programs**
- **Self-Help or Mutual Support Groups**
- **Families**
- **Friends and Social Networks**

Elements of Effective Intervention Programs

Proposition I

The benefits of intervention programs depend on:

- (1) Relationships that involve social bonding, goal direction, and monitoring;**
- (2) Abstinence- and recovery-oriented norms and models,**
- (3) Activities that reward alternatives to substance use, such as work, active leisure, and spiritual pursuits;**
- (4) Building clients' self-confidence and coping skills.**

Social Bonding and Monitoring

Counselors who establish a supportive therapeutic bond, focus on clients' personal growth goals, and maintain an appropriate level of monitoring tend to engage clients in treatment and promote behavior change. Groups and residential settings with these characteristics (cohesion, goal direction, structure) also tend to motivate change.

Norms and Modeling

Effective treatment encompasses

abstinence- and recovery-oriented group norms and role models who teach social influence resistance skills and how to avoid and manage relapse-inducing situations. These role models engage clients in substance-free activities and help build clients' self-efficacy and problem-solving coping.

Rewarding Activities

Evidence-based treatment practices, such as contingency management and community reinforcement, incorporate activities that provide rewarding alternatives to substance use, including engagement in work, active leisure, and spiritual pursuits. These practices enhance clients' personal growth and shield them from activities likely to involve substance use.

Self-Efficacy and Coping

Several psychosocial treatments are based in part on stress and coping theory and focus on building clients' self-efficacy to manage high-risk situations and life stressors, and to develop skills to enhance their social and vocational functioning.

12-Step Facilitation Treatment

- **Support, structure, and goal-direction to accept abstinence goals and 12-step principles; bond with family, friends, work, and religion**
- **Identify with abstinence-oriented role models in a recovery-oriented social network**
- **Involvement in self-help groups; participation in substance-free social activities; help others overcome substance use**
- **Opportunities to practice sober behavior, enhance self-efficacy, and acquire coping skills**

Cognitive-Behavioral Treatment

- **Increase communication and relationship skills; Resolve marital and family problems; Provide monitoring by behavioral change agreements and sobriety contracts**
- **Teach vocational and work-related skills**
- **Plan pleasurable substance-free activities; provide rewards for abstinence**
- **Enhance abstinence self-efficacy and general self-confidence; Improve skills in coping with life stressors and high-risk situations**

Contingency Management and Community Reinforcement

- **Support, supervision, and goal direction in treatment; Monitor medications for substance use; Bonding with family, friends, work, religion**
- **Identify with individuals in recovery; learn from abstinence-oriented role models**
- **Provide rewards for abstinence; Increase rewards from alternative sources, such as family, work, social activities**
- **Recognize high-risk situations; Obtain behavioral/social skills training**

Motivational Enhancement Treatment

- **Empathy and equality; structured, goal-directed attempts to enhance motivation and commitment to change**
- **Emphasize self-monitoring and provide feedback about risk and impairment compared to personal and social norms**
- **Resolve clients' ambivalence about reducing substance use; clarify clients' values and reward behavior consistent with them**
- **Enhance clients' autonomy, responsibility, self-efficacy and coping skills**

Elements of Effective Self-Help and Mutual Support Groups

Proposition II

The positive outcomes of self-help and mutual support groups are due to:

- (1) A cohesive and goal-directed social network that monitors members' substance use;**
- (2) Abstinence- and recovery-oriented norms and role models,**
- (3) Engagement in social pursuits that shield individuals from activities likely to involve substance use,**
- (4) Help in building self-confidence and coping skills.**

Social Bonding and Monitoring

Self-help groups emphasize bonding among members and building community, have a specific sense of purpose or goal direction, and embody a defined structure as reflected in part by the 12 steps and traditions and/or by other organizing principles.

Norms and Modeling

Self-help groups espouse consistent abstinence-oriented norms and include role models of individuals in recovery who provide abstinence-specific and general support. Thus, group members tend to develop more friends who abstain from substances and are engaged in positive social, vocational, and spiritual pursuits.

Rewarding Activities

Self-help groups engage members in varied types of meetings and other rewarding substance-free social activities, such as involvement in community organizations and religious groups, and the opportunity to become sponsors and help other individuals in need.

Self-Efficacy and Coping

Self-help groups place strong emphasis on enhancing motivation for recovery, self-efficacy to resist substance use, and effective coping skills. Thus, group affiliation is associated with enhanced motivation for abstinence, increased self-confidence, and more reliance on effective substance-specific and general coping.

Effective Families

Family members can encourage the onset and progression of substance use or play a positive role in the outcome of treatment and in natural recovery. Their influence on stable remission and recovery depends on the same social processes that promote the benefits of treatment and self-help groups.

Proposition III

Four family-related social processes raise the likelihood of recovery and protect against relapse.

- (1) Social bonding, goal direction, and monitoring;**
- (2) Providing recovery-oriented models and norms,**
- (3) Involvement in rewarding educational, work, and social/recreational activities;**
- (4) Building a recovering family member's self-confidence and coping skills.**

Social Bonding and Monitoring

Partners, parents, and other family members who strengthen social bonds and monitoring by maintaining a cohesive, goal-directed, and well-organized family promote recovery. In contrast, an apathetic, conflict-ridden, and disorganized family raises the likelihood of relapse for both adolescents and adults.

Social Bonding and Monitoring

Family support, goal direction, and supervision strengthen the bonding and monitoring process, increase an individual's sense of belonging and comfort, and heighten the likelihood of stable recovery. Key mediating factors are family members who espouse traditional social goals, an increase in structured activities, and involvement in work-related pursuits.

Norms and Modeling

Partners and other family members who model and provide abstinence-specific support raise the likelihood of recovery. In contrast, adults whose spouse or partner uses alcohol or drugs are more likely to be offered these substances, to use them, and to relapse; this also holds for adolescents whose parents or siblings use alcohol or drugs.

Norms and Modeling

When partners, parents, sibs, and other family members disapprove of and shun substance use, individuals tend to develop negative expectancies about the effects of substances, to decline offers of substances, and to more quickly curtail substance use and continue the process of recovery.

Rewarding Activities

Partners and other family members who promote traditional social goals, acceptance of community values, and involvement in rewarding educational, work, social, and religious pursuits help to protect individuals from exposure to substances and contribute to stable remission and recovery.

Self-Efficacy and Coping

Family members who support an individual's self-efficacy and confidence to avoid substance use in high-risk situations help to sustain recovery and reduce the risk of relapse. A family focus on the benefits of sobriety and the value of approach coping strategies, such as confiding with a spouse or partner and seeking social support, heightens the likelihood of continued recovery.

Self-Efficacy and Coping

In contrast, family members who create stressors or alienation by directing criticism or hostility toward a recovering individual raise the likelihood of relapse. More broadly, stressful life circumstances are associated with a higher likelihood of relapse, especially among vulnerable individuals who lack self-efficacy, coping skills, and social support.

Effective Friends and Social Networks

Proposition IV

Friends' and social network members' influence on substance use and misuse depends on the same social processes involved in families:

- (1) Bonding, goal direction, and monitoring;**
- (2) Recovery-oriented norms and modeling,**
- (3) Engagement in rewarding educational, work, and social/recreational activities;**
- (4) Building self-confidence and coping skills.**

Social Bonding and Monitoring

Individuals establish and maintain key aspects of their identity through relationships with friends. Mutual bonding and monitoring with friends who are directed toward traditional social goals has a positive influence on recovery. However, bonding with peers who pursue deviant goals and exert control over an individual's values and activities fosters problem behavior and substance misuse.

Norms and Modeling

When friends and social network members support recovery-oriented goals and disapprove of and refrain from substance use, individuals tend to develop and maintain negative expectancies about the effects of substances, to resist and/or curtail substance use, and to continue on the path to long-term recovery.

Rewarding Activities

Friends and social network members who accept traditional social goals and participate in rewarding educational, work, and social activities that do not involve substance use tend to enhance individuals' motivation to build a new life and refrain from substance misuse.

Self-Efficacy and Coping

Friends and social network members who bolster an individual's self-efficacy and confidence to avoid substance use help to sustain recovery. Friends who confront life stressors and espouse the benefits of problem-solving coping contribute to better functioning and well-being.

Purpose

Among initially untreated individuals who sought formal help for the first time:

- **Describe the long-term course of alcohol use disorders with and without obtaining help**
- **Examine how participation in professional treatment and self-help groups influences remission and relapse**
- **Focus on how theory-based personal and social resources foreshadow remission and relapse**

Design

- **Naturalistic Study**
- **Baseline Assessment**
- **Follow-ups at 1, 3, 8, and 16 years**
- **Combination of Mail Surveys and Telephone Interviews**

Participants

- **Initial baseline N = 628**
- **N = 121 (19.3%) died by 16-year follow-up**
- **Average 80% follow-up rate at 1, 3, 8, and 16 years of individuals still living**
- **Primary focus on 461 of the 507 individuals (91%) who remained alive and were followed on two or more occasions and/or at the 16-year follow-up**

Demographics at Baseline

- **50.3% women; 49.7% men**
- **80% Caucasian**
- **Average age = 33.5 years**
- **Average education = 13.1 years**
- **Most unmarried or separated/divorced (78%)**
- **56% not employed**

Indices of Resources

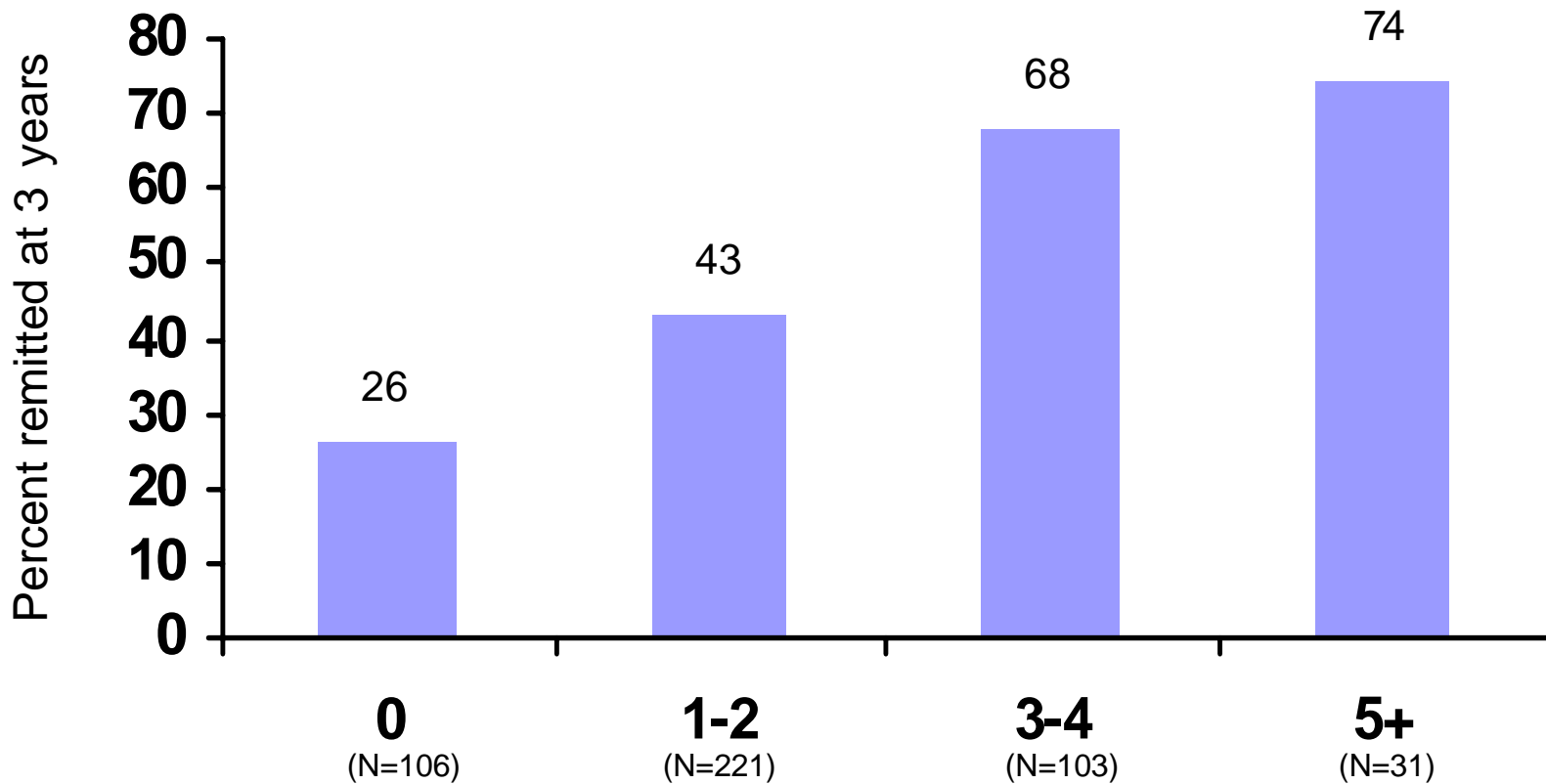
- **Social Learning/Stress & Coping: Self-efficacy, more reliance on approach and less on avoidance coping, abstinence models (AA)**
- **Behavior Economic: Health and financial resources**
- **Social Control: Family, friend, work resources**

Predictors of Remission

- **More self-efficacy and approach coping**
- **Less avoidance coping and drinking to cope**
- **Better health, employment, and more financial resources**
- **More bonding with family members, friends, and coworkers**
- **A longer duration of participation in AA**
- **More of these protective resources predicted remission, whereas lack of these resources predicted relapse**

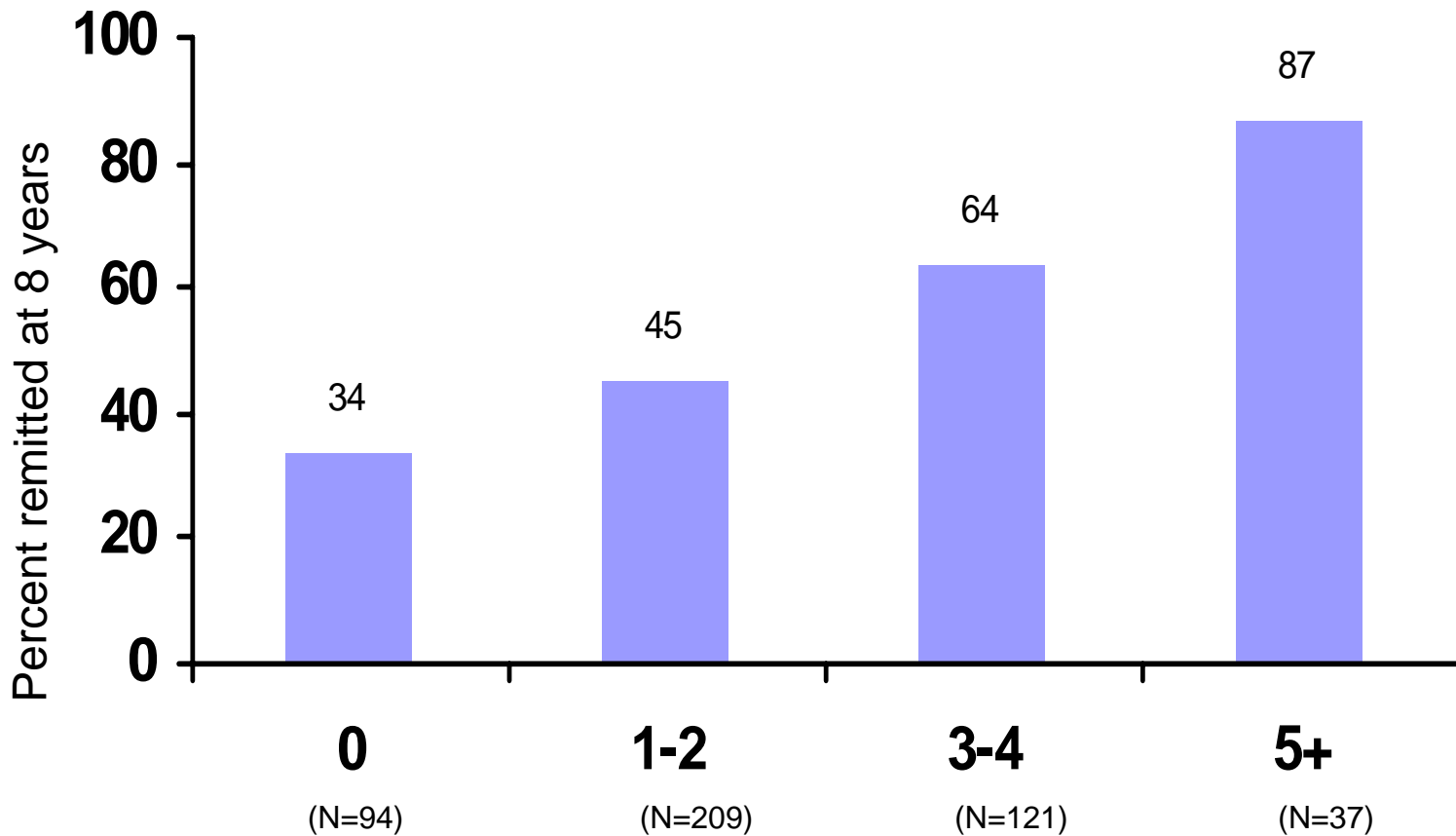
Protective Resource Index

- **High Self-Efficacy**
- **High Approach and Low Avoidance Coping**
- **High Participation in AA**
- **High Health and Financial Resources**
- **High Family, Friend, and Work Support**



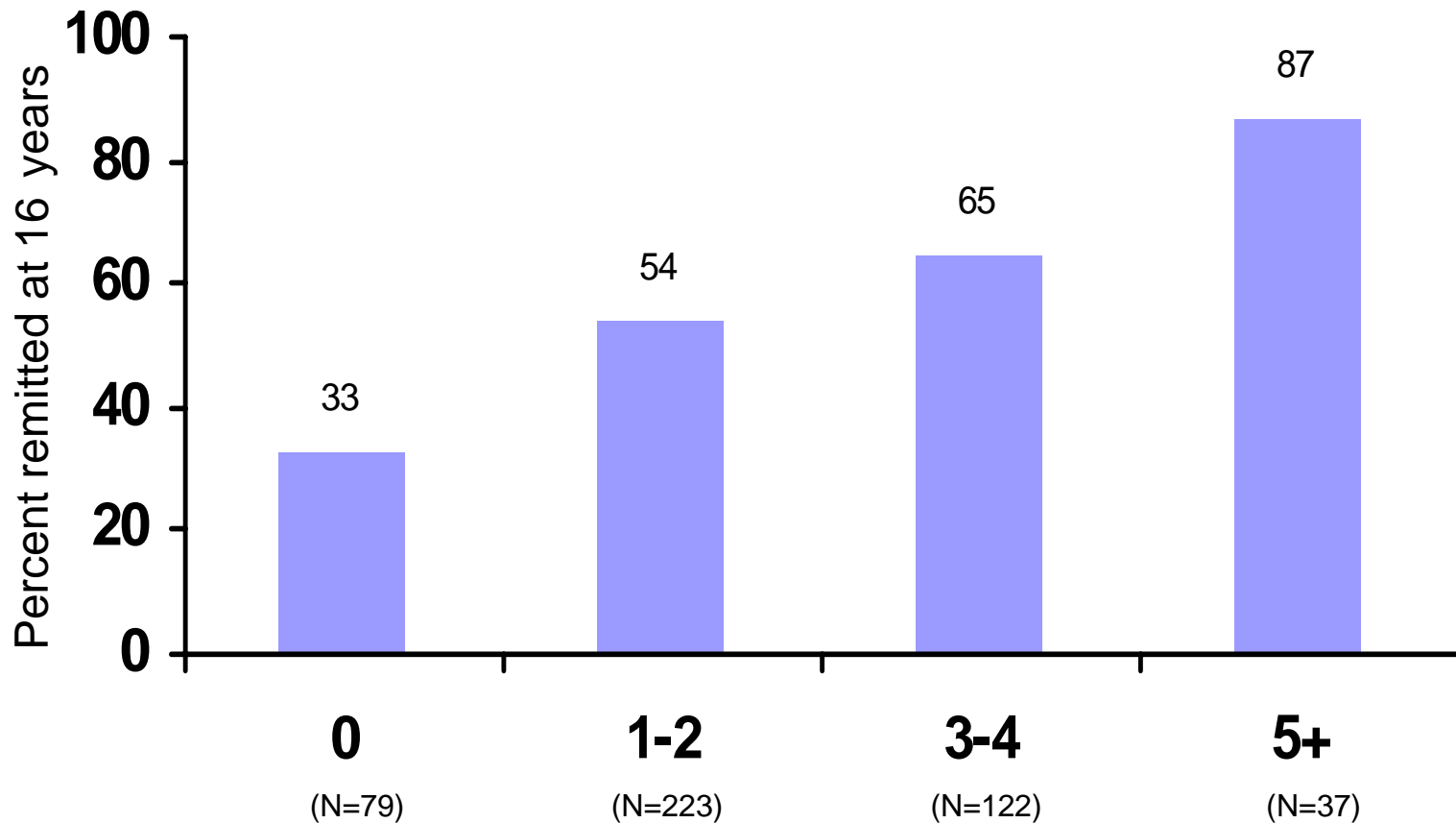
Resources at 1 year

Figure 1. The number of resources at 1 year as a predictor of the percent of remitted individuals at 3 years



Resources at 3 years

Figure 2. The number of resources at 3 years as a predictor of the percent of remitted individuals at 8 years



Resources at 8 years

Figure 3. The number of resources at 8 years as a predictor of the percent remitted individuals at 16 years

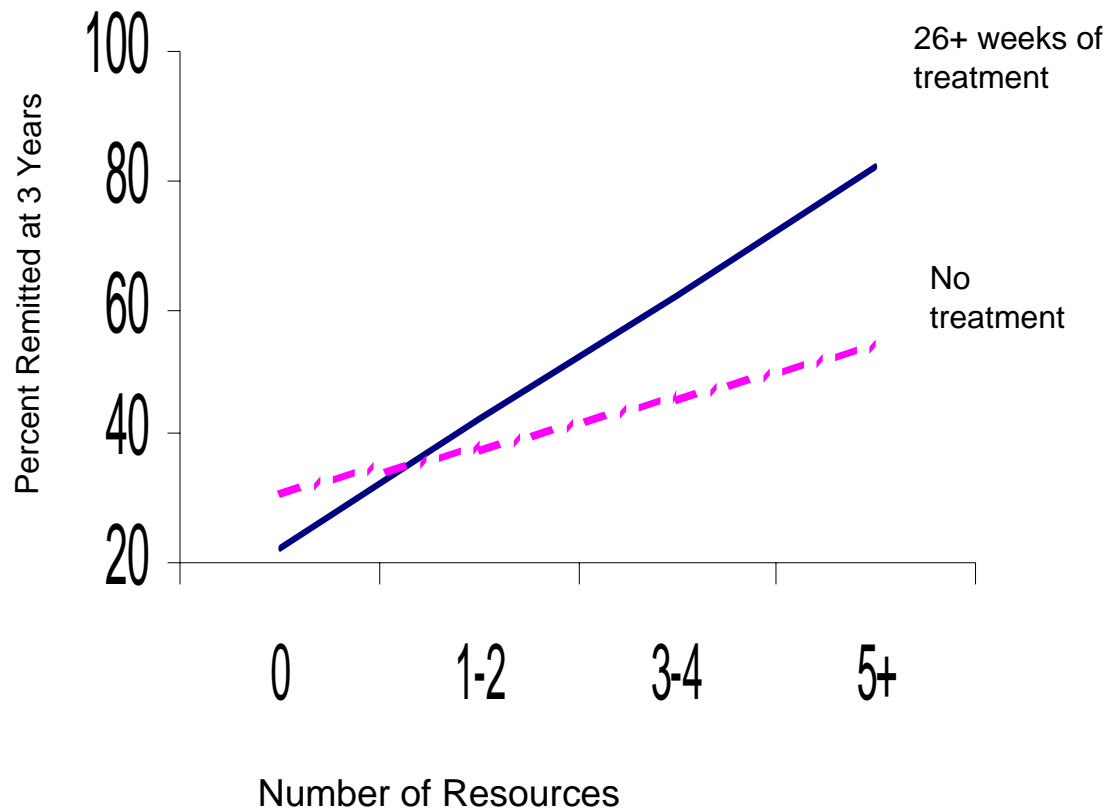


Figure 4. Interaction between number of resources and participation in treatment in the first year as predictors of 3-year remission

Conclusions – Theory-Based Protective Resources and Remission

- **Personal and social resources associated with social learning, stress and coping, behavioral economic, and social control theories predict the maintenance of remission**
- **These resources are comparable to those that protect individuals from the initiation and development of substance use problems in the first place**

Proposition V

The social factors that underlie the resolution of addictive problems are common to formal treatment, self-help and mutual support groups, and relationships with family members and friends. They reflect the key processes posited by social control, social learning, behavioral choice, and stress and coping theories.

Conclusion

There are important similarities in the process of problem resolution that occurs within and outside treatment. Comparable social forces are involved in how counselors, AA sponsors, parents and partners, and peers influence recovering adults and adolescents.

Take Home Message

The social contexts and processes that underlie the initiation and growth of substance use hold within them the potential for the resolution of the problems they create.

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