Alcohol Abstinence Self-Efficacy Scale (AASE)

BRIEF DESCRIPTION

The AASE assesses Bandura's construct of self-efficacy and evaluates an individual's efficacy (e.g., confidence) to abstain from drinking in 20 situations that represent typical drinking cues. These situations form four subscales comprised of five items each examining cues related to (1) Negative Affect, (2) Social/Positive, (3) Physical and Other Concerns, and (4) Withdrawal and Urges. In addition, these same items can be assessed for an evaluation of an individual's temptation to drink providing a measure of cue strength to relate to the efficacy evaluation. Both Efficacy and Temptation are rated on 5-point Likert scales ranging from not at all to extremely. Individuals are asked to give a current estimate of temptation and efficacy. These scales can be used to evaluate individuals entering treatment, progress during treatment, relapse potential, and posttreatment functioning.

TARGET POPULATION

☒ Adults

☐ Adolescents

Groups for which this instrument might be especially helpful?

The AASE would be especially helpful to treatment personnel and in treatment programs where the goal of intervention was abstinence. It could also be used to evaluate AA program participation. These measures would be helpful for outcome evaluations and program evaluation. The AASE also could be used for adolescents if the goal for these individuals was alcohol abstinence.

ADMINISTRATIVE ISSUES

Number of items: *20 Efficacy; 20 Temptation*

Number of subscales: *4*

Format(s): ☒ Pencil-and-paper self-administered

☐ Interview

☐ Observation

☐ Computer self-administered

☐ Other

Time required for administration: *10 minutes*

Administered by: *Self*

Training required for administration? ☐ yes ☒ no

SCORING

Time required to score/interpret: *5 to 10 minutes*

Scored by: *Hand scored by staff*

Computerized scoring or interpretation available? ☐ yes ☒ no

Norms available? ☒ yes ☐ no

Instrument normed on subgroups? ☒ yes ☐ no

Which groups? *Outpatient substance abusers, aftercare and outpatients in Project MATCH*

PSYCHOMETRICS

Have reliability studies been done? ☒ yes ☐ no

What measure(s) of reliability was used?

☐ Test-retest

☐ Split half

☒ Internal consistency

Have validity studies been done? ☒ yes ☐ no

What measures of validity have been derived?

☐ Content

☐ Criterion (predictive, concurrent, "postdictive")

☒ Construct

CLINICAL UTILITY OF INSTRUMENT

The AASE yields the self-evaluation of the client of their perceived temptation to drink and their efficacy to abstain in 20 common situations. Individuals who score high in temptation and low in efficacy across all situations are more dependent. Individuals who respond differentially to more specific situations could be given more specific interventions. Clinicians could also give the measure repeatedly to assess progress in treatment in terms of these self-evaluations. Finally, relapse prevention programming could use these estimates of temptation and efficacy to individualize and guide treatment.

RESEARCH APPLICABILITY

Self-efficacy can be used as either an outcome measure or a mediator of drinking outcomes. This scale is comparable to ones used for smoking cessation, diet, and substance abuse, so self-efficacy could be comparably evaluated across behaviors. The measure can also be used to track progress during treatment. Scores can be used in latent growth analyses as well as in more traditional multi-wave analyses. Efficacy scores have been found to vary with stage of change and to be responsive to relapse threats so could be used in relapse studies.

SOURCE, COST AND COPYRIGHT ISSUES

Copyright: ☐ yes ☒ no

Cost: *None*

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SOURCE REFERENCE

DiClemente, C.C., Carbonari, J.P., Montgomery, R.P.G. & Hughes, S.O. (1994). The Alcohol Abstinence Self-Efficacy Scale. *Journal of Studies on Alcohol, 55,* 141-148.

SUPPORTING REFERENCES

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