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TWELVE-STEP FACILITATION: AN ADAPTATION FOR PSYCHIATRIC PRACTITIONERS AND PATIENTS

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SPEAKER DISCLOSURES

✓ No conflicts of interest

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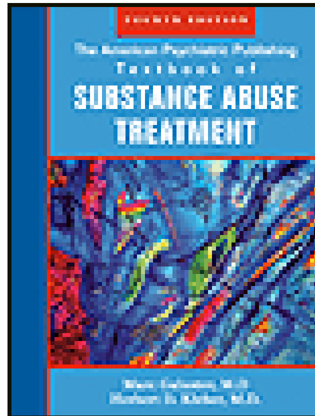

Twelve-Step Facilitation: An Adaptation for Psychiatric Practitioners and Patients

Richard K. Ries, MD
Marc Galanter, MD
J. Scott Tonigan, PhD

The American Psychiatric Publishing
Textbook of Substance Abuse Treatment, Fourth Edition
Edited by Marc Galanter, MD, and Herbert D. Kleber, MD

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12 STEP FACILITATION …IS A METHOD TO HELP GET PATIENTS TO 12 STEP MEETINGS AND MAXIMIZE THEIR BENEFIT

- Why get people to 12 step meetings?
  - 20-50% of trauma(med-surg) and psychiatric in and outpts will have current, history or episodic substance problems
  - Substance treatment may be unavailable or even if used, 12 step will likely be involved
  - Positive effects include not only the group support and socialization, but key psychological/therapeutic content elements.
  - Addiction is a chronic potentially relapsing disease….Usual TREATMENT is not usually structured for this BUT AA is

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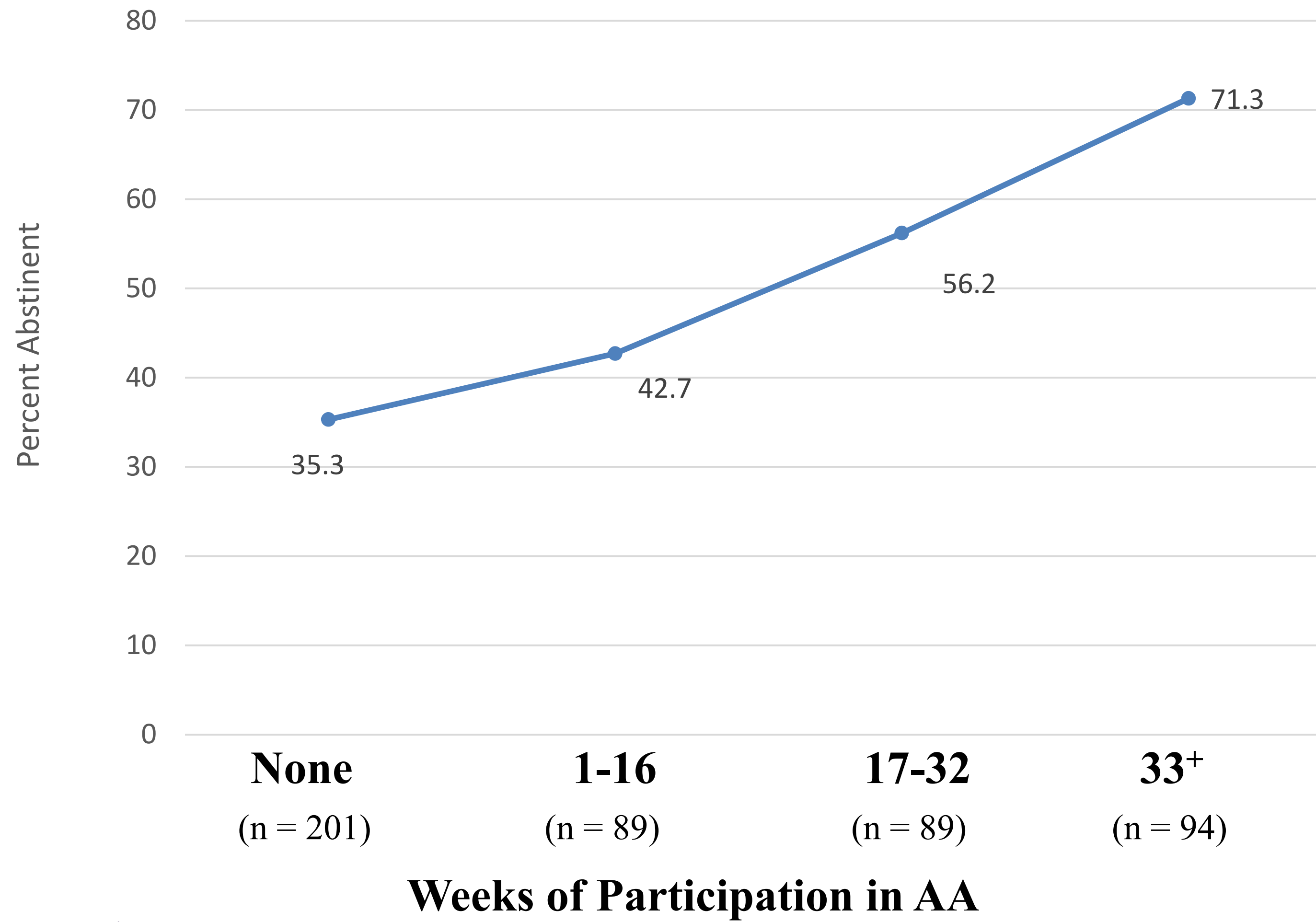
ABSTINENCE RATES AT 8 YEARS BY DURATION OF MEETING ATTENDANCE IN THE FIRST YEAR



Moos, et al., 2004

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ONE YEAR ABSTINENCE WAS PREDICTED BY

- AA involvement (OR=2.9), (N=377)
- Not having pro-drinking influences in one's network (OR=0.7)
- Having support for reducing consumption from people met in AA (vs. no support; OR=3.4)
- In contrast, having support from non-AA members was not a significant predictor of abstinence

Kaskutas: Addiction 2002

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- Cochrane Data Base 2020 Mar 11;3(3):CD012880.

doi: 10.1002/14651858.CD012880.pub2.

Alcoholics Anonymous and other 12-step programs for alcohol use disorder

John F Kelly[1], Keith Humphreys[2], Marica Ferri[3]

Cost-effectiveness studies In three studies, AA/TSF had higher healthcare cost savings than outpatient treatment, CBT, and no AA/TSF treatment. The fourth study found that total medical care costs decreased for participants attending CBT, MET, and AA/TSF treatment, but that among participants with worse prognostic characteristics AA/TSF had higher potential cost savings than MET (moderate-certainty evidence).

Conclusions: There is high quality evidence that manualized AA/TSF interventions are more effective than other established treatments, such as CBT, for increasing abstinence. Non-manualized AA/TSF may perform as well as these other established treatments. AA/TSF interventions, both manualized and non-manualized, may be at least as effective as other treatments for other alcohol-related outcomes. AA/TSF probably produces substantial healthcare cost savings among people with alcohol use disorder.

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Psychology Today ***Lee Holly , Meninger***

Virtual AA and 12-Step Meetings: 4 Benefits, 4 Downsides

Quitting alcohol is a common New Year's resolution—could virtual 12-step help?

Posted January 12, 2021

Pros

1 Convenience

2. Availabilty

3. Newcomers

4. Lack of phyiscal restrictions

Cons

1. and Ap Issues

2. Distactabilty *Avoid multitasking during meetings on your computer or smartphone, despite how tempting it may be to browse social media, shop, or check email while you're in a virtual meeting.*

3. Reduced Social Quality/Type– *No Hugs*

4. Inaccurate meeting content

Download the official Alcoholics Anonymoys World Services, Inc. Meeting Guide application via the iOS app or the Google Play app.

https://area72aa.org/online-virtual-meetings/ Western Wa guide

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Alcohol consumption, Alcoholics Anonymous membership, and suicide mortality rates, Ontario, 1968-1991.

Mann RE, Zalcman RF, Smart RG, Rush BR, Suurvali H.

Method: We studied the impact of alcohol consumption levels, AA membership rates, and unemployment rates on suicide mortality rates in Ontario from 1968 to1991.

Results: **Total alcohol consumption and consumption of each of beer, distilled spirits, and wine were significantly and positively related to total and female suicide mortality rates.**

AA membership rates were negatively related to total and female suicide rates.

Although data for males did not reach significance (except for the relationship between wine consumption and suicide rate), the direction of effects was consistent with that observed for female and total suicide rates..

(J. Stud. Alcohol 67: 445-453, 2006).

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Does Participating in AA Decrease the Risk for Suicide in Alcohol Dependence?. [Article in Japanese]

Hashimoto S, Ashizawa T.
Source Sapporo 064-0946, Japan.

Sixty four participants in this survey were collected from voluntary AA members in Hokkaido area. pre-suicidal thoughts, suicidal thoughts, suicidal plans, suicidal attempts were retrospectively asked before and after becoming AA members.

Participating in AA caused a significant decrease ($p < 0.001$) in the risk for suicidal phenomena in alcohol dependence.

Psychosocial treatments usually acknowledged spirituality, but might not address them directly. We referred to spirituality in AA and Japanese spirituality. We discussed the relation between spirituality in AA and prevention of suicide.

Nihon Arukoru Yakubutsu Igakkai Zasshi. 2012 Dec;47(6):308-16.

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Addiction. 2012 Nov;107(11):1974-83.

Mediational relations between 12-Step attendance, depression and substance use in patients with comorbid substance dependence and major depression.

Worley MJ, Tate SR, Brown SA.

DESIGN:

Controlled trial of Twelve-Step facilitation (TSF) and integrated cognitive-behavioral therapy (ICBT), delivered in out-patient groups for 6 months with adjunct pharmacotherapy. Veterans (n = 209) diagnosed with alcohol, stimulant or marijuana dependence and substance-independent MDD.

FINDINGS:

In multi-level analyses

> greater 12-Step meeting attendance predicted lower depression
> and mediated the superior depression outcomes of the TSF group
>Independent of treatment group, lower depression severity predicted lower future alcohol use and mediated the effects of 12-Step meetings,

Controlled, lagged models indicated these effects were not confounded by current substance use, suggesting that depression had unique associations with 12-Step meeting attendance and future drinking.

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Efficacy of Disulfiram and Twelve Step Facilitation in cocaine-dependent individuals maintained on methadone: a randomized placebo-controlled trial.

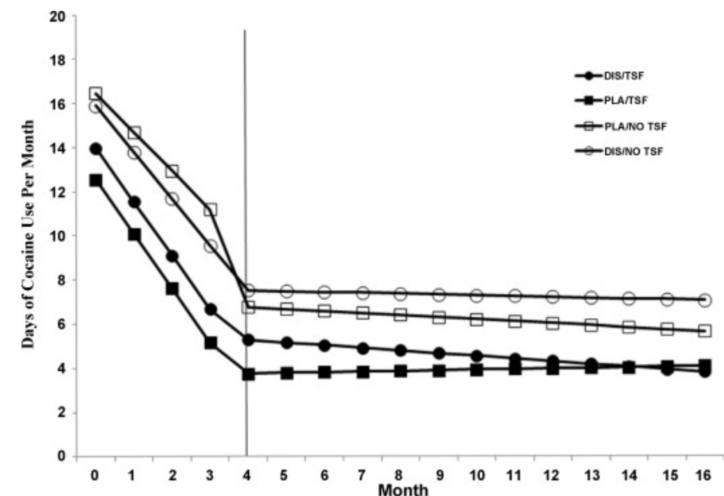
Carroll KM, Nich C, Shi JM, Eagan D, Ball SA.

METHODS:

Randomized, placebo-controlled, double blind (for medication condition), factorial (2×2) trial with 4 treatment conditions:
Disulfiram/Placebo// +/- TSF (N=112) received either disulfiram (250 mg/d) or placebo in conjunction with daily methadone maintenance.

RESULTS:

Assignment to TSF was associated with 50% <u>less</u> cocaine use throughout the trial,
but NO effect for disulfiram observed



Drug Alcohol Depend. 2012 Nov 1;126(1-2):224-31

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WHAT METHODS ARE MOST EFFECTIVE TO INCREASE SUPPORT GROUP INVOLVEMENT?

Recommendation from a VA/CSAT workgroup on self help groups (2003)

- Community-based treatment programs, even those that label and represent themselves as “12-step oriented,” should evaluate whether their current program practices actively support involvement in 12-step self-help groups.
- Further, they should examine the methods employed by their counselors. Typically, they noted, when counselors do attempt to support 12-step self-help group involvement, they rarely use empirically supported methods.
- When clinicians use empirically validated techniques to support mutual help group involvement, it is far more likely to occur.

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WHAT METHODS TO INCREASE 12-STEP INVOLVEMENT ARE EMPIRICALLY SUPPORTED ?

- TSF – Twelve Step Facilitation (Project Match) …many
- GDC + IDC – Group Drug Counseling plus Individual Drug Counseling (NIDA Collaborative Cocaine Treatment Study)
- SECA – Systematic Encouragement and Community Access (Sisson and Mallams, 1981)
- "Intensive Referral" i.e. link with AA volunteer Timko 2006

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Addiction. 2006 May;101(5):678-88.

Intensive referral to 12-Step self-help groups and 6-month substance use disorder outcomes. Timko C, Debenedetti A, Billow R. AIMS:

Randomized controlled trial. Setting Out-patient substance use disorder treatment. Participants Individuals with substance use disorders (SUDs) entering a new treatment episode (n = 345) who were assigned randomly to a standard referral- or an intensive referral-to-self-help condition.

INTERVENTION: The intensive referral intervention focused on encouraging patients to attend 12-Step meetings by connecting them to 12-Step volunteers.

FINDINGS:. Among all patients, compared with those who received standard referral, those who received intensive referral were more likely to be involved with 12-Step groups during the 6-month follow-up (i.e. had provided service, had a spiritual awakening and currently had a sponsor)….. also had better alcohol and drug use outcomes at 6 months..

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Addiction. 2006 May;101(5):678-88. CONTINUED

Intensive referral to 12-Step self-help groups and 6-month substance use disorder outcomes.

Timko C, Debenedetti A, Billow R.

12-Step group involvement and substance use outcomes:

More improvement on alcohol use was associated significantly with

having read 12-Step literature ($P < 0.05$),
provided service at a meeting ($P < 0.01$)
been a sponsor ($P < 0.05$);
spiritual awakening ($P < 0.06$);

significantly correlated with overall involvement ($r = 0.18$, $P < 0.01$).

The correlation between improvement on alcohol use and number of Steps worked was not significant. Indices of involvement and number of Steps worked were not related significantly to improvement on drug use over the 6 months

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OVERVIEW OF TSF

- *Not* 12-Step support group
- Written down in a *manual* (Project Match reviewed and approved by Hazelden)
- About twelve sessions (Individual in most studies)
- Facilitated by a drug counselor or therapist
- 3 Goals
  - (1) facilitate "acceptance"
  - (2) facilitate "surrender"
  - (3) facilitate active involvement in 12-Step meetings and related activities

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HOW TO USE AA AS A TREATMENT PARTNER

- 1. Know something about AA, its history, presence in your community, structure and content

- 2. Helpful Readings:
  - Brown: A psychological view of the 12 steps
  - AA: AA for the medical practitioner; and
  - The AA member and medications
  - Twelve Step Facilitation Therapy Manual-
    - Project Match, NIAAA web site
  - Twelve Step Facilitation for COD
    - Ries in Galanter APA text
  - Twelve Step Facilitation
    - Carrol in Ries ASAM Principle IV edition (In press)

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HOW TO USE AA AS A TREATMENT (RECOVERY) PARTNER

- Go to meetings as a professional guest
  - Go with a friend
  - Call the AA hotline and ask for a guide for professionals wanting to learn about AA
  - Go to an "open" meeting, identify yourself and ask to meet with some members after the meeting.
- All of the above work better if you go with someone, so you can talk about what you saw/heard

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THERAPIST GUIDELINES- PROJECT MATCH

- "The therapist acts as a resource and advocate of the 12-Step approach to recovery":
  - Explains the AA view of alcoholism, analyzes slips and resistance to AA in terms of disease of alcoholism and denial.
  - Introduces AA-Steps and concepts by applying these to patient history
  - Advocates Reliance on fellowship of AA and its role in ongoing recovery

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THERAPIST GUIDELINES…12-STEP PROJECT MATCH

- Explains role of sponsor and guides pt to finding the right one
- Answers questions about material found in “Big Book”. 12x12, meetings etc.
- Encourages attendance, involvement, service, speaking, interaction
- Promotes additional recovery tasks

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THERAPIST APPROACH: 12-STEP, PROJECT MATCH

- Interactive, supportive, but not “enabling”
- Forthcoming and conversational, offering feedback and personal views
- Gently confrontational…but using the disease as responsible, rather than the person
- Motivational, rewarding of positive efforts

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KEY CONCEPTS:

- Acceptance and Powerlessness
  - That one has become: "powerless over alcohol- that our lives had become unmanageable" (Step One)
  - Powerless to predict behavior once drinking, but
    - **NOT powerless over Recovery,**
    - **NOT powerless to avoid bars etc**
    - **Not powerless to get to meetings**
    - **Not powerless to take medications**
    - **Not powerless to come to treatment appointments**

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PROJECT MATCH: INITIAL SESSION

- Not focused so much on illness as previous attempts at quitting, treatment , AA
- "Tell me about times you have stopped or cut-down before?
- .... about your previous treatments?
- ....what seemed to work and what didn't?

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AA EVALUATION:

- …….what have been your experiences with AA?
- Have you ever gone to meetings?
  - when ,…recent and past
- How many,…. ever do “90 in 90”???
- Did you go to the same meeting regularly (an example would be every week for several months…tell me about these meetings.
- Did you get a sponsor (how, why not, what got in the way?)

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AA EVALUATION

- Did you ever work the steps…(which ones, written 4 and 5, amends 8 and 9)
- How fully "plugged in" did you ever get with AA…did people know you, did you know them…did you ever do any "service"
- If mostly "yes" to above then>>>>
  - Analyze what happened to the linkage
- If mostly "no" to the above then:

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FACILITATING AA IN THOSE WITH LITTLE OR NO EXPOSURE (1)

- Make your position clear on why you are a strong advocate…
  - …. "Most people I see with more than a few months of sobriety are REGULARLY USING AA"….and
  - "The MORE INVOLVED WITH AA, THE BETTER THE OUTCOME…not only with drinking/drugs, but with psych problems, work, relationships, etc."
    - Involved means more than just showing up…it means "working" the elements of the AA recovery program
    - You can work the steps for Bipolar Disorder too

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ENGAGING THOSE WITH AA RESISTANCE:

- 1. They had previous bad experiences with treatment and AA is guilty by association…..Solution: explore these issues and interpret the resistance

- 2. They had previous bad experience with AA..
  - (e.g. met someone at a meeting then went and used with them…went to a mismatched meeting….met someone who "hit on" her/him)
  - solution: explore what happened and the pts role in this or talk about matching meetings to the pt.

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ENGAGING AA RESISTANCE:

- They had a previous bad experience due to co-occurring psychiatric problems…social phobia or paranoia etc….

- Solution, explore this, and explain that you will develop a strategy to deal with these symptoms,
  - AA is about the safest place there is to have symptoms in public…(supportive, non-confrontive, etc.)

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ENGAGING AA RESISTANCE

- They actually had very little previous experience, but stopped meetings, used alc/drgs and concluded that meetings “don’t work”…..

- Solution: explain that their previous attendance and involvement wasn’t an adequate “dose”….I use two examples:
  –

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ADEQUATE TRIAL OF AA?

- Antibiotic model: Would you conclude that an antibiotic didn't work if you only took a third of the dose and only took this for a third of the days?

- Diabetes Model: Would you conclude that diabetes treatment didn't work if you only took the medicine about half the time and ate chocolate cake in between?

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OTHER DISCUSSION ON DEALING WITH RESISTANCES…

- 1.
- 2.
- 3.
- 4.

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WHAT IS A “DOSE” OF AA

- Meetings…90 in 90 is best, but otherwise at least 3/week, same meetings each week
- Acquaintance with members/ Abstinence from use
- Sponsor (getting one) and Steps (working them, i.e., just coming to meetings regularly is a start, but is not working the full program

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OTHER COMMENTS, METHODS ON DEFINING A "DOSE" OF 12 STEP…

- 1.
- 2.
- 3.
- 4.

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MATCHING MEETINGS

- Socioeconomic
- Sex/gender, esp women's meetings
- Sexual orientation
- Age
- Location, time, convenience
- Smoking/Non (almost all are non now)
- Focus…straight AA, NA, Dual, Double Trouble, etc.

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THE “GOD” ISSUE

- “Power Greater than ourselves”
  - Alc/Drg was clearly greater than yourself
  - Recovery is also clearly greater than yourself….(or you wouldn’t need this program and addiction recovery would be easy)
  - The wisdom of AA and especially its long sober members is clearly greater than yourself

- What does a “Higher Power” or God mean to the pt? (Don’t argue, but return to above)

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IMPORTANCE TO RECOVERY (RANK ORDER)

	Patients Ranking (N=101)	Medical Students' View (N=119) Students	Medical Students' View (N=119) of Patients
Inner Peace	1	8	7
Medical Services	2	3	3
Belief in God	3	9	11
AA	4	11	5
Outpatient Tx	7	4	2
Gov't Benefits	9	2	9

- Galanter 05

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•.ADDICTION 2017 Jun;112(6):929-936.

Is Alcoholics Anonymous religious, spiritual, neither? Findings from 25 years of mechanisms of behavior change research

John F Kelly[1]

Results: While AA's original main text ('the Big Book', 1939) purports that recovery is achieved through quasi-religious/spiritual means ('spiritual awakening'), findings from studies on MOBC suggest this may be true only for a minority of participants with high addiction severity. AA's beneficial effects seem to be carried predominantly by social, cognitive and affective mechanisms.

Conclusions: Alcoholics Anonymous appears to be an effective clinical and public health ally that aids addiction recovery through its ability to mobilize therapeutic mechanisms similar to those mobilized in formal treatment, but is able to do this for free over the long term in the communities in which people live.

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MOTIVATIONAL INTERVIEWING AND AA FACILITATION

- "So you thought about going to a meeting last night, but didn't……"
- What do you think you might have gained if you had gone?
- What would have been the downside of going?

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COGNITIVE/BEHAVIORAL THERAPIES AND AA FACILITATION

- “So you thought about going to a meeting last night, but didn’t quite get there
- ….lets examine what you said to yourself to convince yourself not to go, then work out a strategy to get you there.”

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12 STEP "DISEASE MODEL" FACILITATION

- "So you thought about going to a meeting last night, but didn't quite get there….."
- What was responsible for not getting there... was it you or was it your disease?
- That kind of experience is the illness at work…it's the disease that tells you that you don't have a disease….who could you have called?

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OTHER EXAMPLES…..

- 1.
- 2.
- 3.
- 4.

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INTEGRATED PSYCHIATRIC TREATMENT AND AA FACILITATION

- So you thought about going to a meeting last night, but were afraid you would panic if you were called on, so you didn't go….let's work out a strategy:
  - Meds for social phobia (SSRI, maybe /gabapentin etc…NOT BENZOS)….(AA pamphlet on Meds)
    - How about Propranolol ?
  - Rehearsal of what to say in meetings (In pts words) with visualization… "Hi I'm Rick, alcoholic, and I'm glad to be here", written card or on hand
  - Rehearse this again and again in session and outside

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WORKING THE STEPS FOR OTHER PSYCH DISORDERS

- Step one acceptance is crucial for long term med taking in Schiz/Bipolar/others
- Powerless over illness, but not powerless over treatment participation
- Seeking help, support and guidance from others who have been through the illness
- Learning how to be more responsible and honest
- AA meetings offer severe psych pts the chance to be around more socially normal people

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DOUBLE TROUBLE RECOVERY (DTR) OUTCOMES

- Members of 24 DTR groups (N=240), New York City, 1 year outcomes
- Drug/alcohol abstinence = 54% at baseline, increased to 72% at follow-up
- More attendance = better medication adherence
- Better medication adherence = less hospitalization

Magura Add Beh 2003, Psych Serv 2002

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the AA member-
Medications
& other Drugs

This is A.A. General Service Conference-approved literature

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WHAT ABOUT…..

- Suboxone
- Methadone for addiction
- Pain meds
- Benzos
- Others…….

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BIPOLAR ALCOHOL TID RECOVERY EXERCISE: LINKING BIO-PSYCHO-SOCIAL-SPIRITUAL

- Three x three (TID) times a day:
  - My recovery plan includes (Rx plan)
    1. Seeing my psychiatrist
    2. Taking my bipolar meds and naltrexone and
    3. Going to AA meetings
  - In order to (Rx goals)
    1. Get my health back
    2. Keep my family together
    3. Prevent another suicide attempt
  - And 3 things I am grateful for include: (gratitude)
    1. I have my family and job
    2. Bipolar meds work if you take them and don't drink
    3. I am way better than last Spring…there is hope

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PSYCHOTHERAPY AND THE STEPS

- Steps 2 and 3….Insanity, higher power
- 4 and 5…. Inventory=self-examination
- 6 and 7…. character defects=self-defeating behaviors
- 8 and 9…. amends
- 10…. more inventory=internalized locus of control
- 11…. Prayer or Meditation
- 12…. Helping others

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J Stud Alcohol. 2006 Nov;67(6):939-45.

One small step for manuals: Computer-assisted training in twelve-step facilitation.

Sholomskas DE, Carroll KM.

An interactive, computer-assisted training program that sought to impart skills associated with the Project MATCH (Matching Alcoholism Treatments to Client Heterogeneity) Twelve-Step Facilitation (TSF) manual was developed to address this need.

RESULTS: The data suggested that the clinicians' ability to implement TSF, as assessed by independent ratings of adherence and skill for the key TSF interventions,

…. **was significantly higher after training for those who had access to the computerized training condition than those who were assigned to the manual-only condition**. Those assigned to the computer-assisted training condition also demonstrated greater gains in a knowledge test assessing familiarity with concepts presented in the TSF manual.

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OUTPUTPATIENT MENTAL HEALTH CARE, SELF-HELP GROUPS AND PATIENTS' ONE-YEAR TREATMENT OUTCOMES

METHODS: A total of 2,376 patients with substance use disorders, 35% of whom also had psychiatric disorders, were assessed at entry to treatment and at a one-year follow-up

CONCLUSIONS: The duration of outpatient mental health care and the level of mutual-help involvement are independently associated with less substance use and more positive social functioning

The provision of low intensity treatment for a longer time interval may be a cost-effective way to enhance substance abuse and psychiatric patients' long-term outcomes

Moos R et al. J Clin Psychol. 2001 Mar;57(3):273-87.

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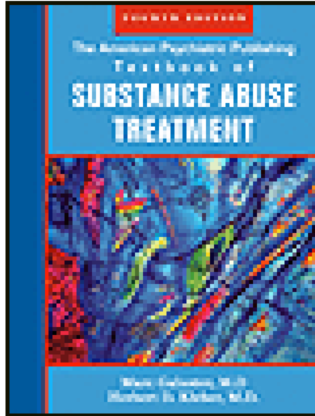

Twelve-Step Facilitation: An Adaptation for Psychiatric Practitioners and Patients

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Marc Galanter, MD
J. Scott Tonigan, PhD

The American Psychiatric Publishing
Textbook of Substance Abuse Treatment, Fourth Edition
Edited by Marc Galanter, MD, and Herbert D. Kleber, MD

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