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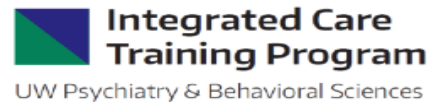
Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

TWELVE STEP FACILITATION (TSF)

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SPEAKER DISCLOSURES

- ✓ Any conflicts of interest? Dr. Murphy-Ryan has no financial conflict of interest with this subject matter.

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

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OBJECTIVES

1. Learners will be able to **communicate the evidence** supporting TSF as an effective and cost-saving intervention for substance use disorders to colleagues and prospective recipients and **increase personal motivation** to practice TSF skills
2. Learners will be able to **identify client characteristics** that indicate possible benefit from TSF intervention. They will be capable of **orienting appropriate clients** to general 12 step principles and suggested activities, types of meetings and fellowships, and help them locate well-matched 12-step groups locally and online.
3. Learners will be able to help clients **navigate common barriers** to 12 step engagement, connecting them with an appropriate 12-step resources or alternative support groups if needed.

Introduction to 12-Step Fellowship



Presented by:

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August 2018 VA CARES Conference

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

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OVERVIEW

1. Evidence for TSF for Alcohol Use Disorder
2. When to Consider TSF
3. Components of Effective TSF
4. Common Barriers to Engagement in TSF
5. Selected Additional Applications of TSF:
 - Stimulant use disorders
 - Adolescents/youth
 - Co-occurring MH disorders
6. Practical Tips for Incorporating TSF Principles Into Your Existing Practice
7. Resources
8. References



"First step is the hardest. You've got to admit that you don't have a problem."

1. EVIDENCE FOR TSF FOR ALCOHOL USE DISORDER

- **Project MATCH**

- 1989-1996 1,726 subjects 12 week intervention
- TSF vs CBT vs MET
- AUD improved across all 3, depression decreased.
- 2-3 years out TSF predicted greater likelihood of ongoing abstinence

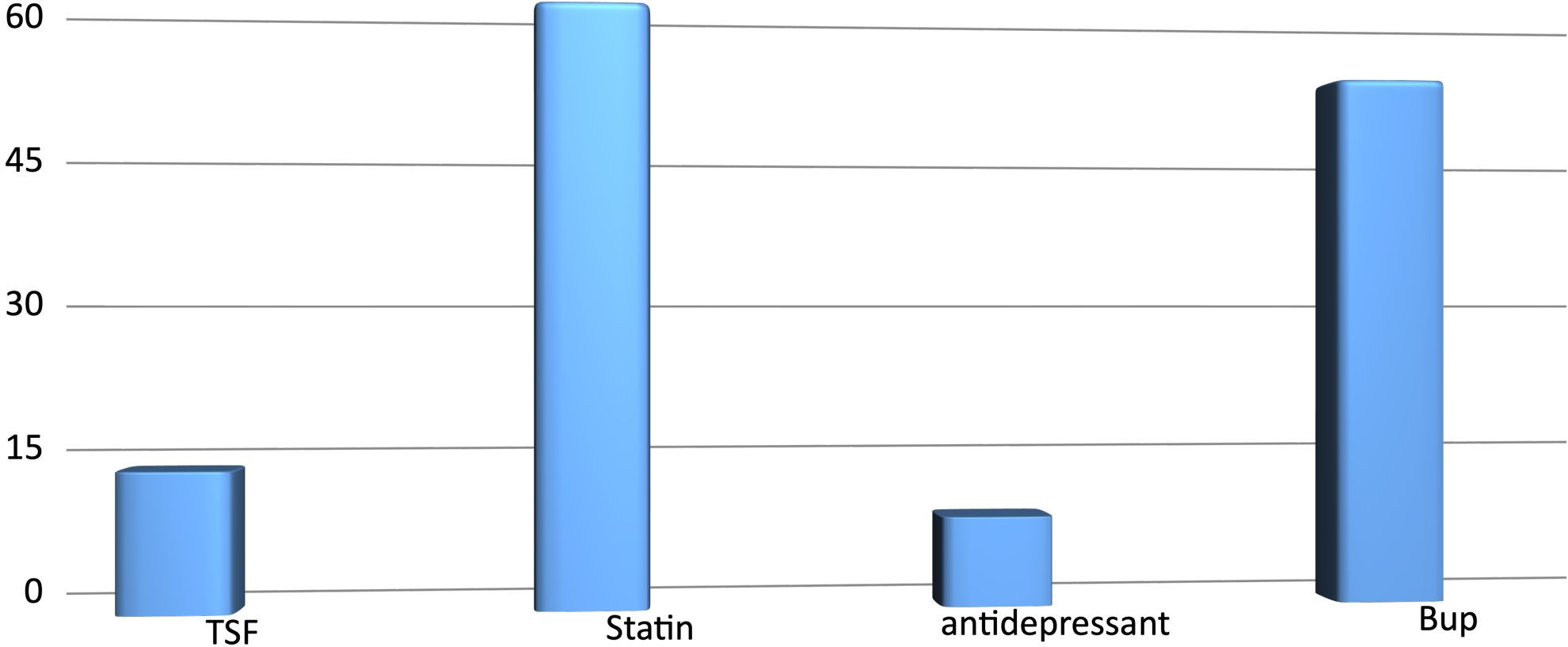
- **Cochrane Review 2020 on AA and TSF for AUD (27 studies; 10,565 subjects)**

- Manualized AA/TSF produce higher rates of continuous abstinence than other established treatments. (SOR A)
- Non-manualized 12-step programs perform as well as other established treatments for alcohol related outcomes (SOR B)
- Overall 12-step programs may be superior to other treatments for increasing % of days abstinent (SOR B)
 - Salisbury-Afshar and Kauppila 2021

- **Advantages of 12-Step Engagement**

- Signal for better outcomes with greater severity of SUD
- Availability/ prevalence of 12-step fellowships and groups
- Cost effective- reduces healthcare costs for at least equivalent outcomes
- Variety of specific fellowships and groups
 - Regional variation- PNW inclusivity

NUMBER NEEDED TO TREAT COMPARISON



2. WHEN TO CONSIDER TSF

1. **Insight** into having a problem- Are we on the same page? - Assessment, ME
2. **Willingness** to accept greater support- Do I want to try something different?
3. Perceived **Value** of abstinence- Could stopping using this substance for any amount of time be of benefit to me?
4. Am I able to **Access** available resources?



3. COMPONENTS OF EFFECTIVE TSF: CHARACTERISTICS OF AN EFFECTIVE FACILITATOR

- **Coach-therapist stance. NOT** a sponsor. Active referral to 12-step groups.
- Helps client regularly **monitor and evaluate** cravings and substance use
- **Positive regard** for 12-step principles and activities (authentic)
- Cultivates **personal connections** in local 12-step community
- **Orients** to broad concepts. Broadly **trouble-shoots** engagement.
- **Makes suggestions.** Turns client toward 12-step supports.
- **Follows up** on client's commitments and goals



THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people whenever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

HEARD AROUND THE ROOMS

- Sponsor
- Home group
- Service work
- Meeting before/after the meeting
- Higher Power
- Friends of Bill W.
- High Bottom/ Low Bottom
- Alcoholic
- Problem Drinker
- Obsession
- Craving
- Relapse
- Slip



AA SLOGANS

- One Day At A Time
- Easy Does It
- Keep It Simple
- First Things First
- **Progress Not Perfection**
- Think, Think, Think
- Live and Let Live
- It Works If You Work It
- Meeting Makers Make It
- This Too Shall Pass
- Fake It Till You Make It



3. COMPONENTS OF EFFECTIVE TSF: MANUALIZED AND NON-MANUALIZED STRUCTURE

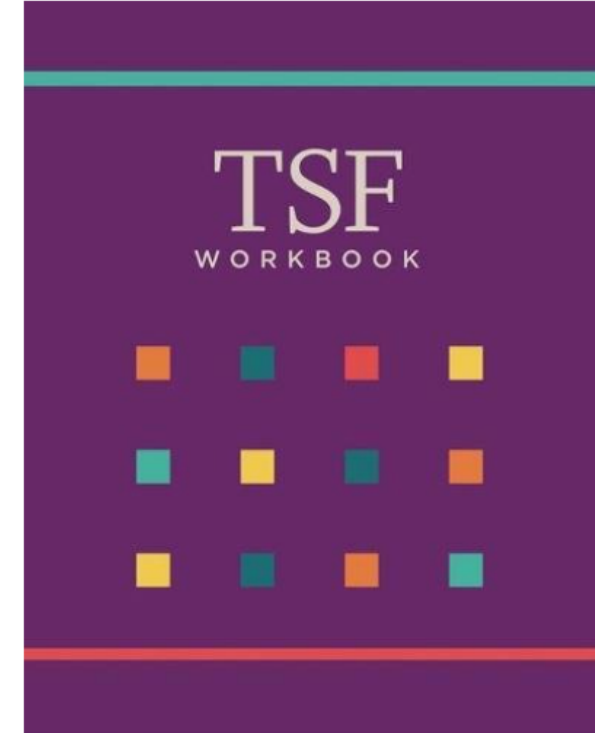
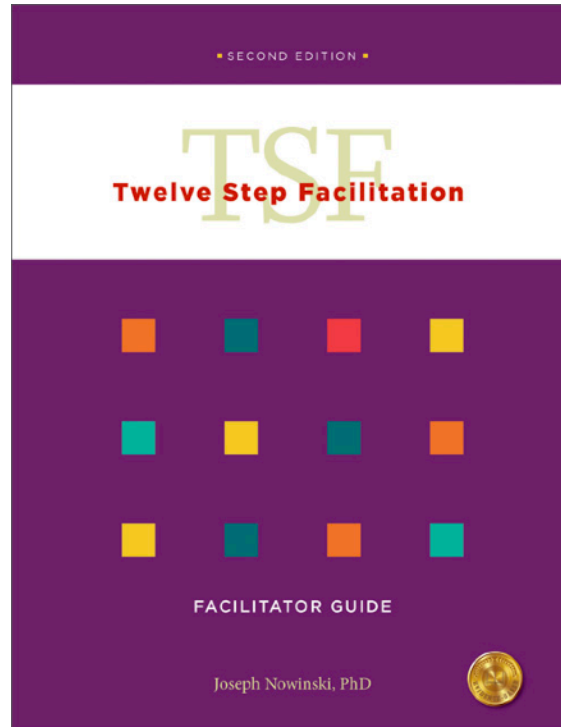
- **Effective Structure**

- **Hazelden Protocol in 4 Major Phases:**

- ASSESSMENT
 - ACCEPTANCE (Step 1)
 - SURRENDER (Steps 2-3)
 - GETTING ACTIVE

- **Project Match TSF protocol:**

- Largely based on Hazelden expertise
 - 12 weekly 60-90min meetings
 - Up to 2 electives with a supporter
 - Up to 2 additional emergency sessions
 - 4 core topics (may repeat)
 - Individualize with additional topics
 - Consistent session structure



3. COMPONENTS OF EFFECTIVE TSF: CHARACTERISTICS OF AN EFFECTIVE PARTICIPANT

- Responsibilities of the Patient
- Explain that you expect the patient to—
 - Attend all sessions.
 - Come to sessions sober.
 - Keep a journal.
 - Make an honest effort to follow through on recovery tasks suggested by the therapist.
 - Be honest, even about slips.
 - Focus on staying sober One Day At A Time.



3. COMPONENTS OF EFFECTIVE TSF: MAIN TOPICS

ACCEPTANCE/ STEP 1

1. **We admitted we were powerless over alcohol—that our lives had become unmanageable.**
 - Identify substance use is causing problems and client has been unable to fix it so far
 - Help client recognize that they have recovery goals they have not been maintaining despite current efforts
 - Major concepts:
 - We
 - Powerless
 - Unmanageable



"I'm not powerless over alcohol. I just can't get up."

3. COMPONENTS OF EFFECTIVE TSF: MAIN TOPICS

SURRENDER/ STEPS 2 & 3

2. Came to believe that a Power greater than ourselves could restore us to sanity.

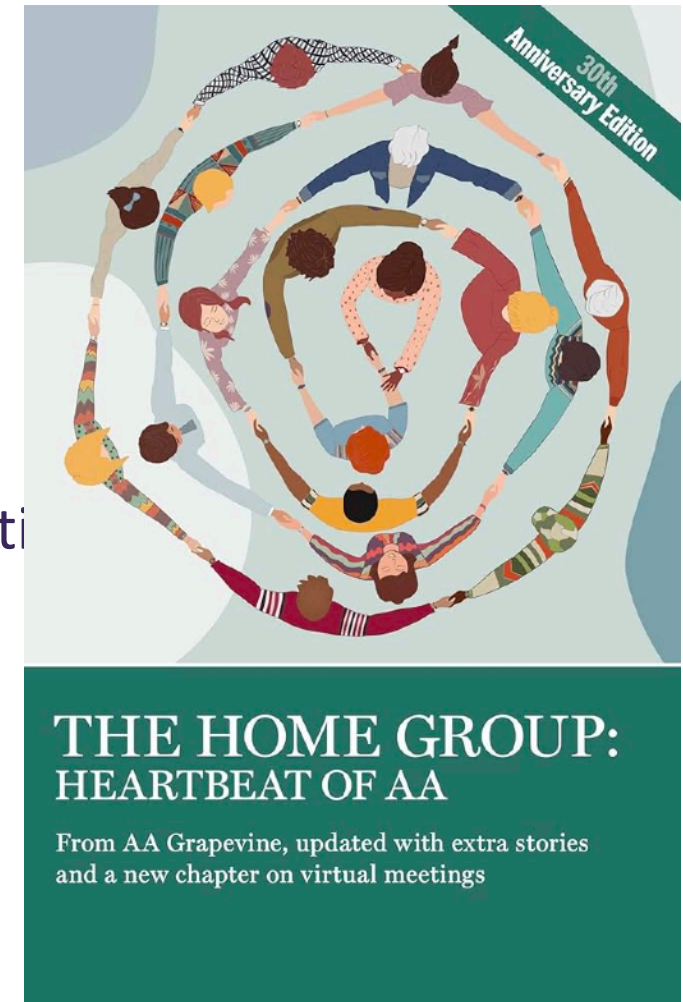
3. Made a decision to turn our will and our lives over to the care of God *as we understood him.*

- Client is able to describe a time when making a personal commitment/ deciding on a way to avoid negative consequences of substance use had not succeeded
- Client open to additional help - specifically support from other people who have used the 12 steps as part of their substance use recovery (Higher Power)
- Major Concepts:
 - Higher Power
 - Turning over
 - Will and lives
 - Care of
 - Sanity

3. COMPONENTS OF EFFECTIVE TSF: MAIN TOPICS

GETTING ACTIVE

- Meeting attendance
 - Finding a Home Group
- Sharing at meetings
- Reading 12 Step literature
- Reaching out to others in 12 Step Program outside of meetings
- Finding a Sponsor
- Working the 12 steps with a sponsor
- Service work
- Social activities/ Fellowship



3. COMPONENTS OF EFFECTIVE TSF: EFFECTIVE COLLABORATORS

- 12 Step community contacts
- Peer Navigators/ Recovery Coaches
 - Active referral by 12-step peers superior (64%) vs. doctors (48%) vs. TAU (33%)
- Inpatient facilities
 - Inpt 12 step meetings make future attendance 3x more likely
- Manning et al 2012

3. COMPONENTS OF EFFECTIVE TSF: ELECTIVE TOPICS

- Emotions
- Family History (Genogram)
- Enabling
- People, Places and Routines
- Spirituality
- Supporter Involvement: Enabling, Caring Detachment
 - no more than 2/12 sessions
 - Connect supporters with Al-Anon

SESSION STRUCTURE: 10-15 MINUTE REVIEW STARTS EVERY SESSION

- Meetings
- Sober Days
- Urges To Drink
- Slips
 - Use of substance of concern
- Readings
- Getting a Sponsor
- Using the Telephone
 - 12-step contacts outside of meetings

4. COMMON BARRIERS TO ENGAGEMENT WITH TSF

- Limited insight into nature or severity of SUD
 - Assessment phase
- Powerlessness (Step 1)
- Higher Power/ Spirituality / God (Steps 2, 3)
- Craving exacerbation
- Other MH conditions
 - Anxiety, depression, PTSD (Steps 4, 5)
- MOUD and other psychiatric medications
- Other substance use
- Safety Concerns
- Difficulty relating



5. SELECTED ADDITIONAL APPLICATIONS OF TSF: STIMULANT USE DISORDERS

- Target weekly or more meeting attendance for increased drug and alcohol abstinence
- Drug treatment combined with TSF = higher rates of abstinence
- Critical first 3 months- more engagement, significantly fewer days of cocaine use and lower sx severity
- Greater equity of outcomes between Black and white participants than professional treatments. No outcome differences: TSF for stimulant users produced similar outcomes for both groups (self-identified African American and Caucasian) indicating that it may be useful across racial categories.
- AA (vs. CMA, CA) involvement with less description of use may help stimulant users manage triggers/cravings initially

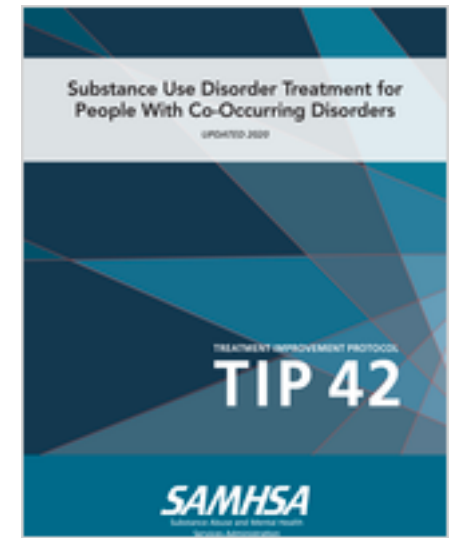
- Donovan and Wells 2007
- Peavy et al 2017

5. SELECTED ADDITIONAL APPLICATIONS OF TSF: CO-OCCURRING MH DISORDERS

- Dual Recovery Anonymous
- Effective TSF with AA decreases depression symptom burden, suicide risk
- Treating AUD alone in co-occurring PTSD decreases PTSD sx (and vice versa)
- TSF for Co-Occurring Disorders Manual by Hazelden



DUAL RECOVERY ANONYMOUS™
www.draonline.org



TSF-COD is organized into three subprograms: core, elective, and an optional conjoint program and can be implemented in individual or group sessions. We recommend sessions be held weekly or more frequently in order to maintain therapeutic momentum. Program length is flexible based on an individual's clinical needs.

CORE PROGRAM	Consists five topics: Assessment, Acceptance, Surrender, and Getting Active in Twelve Step Fellowships, Getting Active in Mental Health Treatment. It is recommended that the core topics be covered for all participants, regardless of prior treatment or experience with Twelve Step fellowships. The topics are progressive and should be done in order
ELECTIVE PROGRAM	Consists of five topics: Barriers to Getting Active in Twelve Step Fellowships; Barriers to Mental Health Treatment; People, Places, and Routines; Emotions; and Living for Recovery. The elective program is flexible and can be used to tailor treatment plans to the individual participant or group.
SESSION FORMAT	Sessions begin with a review of the previous week's experiences, proceed to a presentation of new material, and end with the assignment of recovery tasks. Each topic includes an outline with suggested scripts and instructions for activities. It is acceptable to deliver new content in multiple sessions, as long as the same format is adhered to during each session. Suggested session length is 90 minutes but can be adjusted to fit within shorter time constraints.
GROUP FORMAT	Group facilitation mirrors what participants encounter during Twelve Step fellowship meetings, so the structure will be complementary and familiar. TSF-COD is guided by a facilitator, however, which is a slightly different format than Twelve Step mutual support groups.

5. SELECTED ADDITIONAL APPLICATIONS OF TSF: ADOLESCENTS/ YOUTH

- Developmental stage:
 - High drive for autonomy
 - Buffered negative consequences
 - Developing executive function
 - Importance of peers, sober recreation
- Peer examples of 12-step benefit -> try 12 step work -> experience personal benefit -> then approach spiritual aspects
- Challenges: Personal powerlessness and lifelong abstinence
 - Solutions:
 - Help them see tangible benefits of the work
 - ODAAT - 'For Now'
- Resources:
 - Nash 2020
 - <https://www.icypaa.org/>
 - Next Austin TX in July



6. PRACTICAL TIPS FOR INCORPORATING TSF PRINCIPLES INTO YOUR EXISTING PRACTICE

- Online meeting lists
- Types of meetings
- Free literature- Big Book orientation
- Hotlines and professional cooperation services (AA CPC groups)
 - Request a service meeting to be held at your location
- Recovery Coaches/ Peer Specialists for SUD

AA'S 9TH STEP PROMISES

BIG BOOK PAGES 83-84

- If we are painstaking about this phase of our development, we will be amazed before we are half way through. We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and of economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. We will suddenly realize that God is doing for us what we could not do for ourselves.
- Are these extravagant promises? We think not. They are being fulfilled among us—sometimes quickly, sometimes slowly. They will always materialize if we work for them.

7. RESOURCES

- Project MATCH Twelve Step Facilitation Therapy Manual
 - <https://www.niaaa.nih.gov/sites/default/files/match01.pdf>
- Greater Seattle AA Meetings
 - <https://www.seattleaa.org/meetings/>
 - 1,367 active meetings *every week* in the Greater Seattle Area
 - **24/7 Hotline 206-587-2838**
- AA Literature
 - **Texts:**
 - Big Book <http://www.portlandeyeopener.com/AA-BigBook-4th-Edition.pdf>
 - 12 Steps and 12 Traditions <http://www.portlandeyeopener.com/AA-12-Steps-12-Traditions.pdf>
 - Living Sober <https://www.aa.org/living-sober-book>
 - **Pamphlets:**
 - Rx in AA <https://www.aa.org/aa-member-medications-and-other-drugs>
 - MH Issues in AA <https://www.aa.org/aa-alcoholics-mental-health-issues-and-their-sponsors>
 - AA as a Resource for health professionals <https://www.aa.org/aa-resource-health-care-professional>
 - Secular AA: <https://aaagnostica.org/>
- Seattle AA Cooperation with Professional Communities Services:
 - <https://www.seattleaa.org/service/cpc/>
 - <https://www.seattle-al-anon.org/>
 - <https://al-anon.org/resources-for-professionals/>
 - Alternative Nonprofessional/ Community Support Groups
 - (Article on group switching)
 - SMART recovery- CBT
 - Recovery Dharma/ Refuge Recovery- Buddhist
 - Women for Sobriety
 - Moderation Management
 - Strength Against Speed
 - General Peer-led Recovery Groups (Peer Seattle)
 - NAMI groups

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