TWELVE STEP FACILITATION AND THE SCIENCE OF 12 STEP RECOVERY, *OR…*

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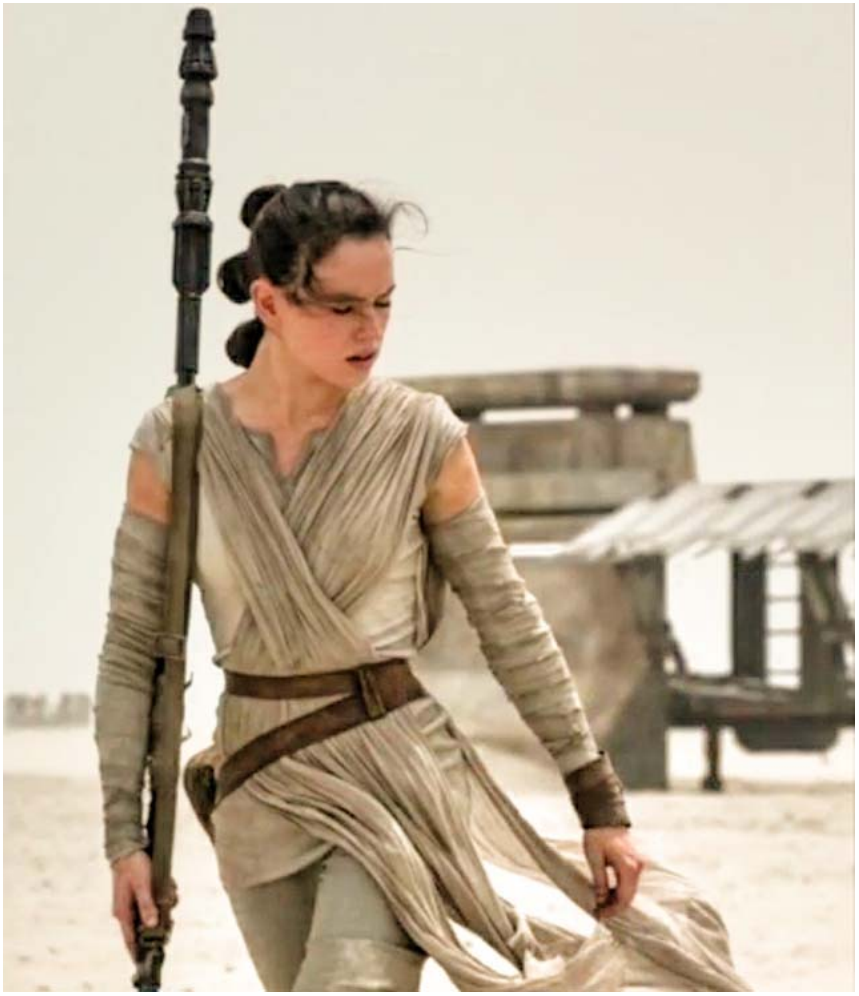
THE FORCE AWAKENS



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Stanton Peele, Ph.D.

"AA is Ruining the World"

"Here are four reasons AA is harmful and will hurt societies:

1. ***AA denies reality***
2. ***AA overemphasizes its own success***
3. ***AA rules out other, often more effective, approaches***
4. ***AA's underlying temperance message actually creates alcoholism and addiction"***

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Lance Dodes, M.D.

"AA has the worst success rate in all of medicine."

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Most Common Complaints

- AA promotes powerlessness
- Bad experience with a sponsor: critical,
- closed-minded, unsupportive of progress
- AA as a cult: "the God thing", AA as a religion,
- AA brainwashes its members.
- AA social status network: those who slip are stigmatized.

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TSF Overview

- Who is the 12 step program for?
  - Abstinence vs. Harm Reduction
- Does the 12 step program work?
  - Empirical Evidence
- Obstacles to Treatment
- The Role of the TSF Facilitator
- TSF: ***Content:*** Core; Elective; Conjoint
- TSF: ***Structure***

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References

Nowinski, J. *The Twelve Step Facilitation Handbook: 2nd Edition,* Hazelden, 2017.

Nowinski, J. *If You Work it, It Works! The Science Behind 12 Step Recovery*, Hazelden, 2015.

Nowinski, J. & Doyle, R. *Almost Alcoholic: Is My (or My Loved One's) Drinking a Problem?* Harvard Health Publications, 2012.

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Who Is The 12 Step Program For?

Abstinence Versus Harm Reduction

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Abstinence Vs. Controlled Use

- Miller et. al. (1992): *Behavioral Self-Control Training*
- BCS Goal = *Controlled Drinking.*
- Manual-guided treatment: Goal Setting; Self-Monitoring; Self-Reinforcement; Identify High-Risk Situations & Alternatives to Drinking.
- N = 140 (45%) men & women assessed 3, 5, 7, & 8 years post-treatment.

Results:

- 23 voluntarily abstained; 14 reported non-problem drinking; 22 "impaired"; 35 "unremitted"; 46 unaccounted for.

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Moderation Management

- Humphreys (2001, 2003)
- Compared self-identified MM vs AA members.
- Problem severity significantly less among MM members.
- MM members more likely to be women, less than 35 years old.
- MM members more highly educated, employed full-time, and have family supportive of moderation.
- 15% of MM members self-reported blackouts, tremors, morning craving, and/or work/family problems in the prior 6 months. Only 3% of this 15% later opted for abstinence.

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Abstinence vs. Controlled Drinking and Conditional Abstinence

- Bujarski et al (2013)
- N = 1,226 (428 women) recruited from 11 treatment sites.
- Self-Identified Goal Options: Controlled Drinking; Total Abstinence; Conditional Abstinence.
- Treatment up to 20 sessions using predominantly CBT + MET.

Results:

*Those men and women who chose abstinence as their goal had the **best** outcome after treatment. Those with a goal of "controlled drinking" had the **worst** drinking outcomes. Finally, those who selected "conditional abstinence" had outcomes **in between** the two other groups.*

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The Drinking Spectrum and DSM-5

The Drinking World

⟵ Almost Alcoholic ⟶			Alcoholic
Low Risk "Social" Drinking	Mild Problem Drinking	Moderate Problem Drinking	Severe Problem Drinking

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Institute of Medicine: 1989

- ***"Alcoholics Anonymous, one of the most widely used approaches to recovery in the United States, remains one of the least rigorously evaluated."***

- IOM report was the impetus for 20+ years of research on AA, including Project MATCH.

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Research on AA

Does the 12 step program work?

AA Member Survey Data

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AA Member Surveys

- Sober > 1 year: 69% (2007); 72% (2011)
- Gender: 67% Male (2007); 65% (2011)
- Have Sponsors: 79% (2007); 81% (2011)
- Have Home Groups: 86% (2007); 86% (2011)
- Average meeting attendance: 2.4/week (2007); 2.6/week (2011)

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AA Member Survey 1989

- Have a Sponsor: 80%
- Have A Home Group: 85%
- Average Meeting Attendance: 3/week
- ONE MAJOR TREND:
  - % Addicted to Other Drugs : 20% (1977) vs. 45% (1989).

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Limitations of Member Surveys

- Only active AA members at time of surveys
- However…AA by tradition is a program of *attraction,* not *promotion*
- No data on drop-outs: Who, Why?
- No data on returnees: Who. Why?

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Longitudinal Studies

- **Moos & Moos (2005)**
- Followed 362 patients from pre-treatment to 1, 3, 8, and 16 years post-treatment who made **voluntary** choices:
- Group 1: Opted for AA with no other treatment
- Group 2: Opted for AA + Concurrent treatment
- Group 3: Opted for treatment but not AA

Results:

- Group 2 had greatest AA involvement and were most likely to remain clean and sober *through 16 years*
- People who dropped out of AA *at any point* were more likely to resume drinking

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McKellar, Stewart & Humphreys (2003)

- 2,319 men treated through the VA, followed 1 and 2 years post-treatment.
- Assessed "AA Involvement": Meetings, Reading, Sponsor, AA Friends.

Results:

- Greater AA involvement was positively associated with decreased drinking and fewer drinking-related consequences.
- AA participation and better outcomes were evident regardless of whether these men and women had prior experience with AA.
- AA participation and better outcomes did not depend on having a more severe or a less severe drinking problem at the outset.
- Motivation prior to treatment did *not* predict AA involvement or drinking-related consequences. ***Why not?***

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Witbrodt, Yu Ye, Weisner & Mertens (2014)

- 1,945 men & women who sought SUD treatment through the Kaiser Permanente system
- Required 1 AA or other 12 step meeting/week during treatment only. AA/NA etc. optional after that.
- Assessed 1, 5, 7 and 9 years post-treatment.

Findings:

- ***Time-lagged results showed that greater 12 step meeting attendance led to increases in 5-year abstinence and to a lesser extent in 7-year abstinence. Importantly our analysis extends findings to a diverse population of treatment seekers, namely men and women with alcohol and drug use disorders who were insured members of an integrated health care organization.***

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AA Versus Medical Adherence

- AA estimate: 50% of men and women who try AA remain active less than 3 months
- Delamater (2006): "Non-adherence rates for chronic illnesses in general have long stood at roughly 50%"
- Lingam & Scott (2002): Medication non-adherence rates for individuals with affective disorders averages 40%
- *Are AA and medical/psychiatric treatment "ineffective"?*

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TSF

- The Institute of Medicine white paper made possible the development of Twelve Step Facilitation (TSF).
- TSF = a manual-guided intervention based on the 12 step model of recovery.
- TSF allowed for the implementation of randomized clinical trials, such as Project MATCH and others.
- TSF is not affiliated with AA.

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Project MATCH

- Largest psychotherapy study ever conducted
- N = 952 in 5 outpatient centers, plus 774 in 4 aftercare centers
- 1-year and 3-year follow-up data published

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Project MATCH: Treatments

- Cognitive-Behavioral Therapy (CBT)
- Motivational Enhancement Therapy (MET)
- Twelve-Step Facilitation (TSF)

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TSF: Treatment Goal

- Active involvement in a recovery fellowship (AA, NA, DTR, WFS) which advocates abstinence from alcohol and drug use and utilizes group support to help members stay clean and sober.

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Project MATCH: 1-Year Outcome

- Project MATCH participants showed significant and sustained improvement in percentage of abstinent days and decreased number of drinks per drinking days.

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Project MATCH: 1-Year Outcome

- No sex differences relative to effectiveness.
- No "problem severity" differences i.e., treatment as effective for alcohol *abuse* and alcohol *dependence*.
- TSF as effective for those who had never received treatment as for those coming out of treatment (inpatient or IOP).

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Project MATCH: 3-Year Outcome

- Longabaugh et. al. (1998)
- TSF and MET more effective than CBT after 3 years
- TSF more effective than MET for individuals whose social environments supported drinking
- Best predictor of outcome = AA attendance

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Wu & Wietkiewicz (2008)

- "For clients with social networks supportive of drinking, post-treatment drinking outcomes were significantly better if they were matched to TSF instead of CBT or MET."

- "For those mismatched to CBT or MET network support for drinking was associated with greater accumulation of drinking consequences."

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John F. Kelly, Ph.D.

- ***In Project MATCH it was found that TSF, as compared to CBT and MET, had more than double the number of patients who were continuously abstinent at one year after treatment, and about 1/3 more at the three year mark.***

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William R. Miller, Ph.D.

On at least one time-honored outcome measure—the percentage of patients maintaining complete abstinence—those in the Twelve Step Facilitation treatment fared significantly better at all follow-up points than did patients in the other two conditions—a substantial advantage of about 10 percentage points that endured across three years.

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TSF: Post-MATCH Findings

- Walitzer et. al. (2009)
- Compared TSF to MET
- Participants in TSF reported more AA meeting attendance, more evidence of active involvement in AA, and a higher percentage of days abstinent.

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TSF as "Evidence-based"

- TSF has undergone extensive blind peer review and has been selected for inclusion in…
- National Registry of Evidence-based Programs and Practices (www.samhsa.gov/nrepp), as assessed via *Comparative Evaluation research* (CER). TSF approved alcohol and drug abuse, and for individual or group treatment.
- American Psychological Association listing of "Empirically Supported Treatments"

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Further Research on AA and the 12 Step Program

- Further research has looked at issues such as…
- *Identity*
- *Sponsorship*
- *Spirituality*
- *Social networking*
- *Recovery and cognitive functioning*
- *Recovery and mental illness*

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Identity

- Buckingham et. al. (2013)
- *Group membership and social identity in addication recovery.*
- **Identity:** Being an AA (NA) member is a central part of who I am; I would describe myself as an AA (NA) member.
- **Self-Efficacy:** I can remain abstinent; I can manage my addiction.
- **Results:** The more the individual identified him/herself as a *recovering alcoholic* or *recovering addict* (as opposed to an *alcoholic* or *addict*) the higher was his/her level of self-efficacy.
- Higher self-efficacy was associated in turn with more months clean and/or sober.

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Sponsorship

- Witbroldt et. Al. (2012): *Does sponsorship improve outcomes above Alcoholics Anonymous attendance?*

- Assessed AA attendance (low to high), sponsorship (low to high) and abstinence *over a 7-year period*.

Results:

- Individuals in the high *sponsorship* group were 7 times more likely to remain abstinent than those in the low sponsorship group.
- Those men and women who *maintained a sponsor* over time had an added advantage over the group that no longer had a sponsor by year 7.
- Having an AA sponsor provided an advantage with respect to abstinence over and above meeting attendance alone.

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Tonigan & Rice (2010)

- *Is It Beneficial to Have an Alcoholics Anonymous Sponsor?*
- 253 men and women who had just begun to attend AA.
- **Results:** ***"Having an AA sponsor early (within the first three months) increased the probability of complete abstinence at months four to six*** **threefold."**

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Spirituality

- Kelly et. al. (2011): *Spirituality in Recovery*
- N = 1,726. Assessed *spiritual identity*: *Atheist*: Not believing in God. *Agnostic*: Believing we can't really know about God. *Unsure*: Doesn't know what to believe about God. *Spiritual*: Believes in God but is not religious. *Religious*: Believes in God and practices a religion.
- Plus ***spiritual activities***: *Praying; **Meditating**; Attending religious servicers; **Reading** holy or spiritual writings.*

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Kelly et. al.

Findings:

- Higher scores on spirituality/religiousness were positively related to PDA (abstinence) and negatively related to DDD (drinking): men and women who reported stronger spiritual beliefs were more likely to remain abstinent, and to drink less if they did slip.

- Men and women in recovery showed significant increases in spiritual beliefs that was correlated with AA involvement, but…
- Less than half attended formal religious services.

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Does AA Promote Powerlessness?

- James Fowler, Ph.D. late Professor of Theology and Human Development, Emory U, and Methodist minister.
- Stages of faith development
- AA presents individuals with a paradox: by admitting "powerlessness" over alcohol one can become empowered through…
- …turning to others
- …recovering a spiritual belief system in place of alienation

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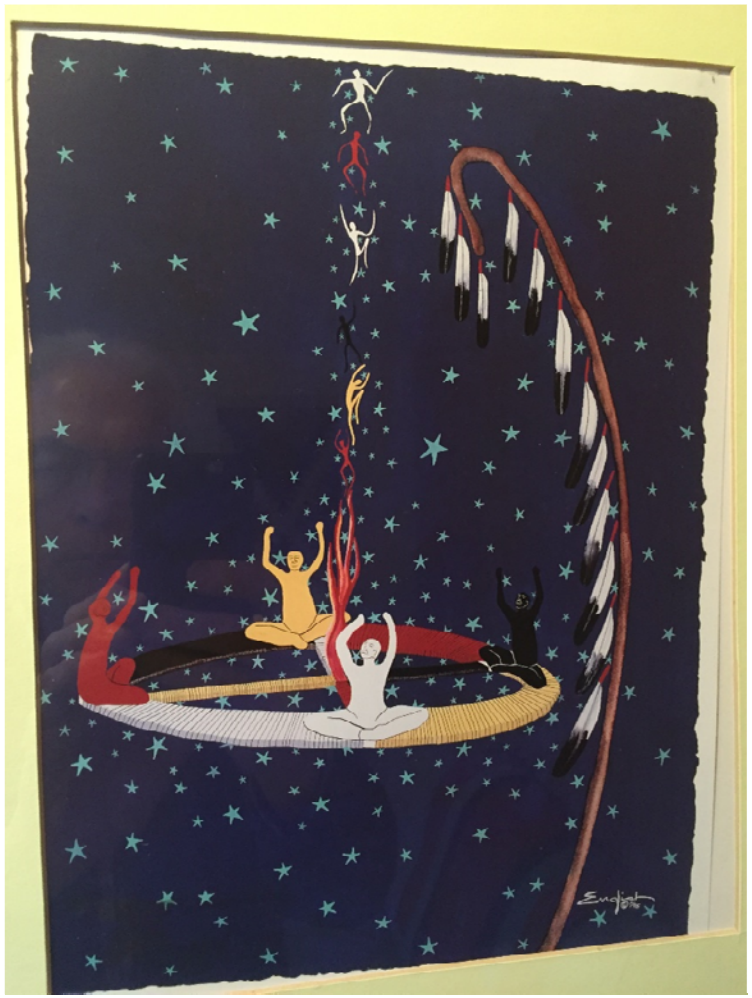
Native American Spirituality



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The Network Support Project (2009): 2-Year Follow-up

- 61% of those who received either the NS or its similar NS/CM treatment attended AA meetings regularly. In contrast, only 18% of those who received the Contingency Management (CM) treatment attended AA, and for this group the outcome was not as good.
- Patients who received Network Support (NS) treatment reported an average of 80% abstinent days 2 years after treatment had ended, and 40% were reporting complete abstinence in the 90 days preceding their 2-year follow-up.
- Participants in the NS/CM condition initially did as well as those in NS but at the end of 2 years were reporting the same outcomes as those in case management.
- ***What happened?***

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Cognitive Functioning

- **Morgenstern & Bates (1999)**
- More than 50% of individuals entering treatment for substance abuse show some impairment in memory tasks requiring new learning, and perceptual skills.
- AA affiliation and commitment to abstinence were the best predictors of treatment outcome.
- Neurological deficit severity did NOT predict treatment outcome.

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Cognitive Functioning

- **Parsons (1998)**
- Compared brain functioning in (1) a group of alcoholics who had been sober for **one month** to (2) a group that had been sober **four years**.
- *Findings:*
- Brain functioning in group 1 showed "significant impairment".
- In second group "for practical purposes they had recovered to near normal levels of performance."

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12 Step Programs and the Dually-Diagnosed

- **LC Jordan et al. (2002)** Involvement in 12-Step programs among persons with dual diagnoses
- N = 351 dually-diagnosed individuals (**DDI**) treated in a hospital setting.
- 10-months post-treatment study participants had rates of AA/NA attendance similar to those with only a diagnosis of substance use disorder (SUD).
- *Exceptions: Dx = Schizophrenia/Schizoaffective*
  Why?

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TSF & DDI: MATCH Findings

- **Longabaugh et. al.** Social functioning: Hypotheses, results, and causal chain analysis (2001)

- Hypothesis: Clients with poorer social functioning would fare better in CBT than in TSF or MET

Results:

- Clients with lower levels of social functioning had the **poorest** outcomes in CBT. Poorly functioning clients did **best** in TSF.

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TSF & DDI: PTSD

- **Elisa Triffleman**. Gender differences in a controlled pilot study of psychosocial treatments in substance dependent patients with PTSD (2000).
- Compared a cognitive-behavioral treatment (SDPT) with TSF.
- No differences were seen between genders at the end of treatment or follow-up.
- Improvement was observed across the sample in current PTSD severity, number of PTSD symptoms, ASI scores, and number of days abstinent.

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TSF & DDI: Depression

- **Glassner-Edwards et. al.** Mechanisms of action in Integrated Cognitive-Behavioral Treatment versus Twelve Step Facilitation for substance-dependent adults with comorbid major depression. (2007)

- "Although both interventions produced improvements in depression and percent days abstinent, the reduction in depression was 2.33 points **greater** among those who received TSF."

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Twelve Step Facilitation

Overview

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TSF: Treatment Goal

- Active involvement in a recovery fellowship (AA, NA, DTR, WFS) which advocates abstinence from alcohol and drug use and utilizes group support to help members stay clean and sober.

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"Therapeutic Momentum"

- Maintain structure of TSF sessions in order to create a *therapeutic work ethic:*
  - Review
  - New Material
  - Recovery Tasks

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TSF: Obstacles to Treatment

- Social anxiety/Introversion
- Under-developed social skills
- Network support for substance use
- "Denial"

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TSF: *Structure*

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STRUCTURE OF TSF

- **Step 1: REVIEW**
  - Participation
  - Networking
  - Sober Days
  - "Analyze" Slips
  - Reading

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Structure of TSF

- **Step 2: NEW MATERIAL**
  - *Core* Program
  - *Elective* Program
  - *Conjoint* Program
  - Termination

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Structure of TSF

- **Step 3: RECOVERY TASKS**
  - Meetings
  - Networking
  - Reading

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TSF: *Content*

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TSF Core Program

- **Core Topics**
  - ***Assessment***
  - ***Acceptance***
  - ***Surrender***
  - ***Getting Active***

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Analyzing Slips

- **Step 1: Identify Antecedents**:
  - *Social: "Where Were You?"*
  - *Cognitive: "What Were You Thinking?"*
  - *Emotional: "What Were You Feeling?"*
- **Step 2: Identify Consequences**
- **Step 3: Create Alternative Scenarios**

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TSF Elective Program

- **Elective Topics**
  - *Genograms*
  - *Enabling*
  - *People, Places, and Routines*
  - *Emotions*
  - *Spirituality*

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TSF Conjoint Program

- **Conjoint Topics:**
- *Enabling*
- *Detaching*

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