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Addiction Messenger

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Ideas for Treatment Improvement

Twelve Step Facilitation

Part 1 - Making the Case for Twelve Step

The AA slogan in the box to the right, often recited at the end of meetings, echoes the aim of Twelve-Step Facilitation (TSF) therapy: to support and encourage attendance and involvement in twelve-step self-help groups. This series will provide an introduction to TSF, including a rationale for using it, supporting research, and treatment models.

General Description

TSF therapy refers to independent treatment interventions designed to familiarize patients with the 12-step philosophy and encourage participation in 12-step activities. TSF consists of brief, structured, and manual-driven approaches based on the behavioral, spiritual, and cognitive principles that form the core of 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). As in the 12 steps and traditions, this includes the need to accept that willpower alone is insufficient to achieve sustained sobriety. In TSF, the counselor is the *facilitator of change* (i.e., sustained sobriety); whereas the true *agent of change* lies in active participation in groups, including the guiding steps and traditions of the 12-step model.

Why Consider TSF?

Most treatment centers already regularly refer people to 12-Step and other self-help groups, so why consider adopting an independent, structured TSF intervention? Donovan (2007, 2008) offers the following reasons:

- 12-step groups represent a readily available, no-cost recovery resource;
- Millions of substance abusers benefit from 12-step involvement, with increased evidence of its effectiveness;
- TSF is consistent with community-based treatment program and counselor treatment philosophy;
- The intervention can be used with a broad range of clients in different settings and can augment a variety of standard treatments; and,
- Availability of TSF therapy manuals and training materials which have proven effective in facilitating 12-step involvement.

Donovan's slides (2007) are worth reviewing for their valuable supporting information and data.

Research Supporting TSF

Research itself paints a convincing argument for the adoption of TSF. The story of that research – developing along three main arms – also provides a fascinating glimpse into the evolution of an evidence-based treatment approach rooted in and synergistic with the recovery community.

Two major factors over the past 30 years have raised interest in using and researching TSF interventions (Humphreys, 1999). First, while research into 12-step approaches began in the 1940s, following AA's founding in the 30s, the breadth and depth of research

*"Keep coming
back.
It works – if you
work it!"*

*~ Alcoholics Anonymous
Slogan ~*

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Next Issue:

TSF Models

increased in the 80s and particularly the 90s. This resulted in research of improved methodological quality into both the benefits of TSF as well AA/12-Step involvement per se. Coupled with positive research outcomes, the overall confidence in AA's effectiveness grew, along with interest in facilitating connections between treatment and 12-step groups. Secondly, the growth of managed health care reduced the length and intensity of professional addictions treatment (Humphreys et al, 1997), increasing the pressure for cost-effective treatment approaches; TSF models are inexpensive to implement and 12-step and other self-help groups are ubiquitous and basically free, making TSF an attractive option.

A body of continually developing research now indicates the following:

1. **Effectiveness of 12-Step Groups:** There is a positive relationship between 12-Step involvement and improvement on substance abuse outcomes, for both alcoholics and drug abusers;

2. **Under-Utilization of 12-Step Groups:** Despite demonstrated benefits, a low percentage of those who need groups actually attend and get actively involved; and,

3) **Effectiveness of TSF Interventions:** TSF therapy practices can result in more positive outcomes, as compared to treatment as usual.

1. **Effectiveness of 12-Step Self-help Groups.** In 2001 a workgroup of national experts on substance abuse was convened by the Center for Substance Abuse Treatment (CSAT) and the Veterans Health Administration (VHA) to examine evidence on the effectiveness of drug and alcohol self-help groups. Findings, including implications for the field, were subsequently published (Humphreys et al, 2004). The report concluded:

"A significant body of research has documented an association between 12-step self-help group participation and positive outcomes and has suggested mechanisms by which these positive outcomes are generated. In addition, millions of Americans have 'voted with their feet' by participating in addiction-related self-help groups, sometimes in the face of ambivalence by clinicians. Many improvements remain to be made in self-help group research, but at present the following represent reasonable conclusions based on the existing research:

- Longitudinal studies associate Alcoholics Anonymous and Narcotics Anonymous participation with greater likelihood of abstinence, improved social functioning, and greater self-efficacy. Participation seems more helpful when members engage in other group activities in addition to attending meetings;
- Twelve-step...groups significantly reduce health care utilization and costs, removing a significant burden

from the health care system;

- Self-help groups are best viewed as a form of continuing care rather than as a substitute for acute treatment services...; and,
- Randomized trials with coerced populations suggest that AA combined with professional treatment is superior to AA alone..."

Donovan presents additional key points derived from research into 12-step involvement (2007, 2008):

- Longitudinal studies usually find that 12-Step involvement after treatment is associated with higher rates of abstinence regardless of the kind of treatment received;

- Consistent and early attendance/involvement leads to better substance use outcomes;

- Attendance is not *involvement*; when AA attendance and AA involvement (e.g. reading 12-step literature, getting a sponsor, "working" the steps, or helping set up meetings) are both measured, involvement is a stronger predictor of outcome;

- Even small amounts of participation may be helpful in increasing abstinence, whereas higher doses may be needed to reduce relapse intensity; and,

- Reductions in substance use associated with 12-Step involvement are not attributable to...influences such as motivation, psychopathology, or severity.

Kaskutas (2009) recently conducted a review of the literature on AA effectiveness. She concluded that "the evidence for AA effectiveness is strong" for five of the six criteria she examined, with conclusions uncertain regarding the sixth.

2. **Under-Utilization of 12-Step Groups.** Unfortunately, despite the positive indicators, 12-step and other self-help support groups are under-utilized as aides in recovery. Most anyone who has attended AA, NA, CA (and other self-help groups) will attest to the "revolving door" syndrome – i.e., that only a minority of attendees "keep coming back" and "work it until it works". Research backs this up. A readable, comprehensive chapter tracing the scientific evolution of TSF includes the following excerpted points (Donovan and Floyd, 2008):

- Approximately 60–70% of substance abusers have never attended a 12-step meeting;

- While 75% of alcoholics entering residential treatment reported they had attended AA meetings previously, only 16% indicated that they had ever worked on any of the 12 Steps; of the 150 patients interviewed, only 38% reported a positive attitude toward AA, while 36% were neutral and 26% held a negative attitude;

- Even if substance abusers initially attend meetings, there are typically high rates of attrition;

- Approximately 40% of a cohort of nearly 3,000 individuals who had attended 12-step meetings in the

90 days prior to or during treatment dropped out over the following year;

- Low rates and unstable patterns of 12-step meeting attendance have been found among both alcoholics and drug abusers; and,
- Such low rates of attendance during or after treatment are found despite the fact that most treatment programs incorporate 12-step philosophy and provide orientations to 12-step meetings and that professional staff report a high rate of referral to 12-step groups.

Donovan and Floyd go on to document research that demonstrates that early involvement in 12-step activities – during treatment – yields better results, and that engagement is a better predictor of positive results than attendance. Also, while many programs or counselors may report doing some form of TSF, in practice this may more likely refer to unsystematic approaches, such as providing a patient with a list of local self-help groups with encouragement to attend.

3. Effectiveness of TSF Models. In summary, research has provided a great deal of information and data that has lead researchers and clinicians to seek systematic approaches that will increase 12-step involvement by facilitating attendance and engagement during treatment, particularly early in recovery. In its examination of evidence on the effectiveness of drug and alcohol self-help groups, the expert CSAT/VHA panel (Humphrey et al, 2004), stated: “Research has clearly demonstrated that when clinicians use empirically-validated techniques to support mutual help group involvement, it is far more likely to occur (Nowinski, Baker, & Carrol, 1995; Sisson & Mallams, 1981; Weiss et al., 1996, 2000)”.

Our next issue will review TSF models and how they are used in the field. Stay tuned.

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