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Twelve Step Facilitation

Part 2 - The Original Model

"Get a sponsor." "Be of service." "Use the telephone." "Work the steps." These oft-repeated suggestions are familiar to anyone who's attended 12-step meetings, where getting active is considered recovery's key. That is the main goal of all Twelve Step Facilitation (TSF) therapy models: to encourage not only attendance, but *active involvement* in 12-step groups and activities.

While research suggests attendance is a precursor to involvement in 12-step groups, multiple studies indicate that involvement is a better predictor of positive outcomes. This issue will review the most well-known TSF model, the one with the greatest weight of supporting research and the most readily obtainable resources and training.

Individual TSF Therapy

Developed by Joseph Nowinski and Stuart Baker (1992), TSF was evaluated as part of Project MATCH, the largest alcohol treatment research trial ever done – involving more than 1700 alcohol-dependent patients studied over time in nine clinical research sites across the U.S. (Project MATCH Research Group, 1993, 1997). The manual developed as part of the study (Nowinski et al, 1992) made TSF accessible to the field, allowing for training, supervision, and other aspects of systematized replication.

Research. Project MATCH included two independent study arms, one with outpatients (n=952); the other with patients in aftercare following inpatient treatment (n=774). All participants were randomly assigned to TSF, Cognitive-Behavioral Therapy (CBT), or Motivational Enhancement Therapy (MET). They recieved a 12-week intervention; a 1-year follow-up; and, for those in the outpatient arm, two 3-year follow-ups. While the goal was to study the matching of patients to a specific treatment intervention, the most significant findings lay in the comparative effectiveness of the several interventions. Highlights related to TSF include the following:

- At 1- and 3-year follow-ups TSF was found to be comparable in effectiveness to CBT and MET (Project MATCH, 1997). Patients in all three conditions improved significantly in drinking-related, psychological, and life-functioning outcomes.
- TSF was more effective than CBT or MET in promoting abstinence among outpatients; e.g., at the 3-year follow-up 36% of TSF patients reported being abstinent for the previous 3 months, compared with about 25% in the CBT and MET conditions (Project MATCH, 1998).

"Action is the antidote to despair."

~ Joan Baez *(1941 -)* ~

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Next Issue:

Adaptations & Recent Developments

Funded by Substance Abuse and Mental Health Services Administration

- TSF was significantly more effective than either CBT or MET in increasing AA involvement, as marked by the frequency of attending meetings, having and serving as a sponsor, following the 12-steps, and considering oneself an AA member (Tonigan et al, 2003).
- AA participation positively predicted the frequency of abstinent days in the post-treatment period (Connors et al, 2001).
- Among clients with social networks supportive of drinking, AA involvement was higher for TSF clients (62%) than for those receiving MET (38%) or CBT (25%) (Longabaugh et al, 1998).

TSF Theory, Causality, and Mechanism of Action. All TSF approaches assume that substance use disorders are marked by an inability to control the use of alcohol or other drugs. Specific causative factors are of less relevance in recovery than acceptance of the loss of control, the need for abstinence, and a willingness to follow the pathway laid out in the 12 steps.

TSF therapies – time-limited, structured, manual-driven approaches to facilitating engagement in 12-step activities – are based in behavioral, spiritual, and cognitive principles that form the core of 12-step fellowships such as AA and NA. The TSF facilitator is more truly a *facilitator* of change (i.e., sustained sobriety) than an *agent* of change. Active participation in 12-step fellowships, together with working on the 12-steps and using the guiding principles and traditions, are key factors that promote change.

The Project MATCH TSF Model seeks to facilitate two general goals in individuals with alcohol or other drug problems: 1) acceptance, of the need for abstinence from alcohol or other drug use; and 2) surrender, or the willingness to participate actively in 12-step fellowships as a means of sustaining sobriety. These main goals are broken into a series of cognitive, emotional, relationship, behavioral, social, and spiritual objectives. Consistent with 12-step philosophy, no client is excluded from treatment for drinking or using, although some may be encouraged to consider inpatient treatment.

The original TSF intervention is intended to be implemented in 12-15 individual sessions spread over about 12 weeks. The model is flexible, consisting of a menu of core, elective, and conjoint topics. All clients receive one session minimum in each of four core topics areas, sessions on elective topics as determined by the facilitator, up to two emergency sessions, and a termination session; the program includes two conjoint sessions for patients with significant others.

CORE PROGRAM includes topics 1-4 and a final "wrap-up" session: 1. Assessment/Program Introduction; 2. Acceptance; 3. Surrender; and, 4. Getting Active in AA or NA. These sessions embrace the first 3 of the 12-steps; topics may be repeated or reinforced and are covered in depth for all participants. The final session, also part of the Core program, includes questions that help participants evaluate their experience and establish future goals.

ELECTIVE PROGRAM includes topics 5-10: 5. Genograms; 6. Enabling; 7. People, Places, and Things (or Routines); 8. Emotions (or HALT – Hungry, Angry, Lonely, Tired); 9. Steps 4 and 5 – Moral Inventories; and, 10. Sober Living (or Relationships). These topics allow for individualization of treatment plans. The facilitator's ongoing assessment in the core areas helps drive selection of topics, some being appropriate for clients further along in recovery.

CONJOINT PROGRAM includes two sessions: Designed to educate family and significant others about addiction, sessions introduce the 12-step model and the concept of enabling, and encourage attendance at a minimum of six Al-Anon/Nar-Anon meetings. Emphasis is on recovery and relationship counseling is postponed if possible until after TSF therapy.

Snapshop of a Session. TSF is relatively structured, with each session following an agenda and format including specific material. From there the facilitator guides discussion, provides advice from a consistent conceptual framework (i.e., the 12-step approach), solicits feedback, and tailors assigned recovery tasks. Except for the first and last sessions (approx. 1.5 hrs) most sessions run about an hour.

Review (10-15 minutes). The facilitator leads a discussion of the client's recovery week. Topics include the patient's *journal* (e.g., meetings and reactions, or discussion around lack of attendance; reactions to suggested readings); s*lips/lapses and urges* (details; any action taken; suggestions

consistent with 12-step work); *sober days* (details; related significant accomplishments).

New Material (30 minutes). The topic is tentatively decided in advance and includes both didactic material and a probing discussion to ensure that the client understands concepts.

EXAMPLE (Topic 2: Step 1 – Acceptance): "Step 1 represents a statement of personal *limitation*. Accepting powerlessness over alcohol is much like having to accept any other personal limitation or handicap.... Typically, people do not react to limitation calmly; instead, they resist or deny it. Can you relate to... having to face some personal limitation in the past?"

Recovery Tasks (10 minutes) & Summary (5 minutes). The facilitator leads a discussion including specific suggestions related to meeting attendance and involvement, reading and listening to books, journaling, or other recovery tasks. The client is asked to summarize what he or she got out of the session, whether they understand the recovery tasks, and if s/he is willing to follow through on them.

Troubleshooting. Each session includes a section on "troubleshooting" with suggestions for the facilitator on topics such as resistance in certain areas, therapeutic stance or approach, and avoiding drift.

Training/Other Resources. A brief overview of Project MATCH TSF is available to download (Nowinski, 2000); as is the manual (Nowinski 1992, 1999), which can also be ordered from NIAAA at low or no cost. Additionally, Nowinski collaborated with Hazelden in 2006 to develop a comprehensive multi-media training package, available through Hazelden's website.

Conclusion. The TSF model used in Project MATCH, along with being implemented as individual therapy, has been adapted and studied for use in drug treatment and group therapy. The next issue of AM will review these adaptations and also recent developments, including a new brief and flexible model for group therapy.

This article was written by Lynn McIntosh.

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