

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

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Disclosure Information

Richard Ries, MD, FASAM, FAPA

- No Commercial Links
- NIH grants on
 - Preventing Addiction Related Suicide (PARS)– NIDA– J
 - Ries AMA Open April 2022
 - Treatment of Severe Alcohol Dep with Injectable Naltrexone and Harm Reduction Therapy (NIAAA)- ()Collins S Lancet 2018
 - Treatment of Native American Indian Alcohol Dep with Contingency Management
- SAMHSA
 - Expanding MAT for Opioids into Primary Care.
- UW Dept of Psychiatry
 - Garvey Foundations – Developing PARS-Web training
 - UW Psychiatry and Addictions Case Conference (UWPAC) Psychiatric Consultation Line (PCL)

What is Alcoholics Anonymous?

- Pre-covid about 100,000 meetings a week in USA, thousands of other worldwide
- Non-Professional, no charge, run by community members
 - Started in USA in 1930's by persons with alcohol dependence
 - Most meetings 20-50 members
 - Only requirement for membership is “a desire to stop drinking/using”
- There are also NA, CA, others
- Due to COVID, there are now AA ZOOM meetings; there are *thousands* all over the world
- The “12 steps” are a guide to long-term recovery

12 Step Facilitation (TSF)

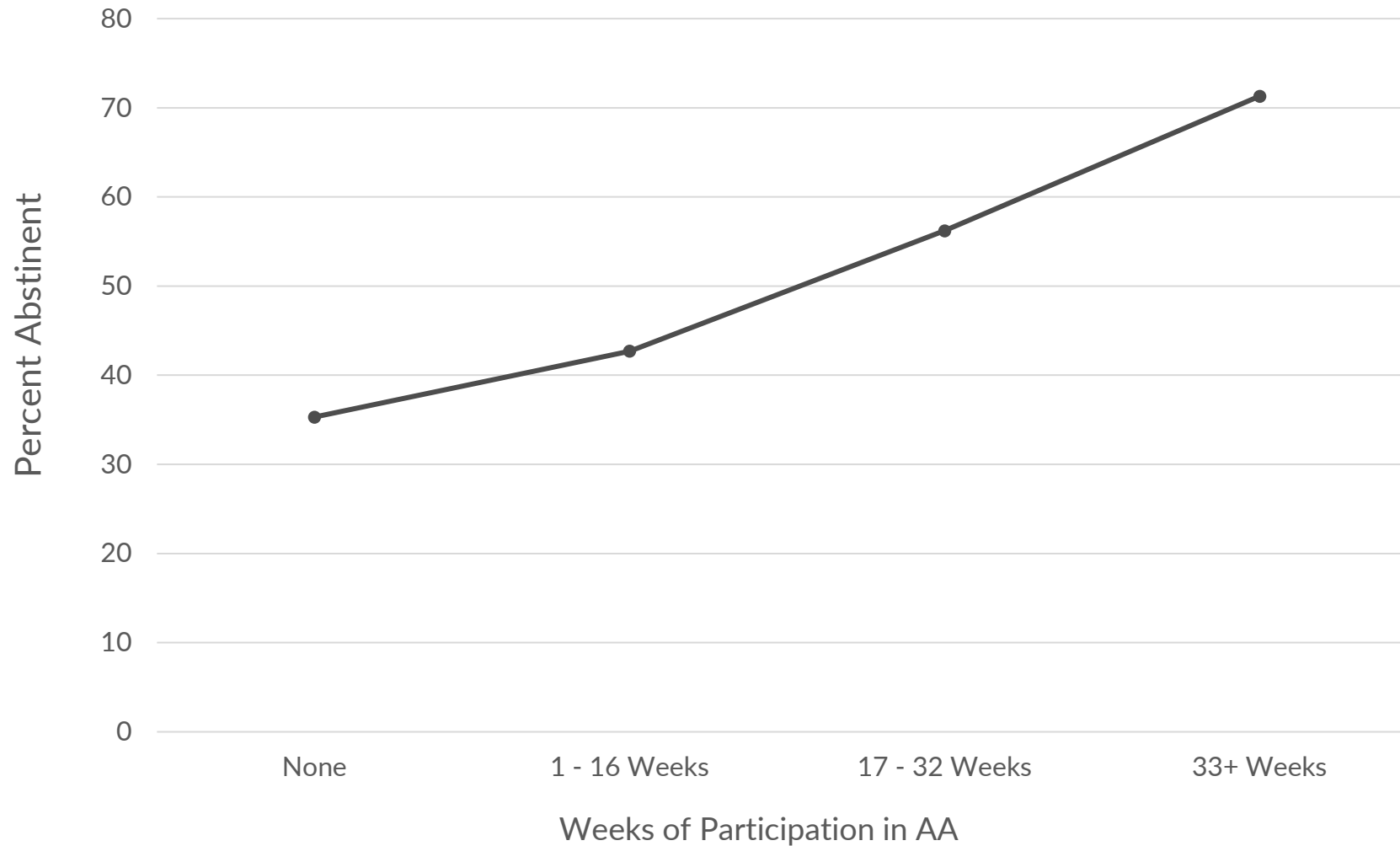
- 12 Step Facilitation is a method to assist patients in getting to 12-step meetings and maximize their benefit.
- Why get people to 12 step meetings?
 - 20-50% of trauma (med-surg) and psychiatric in- and outpatients will have current, historical, or episodic substance problems.
 - Substance treatment may be unavailable or even if used, 12 step may be involved, especially in recovery.
 - Positive effects include not only the group support and socialization, but key psychological/therapeutic content elements.
 - Addiction is a chronic potentially relapsing disease; regular treatment is not often structured for this, but AA is.

Is AA magic? A cult? A
gimmick?

What is the evidence?

Abstinence Rates

Abstinence Rates at 8 Years by Duration of Meeting Attendance in the First Year



One Year Abstinence Prediction

- One year abstinence was predicted by
 - AA involvement (OR=2.9), (N=377)
 - 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

Outpatient Mental Health Care, Self-Help Groups and Patients' One-Year Treatment Outcomes

Methods:

- A total of 2,376 VA 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.

AA Participation: Current Literature

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.

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

AA Participation: Current Literature

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 to 1991.

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.

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

AA Participation: Current Literature

Mediational Relations between 12-Step Attendance, Depression and Substance use in patients with comorbid Substance Dependence and Major Depression.

Addiction. 2012 Nov;107(11):1974-83. 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 attendance predicted lower depression
- > and mediated the superior depression outcomes of the TSF group

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.

AA Participation: Current Literature

Alcoholics Anonymous and 12 Step Facilitation(TSF) Treatments for Alcohol Use Disorder: A Distillation of a 2020 Cochrane Review for Clinicians and Policy Makers

Cochrane Reviews 9-2020 John F Kelly 1, Alexandra Abry 1, Marica Ferri 2, Keith Humphreys 3

Results: A total of 27 studies containing 10,565 participants
AA/TSF interventions performed as well as CBT, MI, etc.

1. Across all short term < 1 yr) outcomes
2. Manualized AA/TSF more effective than other established treatments, such as CBT, for increasing abstinence at one, two, three years.
3. AA/TSF also demonstrated higher health care cost savings than other AUD treatments.

Does AA/NA Work for Opioid Use Disorders?

- Thousands of NA meetings, most attendees have Opioid or Stimulant use disorders
- However, some NA and AA meetings complicate Medication Assisted Treatment and OUD Rx
 - “You aren’t really ‘clean’”
 - “When will you get off that crutch”
- It was like this with antidepressants 30 years ago
 - Now psych meds in meetings are common

Stage 12 Stimulant CTN Study

- 8 Week group 12 Step Facilitation in community-based addiction centers
- Both TAU and Stage 12 participants had significant pre-trial 12 step attendance (90%)

Compared to TAU, STAGE-12 participants had

1. Greater self-reported stimulant abstinence
2. Lower ASI Drug Composite scores at 3-month FU,
3. More 12 step meetings
4. More other types of 12 step activities
5. More days of self-reported service at meetings from mid-treatment through the 6-month FU

AA Participation: Current Literature

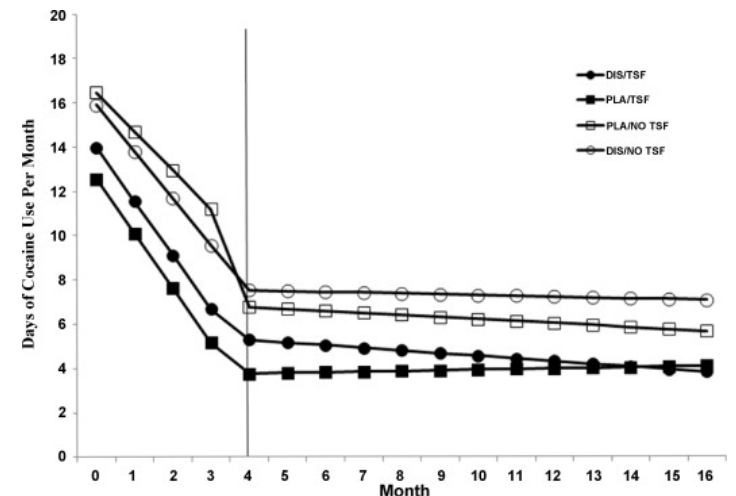
Efficacy of Disulfiram and Twelve Step Facilitation in cocaine-dependent individuals maintained on methadone: a randomized placebo-controlled trial.

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

- TSF was associated
- with 50% less cocaine use
- but NO effect for disulfiram observed



Overview of TSF

- TSF is *not* the 12-Step support group
- TSF is what *you* (therapist) do to help patients get to and benefit from 12 step meetings
- The patient attends and works 12 step meetings
- TSF was one of 3 interventions Manualized and
 - Tested in Project Match (1994), one of the largest RCT's for alcohol ever performed.
- Facilitated by a drug counselor, therapist, or doctor
- <https://pubs.niaaa.nih.gov/publications/projectmatch/match01.pdf>
GOOGLE Twelve Step Facilitation Manual NIAAA

Key Concepts

- The First Step: Acceptance and Powerlessness
 - That one has become: *“Powerless over alcohol - that our lives had become unmanageable.”*
 - Powerless to predict behavior once intoxicated, 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

What is a “Dose” of AA?

- Meetings are initially at least 3x per week, same meetings each week (or “90 in 90”)
- Acquaintance with members / Abstinence from use
- Sponsor (getting one) and Steps (reading, talking, working them, i.e., just coming to meetings regularly is a start, but is not working the full program)

12-Step Evaluation

- Have you ever gone to 12 Step or AA meetings?
 - When? How recent?
 - How did it go?
- Did you go to the same meeting regularly (an example would be every week for several months)? Tell me about these meetings.
- Did you ever get a sponsor (how, why not, what got in the way?)
 - Did you ever work the Steps?

If this ever worked well for you, what can we do to help you get back to meetings and working recovery?

Matching Meetings

- Socioeconomic
- Sex/gender, especially women's meetings
- Sexual orientation
- Age
- Location, time, convenience
- ZOOM is 24/7
- Focus: straight AA, NA, Dual, Double Trouble, etc.



Motivational Interviewing and AA Facilitation

- “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?”

Cognitive/Behavioral Therapies and AA Facilitation

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

12 Step “Disease Model” Facilitation

- “You thought about going to a meeting last night but didn’t quite get there...”
- “What was responsible for your 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?”



How to Integrate and Reinforce 12 Step Participation

- Have you figured out how to do ZOOM Meetings? If not, call the AA/NA phone number and they will help you.
- What is the most interesting thing you heard in a meeting in the last week or two?
- What did that mean for you?
- How does this relate to your getting sick or your recovery goals?

TSF - How to Use AA as a Treatment (Recovery) Partner

- Go to meetings as a professional guest
 - GOOGLE “AA ZOOM meetings,” there are thousands all over the world.
 - Go (or ZOOM) 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(or call) 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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