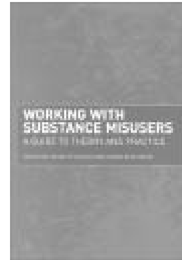
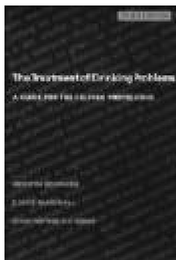
SUBSTANCE MISUSE OPTION LECTURE 14

12-STEP APPROACHES



"Working With Substance Misusers: A Guide to Theory and Practice" by Trudi Petersen and Andrew McBride



"The Treatment of Drinking Problems: A Guide for the Helping Professions" by Griffith Edwards, E Jane Marshall and Christopher C H Cook

ALCOHOLICS ANONYMOUS

- "AA was founded in the USA in 1935 by two alcoholics and first began to establish itself in the UK in the late 1940s. There are more than 3000 groups in Great Britain and over 88,000 groups in 134 countries worldwide. The estimated world membership is over two million. It has helped countless individuals (often when professional intervention has failed), is a repository of astonishing experience and subtle and often humorous wisdom, and has had a profound influence in humanising attitudes towards people with drinking problems."

ALCOHOLICS ANONYMOUS

- "AA is thus an enormous potential resource, and it is a dereliction of duty if patients go through treatment without AA ever being mentioned, or worse still if they are deflected from AA involvement by some negative statement born of ignorance and misunderstanding– 'I think you would find it all too religiose.'"

"The Treatment of Drinking Problems: A Guide for the Helping Professions" by Edwards, Marshall and Cook (1997)

ALCOHOLICS ANONYMOUS

- The 12-Step movement developed from AA, a self-help organisation founded in 1935 by Bill Wilson and Bob Smith.
- They formulated the 12 steps and principles of AA from their own experiences of maintaining sobriety through sharing with others, when they had not managed to do this alone.
- The book describing this, "Alcoholics Anonymous", published in 1939 is the core text of the AA, affectionately known by members as 'the Big Book.'
- AA is often misunderstood as being a treatment method. It is in fact a fellowship of peers, connected by their common addiction, guided by its 12-Steps and traditions outlining the principles of AA.

ADDICTION

- Addiction is characterised by:

  1. Loss of the ability to control (limit) the use of alcohol:

  "We alcoholics are men and women who have lost the ability to control our drinking. We know that no real alcoholic ever recovers control." ["Alcoholics Anonymous," p.30]

ADDICTION

2. "Denial," or resistance to accepting the reality of loss of control over drinking:

"Most of us have been unwilling to admit we were real alcoholics. No person likes to think he is bodily and mentally different from his fellows. Therefore, it is not surprising that our drinking careers have been characterized by countless vain attempts to prove we could drink like other people." ["Alcoholics Anonymous," p.30]

AA THEMES

- Historically, AA emphasized two themes in its programme:

  Spirituality – Belief in a "Higher Power," which is defined by the individual and which represents faith and hope for recovery.

  Pragmatism – Belief in doing "whatever works" for the individual, meaning doing whatever it takes in order to avoid taking the first drink.

THE 12 STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we are 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.

THE 12 STEPS OF ALCOHOLICS ANONYMOUS

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 all of them.

THE 12 STEPS OF ALCOHOLICS ANONYMOUS

9. Made direct amends to such people wherever 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 mediation 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.

MINNESOTA MODEL

- In the 1940s and 1950s three centres in Minnesota were established that incorporated the AA philosophy: Pioneer House, Hazelden Foundation, and the Wilmer State Hospital.
- These centres developed an integrated treatment programme that was an adaptation of the 12-Step programme.
- The Wilmer State Hospital programme was particularly influential due to the pioneering work of Dr Nelson Bradley and Dr Daniel Anderson.

MINNESOTA MODEL

- A highly structured programme was developed, set in the context of a patient-centred social learning environment, combining medical treatment, multidisciplinary teamwork, individual counselling, group work and a therapeutic community environment.
- Medical staff and psychologists worked alongside clergy and lay counsellors (who were themselves recovering alcoholics).

MINNESOTA MODEL

- Developed and implemented over a period of three years, mostly from 1952 to 1955, the programme became known first as the Willmar Model.
- The Model spread to the Hazelden Foundation in the 1960s where it became known as the Hazelden Model.
- This Foundation was founded in 1949, located in Centre City, Minnesota and directed by a not-for profit Board of Trustees led by Patrick Butler, who was himself a recovering alcoholic.
- Finally in the 1970s, as it gained wider acceptance, it became known as the Minnesota Model.

THE MINNESOTA MODEL: KEY ELEMENTS

- The integration of professional staff with trained recovering alcoholics;
- The focus on the disease concept and link to the 12-Step fellowships;
- The dedication to family involvement;
- The insistence on abstinence from the use of all addicting drugs;
- The emphasis on patient and family education;
- An individualised treatment plan; and
- A continuum of care integrating sustained aftercare into all treatment plans.

MINNESOTA MODEL

In an article "The Origins of the Minnesota Model of Addiction Treatment: A First Person Account", Daniel Anderson emphasised that the two most important attributes of the programme were:

- that it is firmly rooted in a profound respect for the individual, unique alcoholic person and their families
- the commitment to the idea that it was possible, with the help of a Higher Power and the fellowship of AA, to get better.

12-STEP MODEL

- From its initial focus on alcohol, the 12-step model broadened to incorporate other forms of chemical dependency with Narcotics Anonymous.
- It later developed to cover behavioural addictions such as gambling and eating disorders.
- Family support groups have evolved in parallel with the treatment groups:
  - Al Anon (for families of problem drinkers)
  - Families Anonymous (for families of drug misusers)

12-STEP MODEL

- In AA, alcoholism is viewed as a progressive illness that affects the body, mind and spirit, which can be arrested but not 'cured'.
- The 12-step programme is designed to arrest the addiction by assisting the person to stay abstinent one day at a time.
- There is widespread debate around the notion that addiction is a disease, i.e. that individuals are genetically predisposed and therefore it is not their fault that they have either the predisposition or the illness itself.

ADDICTION

- According to the 12-step model, addiction is an inability to control one's use of any mood altering substance or behaviour despite awareness of its damaging consequences.
- It arises from attributes of the person as well as the substance.
- The concept is not dependent on evidence of physical dependence (tolerance, withdrawal effects) as outlined in diagnostic criteria.
- Addiction is viewed as a lifelong condition which, unchecked, would be progressive and potentially fatal.
- It can be arrested by intervention, but not 'cured'.
- Complete abstinence is the only option.

ADDICTION

- According to Williams (2002):
  "the controversial 'disease concept' need not be confused with a biological model. Addiction can be seen as an illness in a similar way as certain psychological conditions such as obsessive compulsive disorder. There may well be a genetic or physiological component but it is not necessary for the condition to have wholly biological basis in order to be termed an 'illness'"
- She points out, the use of the word 'illness' is largely pragmatic:

ADDICTION

"It releases the person from guilt and shame, which only serves to worsen addictive behaviour. The person is then free to forgive him or herself and focus their energy on recovery. It may be argued that the use of an illness model may lead to development of the 'sick' role. This is not the message. The person is seen as responsible, not for the 'illness' itself but for the consequences of their behaviour and for the decision to change…" Caroline Williams in a chapter in "Working with Substance Misusers : A Guide to Theory and Practice" ed. T. Petersen and A. McBride

ADDICTION

- The 12-step model does not claim any specific cause for addiction.
- The model is compatible with a multifactor model of causation.
- People are genetically predisposed to increased risk, with some being more predisposed by aspects such as personality, environment, social circumstances, development, learning and conditioning.
- As is true for all chronic illnesses, addiction has specific and predictable effects (symptoms) on the individual and a predictable course.

12-STEP MODEL

- A longer-term member assists newcomers in their adjustment to the 12-step group through sponsorship.
- The sponsor is someone who has achieved ongoing recovery and can therefore serve as a source of practical advice for the client introducing him/her to the concepts and practices of the 12-Step programme.
- The overall goal of 12-Step programmes is to facilitate clients' active participation in AA allowing the client to meet others who have had similar problems and experiences and can therefore gain understanding and support.

RECOVERY AS VIEWED BY THE 12-STEP MODEL

- The 12-step movement is abstinence based but because addiction is viewed as a pattern of thinking and behaviour, recovery is not just about abstinence from a substance.
- 'Sobriety' is seen as the development of a healthier attitude to oneself and to others.
- In AA, abstinence without 'sobriety is often called being 'dry drunk'.
- As relapse often occurs in response to painful emotions (e.g. anger, hurt), emphasis is placed on learning to cope with these feelings.
- The client must learn to lessen these feelings by changing thinking in ways that enhance feelings of acceptance and well-being, or 'serenity'.

RECOVERY AS VIEWED BY THE 12-STEP MODEL

- Recovery is achieved by attendance at meetings and 'working the programme' with the mutual support of others who are trying to do the same.
- Minnesota Model treatment uses the principles and tools of the 12-step movement in a professional treatment context, alongside other treatment methods.
- Historically, most treatment centres have been residential.
- However, there are an increasing number of outpatient treatment programmes that use the Minnesota Model.

RECOVERY AS VIEWED BY THE 12-STEP MODEL

- Whether residential or outpatient, 12-step based programmes typically involve a combination of group therapy, counselling, lectures and video-audio material.
- Clients may be involved in 'share' sessions from recovering addicts and participants are encouraged to attend AA or NA meetings.
- There is a one-to-one mentor relationship with another person further along the road to recovery. This sponsoring system provides support and a further opportunity for personal development.
- There may be an involvement of members of the client's family.

'TOOLS' OF THE RECOVERY PROGRAMME

Williams (2002) points out that the tools of recovery may be divided into:

- Those which promote fellowship
- Those for changing thinking and behaviour
- Those which promote the development of spirituality.

PROMOTING FELLOWSHIP

- 'Fellowship' is central to the movement. It is achieved by the giving and receiving of support through attendance at meetings, telephone contact, sponsorship and through 'service roles'.
- The most common meeting is the 'discussion meeting' where everyone is encouraged to share their views and experiences around a topic such as a specific step, or a theme such as anger.
- In 'speaker meetings', an in-depth share from a member or guest takes place.

PROMOTING FELLOWSHIP

- Sharing is central to the 12 step philosophy.
- Members discuss their own experiences and feelings in an accepting environment. Others are asked to refrain from interrupting, advising or criticising. This aims to dispel feelings of isolation, whilst aiding self-acceptance and instilling hope.
- Groups provide support and members are encouraged to stay in touch between meetings and to attend regularly.

TOOLS FOR CHANGING THINKING AND BEHAVIOUR

- The core of the programme involves working through the 12 steps in an attempt to change thinking and behaviour. Williams (2002) summarises the steps:

  "**Step1**

  This encourages letting go of self-blame over loss of control whilst encouraging an honest acceptance about the extent and consequences of this. Accepting 'powerlessness' encourages acceptance of help from others.

  Step 2-3

  The programme makes clear that a 'higher power' may be anything that the person chooses, including the programme itself."

TOOLS FOR CHANGING THINKING AND BEHAVIOUR

"Steps 4 - 7

These promote self awareness and development; a realistic appraisal of individual assets and shortcomings. Self-blame is not encouraged though accuracy in identifying destructive traits is.

Steps 8 – 10

These aim to alleviate the burden of guilt by attempting to repair harm done. This is done to obtain release from negative emotions and does not depend on a particular response from others."

TOOLS FOR CHANGING THINKING AND BEHAVIOUR

"Step 11

Regular periods of reflection are encouraged to actively maintain the process of recovery.

Step 12

Individuals are encouraged to give, as well as receive support, creating a continuing resource for all members."

- A range of aids exist to remind the client the core concepts of the movement, and to facilitate change. These include reading the 'approved' literature and the use of 'slogans' and the 'serenity prayer'.

TOOLS FOR CHANGING THINKING AND BEHAVIOUR

- The serenity prayer is a short prayer encouraging the client to focus on the those aspects which can be changed, whilst accepting that there are things that it must be accepted cannot be changed.
- Slogans are used as reminders of the key elements of the programme, e.g. 'one day at a time.'
- The 12 traditions (not same as Steps) outline the principles by which the 12-step movement runs, e.g. 12-step groups are self-supporting, have no political or financial affiliation, no leaders, and strict personal anonymity.

THE SERENITY PRAYER

God grant me the…

Serenity to accept the things I cannot change

Courage to change the things I can

and Wisdom to know the difference.

TOOLS FOR DEVELOPING SPIRITUALITY

- Although the Steps identify a need to enlist a 'higher power' in seeking help and the term 'God' is used in the literature, the idea of a greater power need to necessarily refer to a traditional deity.
- For some people, a higher power may be a more abstract concept. It may reflect the programme itself.
- Prayer and meditation can be seen as tools to enhance spirituality.

PROJECT MATCH

- In the early to mid-1990s, the National Institute on Alcohol Abuse and Alcoholism conducted the largest ever study on alcohol problems.
- It was a 5-year, randomised clinical trial involving nine treatment sites, a total of 1726 problem drinking clients, and reputedly cost $27 million.
- Project MATCH involved subjects being assigned to one of three types of treatment:
  - 12-step Facilitation
  - Cognitive-Behavioural Coping Skills Therapy
  - Motivational Enhancement Therapy.
- Substantial improvements in drinking were observed for all three treatment, but there was little difference in outcome between them.

PROJECT MATCH

- As a treatment based on a 12-Step philosophy have never been standardised in manual form expressly for a clinical trial, the Project MATCH research group asked senior personnel from the Hazelden Foundation to help prepare such a manual.
- The "Twelve Step Facilitation Therapy Manual" provides the possibility to replicate the treatment procedures employed in Project Match.
- The manual allows us here to consider some of the basic assumptions and approaches of the 12-step treatment intervention.
- However, the therapeutic principles underlying 12 step programmes can be applied in many other ways than used in Project MATCH.

TWELVE STEP FACILITATION THERAPY MANUAL

TREATMENT GOALS:

- The treatment program has two major goals, which relate directly to the first three Steps of Alcoholics Anonymous.

  Acceptance
  Surrender

GOALS: ACCEPTANCE

- Acceptance by patients that they suffer from the chronic and progressive illness of alcoholism.
- Acceptance by patients that they have lost the ability to control their drinking.
- Acceptance by patients that, since there is no effective cure for alcoholism, the only viable alternative is complete abstinence from the use of alcohol.

GOALS: SURRENDER

- Acknowledgement on the part of the patient that there is hope for recovery (sustained sobriety) but only through accepting the reality of loss of control and by having the faith that some Higher Power can help the individual whose own willpower has been defeated by alcohol.
- Acknowledgement by the patient that the fellowship of AA has helped millions of alcoholics to sustain their sobriety and that the patient's best chances for success are to follow the AA path.

TWELVE STEP FACILITATION THERAPY MANUAL

TREATMENT OBJECTIVES:

- The two major treatment goals are reflected in a series of specific objectives that are congruent with the AA view of alcoholism.

  Cognitive
  Emotional
  Behavioral
  Social
  Spiritual

OBJECTIVES: COGNITIVE

- Patients need to understand some of the ways in which their thinking has been affected by alcoholism.
- Patients need to understand how their thinking may reflect denial ("stinking thinking") and thereby contribute to continued drinking and resistance to acceptance (Step 1).
- Patients need to see the connection between their alcohol abuse and negative consequences that result from it. These consequences may be physical, social, legal, psychological, financial or spiritual.

OBJECTIVES: EMOTIONAL

- Patients need to understand the AA view of emotions and how certain emotional states (e.g. anger, loneliness) can lead to drinking.
- Patients need to be informed regarding some of the practical ways AA suggests for dealing with emotions so as to minimize the risks of drinking.

OBJECTIVES: BEHAVIOURAL

- Patients need to understand how the powerful and cunning illness of alcoholism has affected their whole lives and how many of their existing or old habits have supported their continued drinking.
- Patients need to turn to the fellowship of the AA and to make use of its resources and and practical wisdom in order to change their alcoholic behaviour.
- Patients need to "get active" in AA as a means of sustaining their sobriety.

OBJECTIVE: SOCIAL

- Patients need to attend and participate regularly in AA meetings of various kinds, including AA-sponsored social activities.
- Patients need to obtain and develop a relationship with an AA sponsor.
- Patients need to access AA whenever they experience the urge to drink or suffer a relapse.
- Patients need to reevaluate their relationship with "enablers" and fellow alcoholics.

OBJECTIVE: SPIRITUAL

- Patients need to experience hope that they can arrest their alcoholism.
- Patients need to develop a belief and trust in a power greater than their own willpower.
- Patients need to acknowledge character defects, including specific immoral or unethical acts, and harm done to others as a result of their alcoholism.

TWELVE STEP FACILITATION THERAPY MANUAL (PROJECT MATCH)

- "In addition to abstinence from alcohol, a major goal of the treatment is to foster the patient's commitment to participation in AA. During the course of the program's 12 sessions, patients are actively encouraged to attend AA meetings and to maintain journals of their AA attendance and participation. Therapy sessions are highly structured, following a similar format each week that includes symptom inquiry, review and reinforcement for AA participation, introduction and explication of the week's theme, and setting goals for AA participation for the next week. Material introduced during treatment sessions is complemented by reading assignments from AA literature."

DOES 12-STEP MODEL WORK?

- It has often been said that research data in relation to AA has been difficult to obtain.
- Two of the commonly stressed problems in conducting research are the "anonymity of group members and self-selecting nature of the organisation."
- However, the Project Match study showed that the 12-step facilitation was effective, and equally as effective as cognitive-behavioural and motivational enhancement therapy.
- Miller (1995) has pointed out that whilst all methods seemed equally effective in the short term, 12 step groups appear to be more effective in the long-term.
- Chappel and Du Pont (1999) have reviewed recent evidence and have concluded that 12-step programmes are effective.

ESSENTIAL PROCESSES

- In their book, Griffith and colleagues (1997) ask the question "What are the essential processes through which AA operates.". They identify the following dimensions:
- Coherent, flexible ideas. These ideas can relieve the individual's sense of hopelessness and explain the nature of their problem. They are suffering from the 'disease of alcoholism', and their constitution is such that they will react to this drug differently from other people. The disease can be 'arrested', but they can never be cured. Lifetime abstinence must be their only goal.

ESSENTIAL PROCESSES

- Action programme. The 12 steps outline the actions that need to be taken.
- The person must join AA and stay close to AA. They must take things ' one day at a time' and work for short-term goals.
- The stories and discussions they listen to, and the guidance from their sponsor will provide them with information on coping and problem solving.
- The programme will also require them to deal with their psychological problems, e.g. their guilt, 'resentment'.
- If they relapse they are not rejected, but can return again.

ESSENTIAL PROCESSES

- Rewards of sobriety. "AA carries the message that sobriety is rewarding, and helps the individual to discover these rewards. It gives them new friends, introduces them to a new social network, relieves their loneliness, help, them to structure and employ their time, removes a stigma, and confers on them a sense of personal worth. If they have been sober for one day, they have been a success. Through AA they may ultimately achieve serenity, with sobriety a way of life."

ESSENTIAL PROCESSES

- Possibility of recovery. AA's ideology is persuasive and an approach to recovery is made possible.
- There is an explanation of what is wrong (a theoretical definition of the disorder) and a pathway to recovery.
- AA can persuade the person that this is about them as an individual, and that AA can meet their problems and show them the way forward.
- "AA can carry this conviction because its members so evidently know what they are talking about; they too have been through it all and know every stratagem of deceit and denial, while at the same time bearing tangible witness to the possibility of success."

OUTPATIENT SERVICES

- Initially, the Minnesota Model was used in a 28-day inpatient setting.
- In recent years, however, the Minnesota Model has evolved to include outpatient care.
- The local agency WGCADA (West Glamorgan Council on Alcohol ad Drug Abuse) is an example of an outpatient treatment Centre that has adopted the Minnesota Model.
- We are currently writing an article on the 12-step programme in WGCADA and this will soon be on the web site.
- Another agency that uses this model is The Chemical Dependency Centre in London (www.thecdc.org.uk).

- www.hazelden.org