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Addiction Messenger

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Ideas for Treatment Improvement

Twelve Step Facilitation

Part 3 - Group and Brief Individual Models

Most research-based manuals for Twelve Step Facilitation (TSF) still feature individual counseling, while most treatment programs are oriented to group counseling. The past decade, however, has seen solid progress in tailoring TSF to real-world situations. This article describes several different models for you to consider if you would like to increase your clients' engagement in 12-step programs.

Group Models – Adaptations

TSF as designed for Project MATCH is delivered over 12-15 individual sessions. Founding developer Joseph Nowinski notes, however, that "TSF has been implemented in a group format with results similar to what other research has shown....There is no special manual; rather, there are some guidelines, such as":

- Stick to the program's session structure ("Review", "New Material", "Recovery Tasks"); and use the guidelines and handouts from the Hazelden TSF Outpatient Program.
- For clients in a time-limited group, assessment is best done one-on-one, with groups to cover the remaining Core Program, plus "People, Places and Routines," "Enabling", and "Emotions" from the Elective Program. Topics may be repeated and groups can focus on common recovery tasks.
- In residential treatment settings a series of groups should be established, each focusing on one core or elective topic; through individualized treatment plans clients can then be assigned to a particular set of groups.
- "Conjoint" sessions can be used in couples group, a context in which discussing enabling and caring detachment can be powerful.
- The closing ("Termination") session can be handled in groups that start and end together; in residential settings it is best handled through an individual session.

While much of the research has focused on individual therapy, studies using the model in group format with both alcohol and other-drug using patients have shown a pattern of positive results (Brown et al, 2002; Wells et al, 1994).

Combined Drug and Alcohol Dependence. A manual based closely on the "Project MATCH" model has been designed and evaluated specifically for drug abuse and dependence (Baker, 1998). It includes information about drugs, added topics ("People, Places, and Things" and HIV Risk Reduction"), and other changes to terminology and text, including references to 12-step resources such as Narcotics Anonymous and Cocaine Anonymous. Research using this model

"To make TSF interventions more useful in practice, researchers and clinicians should develop and evaluate brief TSF interventions."

~ Keith Humphreys (1999) ~

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has shown positive results for individual counseling (Carroll et al, 1998) and individual combined with group (Crits-Christoph et al, 1999).

Group Therapy Model

The model Making Alcoholics Anonymous Easier (MAAEZ) is straightforward, flexible, and inexpensive to implement. A detailed manual (under 30 pages) is available to download (Kaskutas and Oberste, 2002). While other TSF models focus mainly on introducing clients to concepts of acceptance and surrender (the first three steps of AA), MAAEZ more directly targets 12-step affiliation and involvement. As developer Lee Ann Kaskutas says, "we questioned the wisdom of developing a TSF intervention that would replicate what AA members do so well" (Kaskutas et al, 2009). MAAEZ helps clients deal with ambivalence and barriers people commonly encounter in adjusting and connecting to the culture of 12-step groups. It helps mobilize a sense of belonging to AA, and being comfortable in meetings and around the people in AA.

MAAEZ consists of six 90-minute group sessions: "Introductory" session; four "Core Content" sessions conducted in any order ("Spirituality", "Principles not Personalities", "Sponsorship", and "Living Sober"); and "Graduation." Each session includes a 15-minute check-in, 55 minutes covering a topic (plus a 10-minute break), and 5 minutes each for summary and a homework assignment.

The manual includes statements from 11 scientific articles documenting AA's effectiveness, which can be quoted to emphasize the benefits of 12-step involvement. The curriculum was selected to candidly address known reasons for resistance to AA, such as its spirituality component and diversity in personalities and opinions. Session topics include:

- INTRODUCTION focuses on the benefits of attending AA and how to choose meetings.
- SPIRITUALITY provides clients with wide-ranging definitions of spirituality, emphasizing AA (NA/CA) as a spiritual, not religious, program.
- PRINCIPLES, NOT PERSONALITIES deals head-on with myths about AA, different types of meetings, etiquette, and ritual.
- SPONSORSHIP explains the function of a sponsor, offers guidelines for choosing an appropriate person; and includes role-playing to

practice asking for a temporary sponsor, overcoming a rejection, etc.

- LIVING SOBER offers tools for staying sober: triggers to relapse; service; and avoiding slippery people, places, and things.

A new publication documents positive outcomes for MAAEZ (Kaskutas et al, 2009). In a study involving residential, day treatment, and outpatient programs (n=508), past-30 day abstinence rates from alcohol and other drugs were measured at one-year follow-ups. Rates in the MAAEZ condition were about 8–10% higher than in usual care, a difference similar to that reported in Project MATCH and the Intensive Referral studies. MAAEZ particularly benefited people with more prior AA exposure, prior treatment episodes, severe psychiatric problems, and atheist/agnostic beliefs. Since results from Project MATCH and Intensive Referral favored people with less prior AA meeting exposure, MAAEZ may be offering recidivistic clients a new perspective on AA and its members. Providers may want to consider, in choosing TSF approaches, that different types of TSF appear appropriate relative to past AA and treatment experience. Dr. Kaskutas is interested to hear from providers who implement MAAEZ: www.arg.org/staff.

Brief Individual Model

Developed by Sisson and Malloms (1981), Intensive Referral was subsequently studied by Timko and colleagues (2006, 2007). A key component of this three-session model is that a 12-step member serves as a "bridge" between treatment and a 12-step program. The counselor facilitates a call to a 12-step member who agrees to drive the client to a meeting. Sessions provide follow-up related to meeting attendance; barriers to 12-step involvement; goal setting; and provision of meeting schedules and related 12-step handouts. A manual wasn't developed, says Dr. Christine Timko, "mainly because the Intensive Referral method is straightforwardly described in our publications," particularly Timko et al (2006).

In comparison with standard referral procedures (e.g., encouraging meeting attendance and providing lists of meetings and times), Intensive Referral resulted in significantly more engagement in 12-step activities, reduction in alcohol and other drug use, and higher rates of abstinence over a six-month follow-up period. If you would like to

correspond to Dr. Timko, you can reach her at: ctimko@stanford.edu.

Models Under Development

Clinical trials continue to feature and test TSF models. Examples of major studies include:

National Drug Abuse Treatment Clinical Trials Network (CTN) Protocol–STAGE-12 (Stimulant Abuser Groups to Engage in 12-Step). This multi-site NIDA study is being conducted in “real world” settings throughout the U.S. The protocol, being tested with stimulant abusers, combines Baker’s model (1998) and components of Intensive Referral (Timko et al, 2006, 2007), and also draws from AA’s “Bridging the Gap” program, whereby volunteers help people transition from treatment into the community. It combines individual and group formats. Three individual sessions provide 1) orientation to TSF treatment and an intensive referral, 2) follow-up to the referral, and 3) closure and future goal setting through a “Termination” session. Five group sessions from Baker’s model cover “Acceptance (Step 1)”, “People, Places, and Things”, “Surrender (Steps 2 and 3)”, “Getting Active”, and “Managing Emotions”. Adaptations to group format were based on Brown et al (2002). For more information go to: <http://ctndisseminationslibrary.org/>.

Clinical Trials for Co-Occurring Disorders. A National Institute on Alcohol Abuse and Alcoholism study is testing a “TSFDD” model for use with dually diagnosed clients. It follows the Project MATCH approach, with significant differences including added components that foster involvement in psychiatric treatment and Double Trouble in Recovery (DTR). Another study, lead by Dr. Timko with the Veterans Administration Palo Alto Health Care System, is evaluating Intensive Referral in a four-session group-delivery format.

Conclusion

In summary, there are currently several TSF approaches being used in the field: 1) an individual counseling model originally designed for Project MATCH and subsequently adapted by Baker for drug dependency, with both models adaptable to group therapy; 2) MAAEZ; 3) In-tensive Referral; and, 4) models being developed and tested in research and/or real-world clinical settings. All these approaches show promise

in helping clients make a positive and lasting connection with 12-step programs.

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TEST Series 35

1. While research suggests attendance is a precursor to involvement in 12-step groups, multiple studies indicate that _____ is a better predictor of positive outcomes.
2. The main aim of all Twelve Step Facilitation approaches is active involvement in 12-step groups and activities.
True or False
3. In TSF therapy, the *agent of change* lies in active participation in groups, including the guiding steps and traditions of the 12-step model.
True or False
4. List two TSF models or approaches being used in the field: _____ and _____ (fill in the blanks)
5. In addition to active involvement in 12-step groups and activities, the model designed for Project Match model seeks to facilitate the following two general goals: _____, and _____.
6. While much research has focused on individual therapy, studies using the "Project Match" model in group-format have also shown positive results.
True or False
7. A key component of the Intensive Referral model is a 12-step member serving as a bridge between _____, and a _____.
8. The 4 "Core Content" sessions of MAAEZ are:
 1. _____
 2. _____
 3. _____
 4. _____
9. All TSF approaches assume that substance use disorders are marked by an ability to control the use of alcohol and other drugs.
True or False
10. Reasons to consider using TSF include:
 - a. 12-step groups represent a readily available, no-cost recovery source, with increased evidence of effectiveness.
 - b. The intervention can be used with broad range of clients in different settings and can augment a variety of standard treatments.
 - c. Availability of TSF therapy manuals and training materials which have proven effective in facilitating 12-step involvement.
 - d. All of the above

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