



# The Relevance of Twelve-Step Recovery in 21st Century Addiction Medicine

By Michael Miller, MD, FASAM | February 13, 2015

ASAM defines addiction as a “primary, chronic disease of [the] brain ... [with] characteristic biological, psychological, social and spiritual manifestations.” It isn’t just a social or criminal justice problem—it’s a medical and public health problem. Medical diagnosis and treatment are appropriate responses to addiction; ASAM’s definition points out that “without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.” So it is a serious, potentially fatal illness, but it is treatable: recovery is possible, and happens for millions of individuals with this disease every year.

Recovery is an interesting concept. It implies not only improvement, but potentially remission. The term describes a process as well as a destination. And the underlying premise of recovery is that of hope--hope that a person with a potentially fatal illness can avoid a catastrophic outcome. “Recovery activities” are not professional treatment, but can promote recovery just as professional treatment can. One of the most familiar “recovery activities” engaged in by persons with addiction is participation in the activities of Alcoholics Anonymous (AA).

ASAM’s definition of addiction document concludes that “treatment of addiction saves lives,” and it points out that “in some cases of addiction, medication management can improve treatment outcomes,” and that “in most cases of addiction, the integration of psychosocial rehabilitation and ongoing care with evidence-based pharmacological therapy provides the best results.” Much of “what’s new” in the professional treatment of addiction in the past two decades has involved new pharmacological therapies that have been brought into the marketplace. But psychosocial interventions, which are “not as new,” are the foundation of the treatment most persons receive when they seek assistance from an addiction treatment professional or agency.

Traditional addiction treatment in America is derived from multidisciplinary treatment of chronic mental disease and the peer-support program of Alcoholics Anonymous, founded in 1935 by two middle-aged men who leaned on each other for hope, and described in the eponymous book published in 1939. Its subtitle indicates it is a how-to description of the path of recovery. It describes twelve steps in the process of recovery outlined by the authors. One of the evidence-based practices of modern addiction treatment, as outlined by the federal Substance Abuse and Mental Health Services Administration’s registry of Evidence Based Programs and Practices, is Twelve Step Facilitation Therapy.

There are many kinds of counseling and psychotherapy that can be helpful for the person with addiction, beyond non-specific “supportive psychotherapy” that can be offered in any setting, along with medication management or apart from such an approach. Cognitive Behavioral Therapy is arguably the most widespread ‘evidence-based practice’ offered to persons with addiction. This approach challenges irrational thoughts, understands automatic thoughts and thought chains, understands the thoughts and feelings that can lead to relapse behaviors and seeks to minimize relapse by specifying unhealthy cognitions and providing practice in decoupling an unhealthy thought (“stinking thinking,” as some people say) from an unhealthy action. Dialectical Behavioral Therapy and Mindfulness Meditation are two approaches that have enjoyed increased popularity in addiction treatment in this century.

But Twelve-Step Facilitation therapy is still a tried-and-true proven approach. It is far more than advising a patient to “go to AA” and providing them a list of meeting locations and times. In Twelve-Step Facilitation, the therapist actively probes and nudges, encouraging not only attendance, but participation, in meetings; it explains the potential benefits of working with a sponsor and promotes the individual developing a relationship with a sponsor; it explores problems or psychological resistances to attendance, participation, actual “working the steps,” and the development of a sponsor-sponsee relationship; and it opens the door to “AA-related activities” such as volunteer service to one’s AA “home group” or AA “clubhouse” and involvement with AA-related social events, retreats, and local and state conventions.

Is Twelve-Step Recovery an antiquated concept or intervention? Many addiction specialist physicians contend that while the majority of continuing medical education in addiction, aimed at sharing novel breakthroughs and improving practice and outcomes, addresses pharmacotherapies, it is the psychosocial therapies which warrant at least equal attention. Some addiction medicine physicians are concerned that not only do biological interventions predominate in continuing education curriculums, but they dominate graduate medical education in addiction, and some of these physicians are concerned that fellowship training programs in addiction as well as residency programs in primary care, psychiatry, and other medical specialties should include training about and in Twelve Step Facilitation and on Twelve-Step Recovery in order for the physician to have an appropriately well-rounded educational experience and a full skill and knowledge base in the rapidly-growing specialty of addiction medicine.

Twelve-Step Recovery addresses the psychology of the person with addiction as well as the individual’s spirituality--his/her values, his/her connectedness to others, and his/her willingness to engage with others and humbly ask for help. The process of change in Twelve-Step Recovery starts with an acceptance that when friends or loved ones point out that things are amiss in one’s life, they are likely correct, and things have likely become unmanageable. And while taking personal responsibility and accepting accountability for one’s actions are considered key steps, Twelve-Step Recovery outlines that excessive self-reliance and the firm stance that “I can get myself out of this,” and “I know what to do about this,” will be roadblocks to recovery from addiction. “Getting out of oneself” and recognizing that one doesn’t have all the answers, and humbly asking for help from another human being—from a health professional or from a lay person—are behaviors and behavioral styles that are promoted by Alcoholics Anonymous and related “Twelve-Step” programs of peer support.

The term “self-help” is often used to describe AA groups, but it is somewhat of a misnomer: it isn’t “professional help,” but it is more about listening and accepting guidance from a peer or mentor than it is about using “self” to move beyond active addiction. And while Twelve-Step approaches accept that addiction is a disease and isn’t simply a sign of “moral weakness,” there is a focus on values and morals in Twelve-Step Recovery, as the individual is encouraged to engage in a process of taking a “moral inventory” of one’s life and past actions in preparation for “making amends” to others, as indicated, possible, and appropriate.

The endpoint of “recovery” from addiction, if there is an endpoint, is to change one’s life for the better, to gain stability in one’s life, and to become more functional in one’s family and in one’s community. Being responsible, being reliable, being interested in others and not just in oneself, and being a loving being who cares about and is helpful to others, are all part of recovery.

There is a group of physicians within ASAM who are concerned that twelve-step recovery is not being taught to new physicians entering this field (most physicians currently enter addiction practice in mid-career, rather than straight out of residency training). Referring to themselves as “Like Minded Docs,” they communicate regularly among each other, leaning on each other via email for support and guidance, and occasionally reaching out to ASAM regarding policies of the Society. One of their stated concerns is that continuing education programs for physicians newly involved with addiction or considering a mid-career switch into addiction medicine have more content on pharmacotherapies and less content on psychosocial therapies, and that Twelve-Step Facilitation therapy and twelve-step recovery overall are at risk of becoming ‘dying arts.’

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