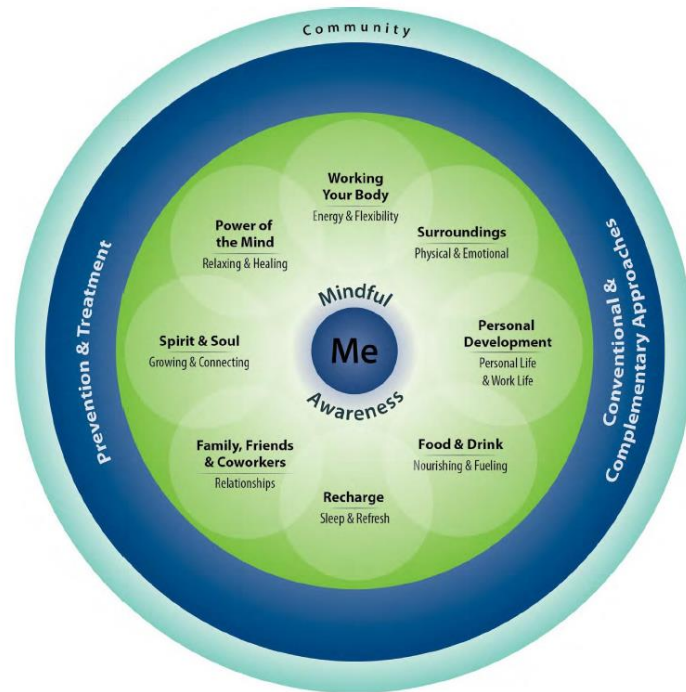


WHOLE HEALTH: CHANGE THE CONVERSATION

Advancing Skills in the Delivery of
Personalized, Proactive, Patient-Driven Care

Recovery-Based Mutual Self-Help Groups Clinical Tool



This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the *Components of Proactive Health and Well-Being*. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.

WHOLE HEALTH: CHANGE THE CONVERSATION

Recovery-Based Mutual Self-Help Groups

Clinical Tool

Introduction

Recovery-based mutual self-help groups can aid recovery from substance use disorders (SUDs) and facilitate personal growth through self-exploration and peer support. Although these groups are not a part of professional treatment, they can provide a rich source of support for recovery and complement other treatment. Mutual self-help groups provide a forum and opportunity for individuals in recovery to connect with others who have similar experiences and goals, allowing them to build relationships within a substance-free support network. These groups are typically free, anonymous, and easily accessible; as such, these groups can be readily available over the long-term trajectory of recovery. Mutual self-help groups include a variety of programs, with 12-step programs (e.g., Alcoholics Anonymous, AA; or Narcotics Anonymous, NA) and Self-Management and Recovery Training (SMART Recovery) being the most common ones.

Clinicians who are knowledgeable about community-based recovery programs may be more successful in referring patients to these programs.¹ Different meetings have different “energies” or dynamics to them, and clinicians should encourage patients to attend several different meetings to identify the ones that feel most comfortable for them or where they find connection with the other members.² It may be helpful to inform patients that each meeting is unique and has its own character; if a patient has a negative experience in a particular meeting, he or she should try attending one or more different meetings to find the ones that feel “right.”

Twelve-Step Recovery Programs

Twelve-step recovery programs involve meetings in various public settings and follow “12 steps” (see Resource Box 1, p. 4) that guide individuals in their recovery. Alcoholics Anonymous is the largest 12-step program that addresses alcohol use; Narcotics Anonymous is focused on substance use (any kind of substance use, including alcohol).³ Twelve-step meetings are usually readily available, often multiple times per day (into the night), depending on geographic location. Meetings generally run from 60 to 90 minutes and are chaired by a 12-step group member. During the meeting, members who choose to do so share experiences—one person at a time—related to their recovery, while others in the group listen. Public sharing of experience is voluntary—some members find benefit in just listening. An individual can become a member of a 12-step program simply by expressing a *desire* to stop using.³

Twelve-step programs have a general spiritual foundation, but do not require any specific spiritual or religious background for participation. They usually encourage members to look outside themselves for a strength (a “higher power”), which each member *defines for himself or herself*.³ Limited research suggests that spiritual or religious involvement can be

WHOLE HEALTH: CHANGE THE CONVERSATION
Clinical Tool: Recovery-Based Mutual Self-Help Groups

a protective factor against SUDs and relapse.^{1,4} It is important to clarify that these groups are *spiritual but not religious*, as some patients may be uncomfortable with participation in 12-step groups if they view them to be “religiously oriented”; such a perception can constitute a barrier preventing patients from exploring these groups.

In addition to 12-step programs for those with SUDs, similar programs are available for the families and friends of the affected individuals; for example, Al-Anon (or Nar-Anon) or Alateen can become a source of support and valuable resource for adult and younger family members, respectively.⁵ See Resource Boxes 1-3 for additional information on 12-step programs.

Self-Management and Recovery Training (SMART Recovery) self-help groups⁶

SMART Recovery relies on a scientifically-oriented approach and can provide an alternative to spiritually focused 12-step self-help groups. It provides support for recovery from all addictions, both chemical (e.g., alcohol or drugs) and behavioral (e.g., gambling). SMART Recovery’s focus is on building and maintaining motivation for successful recovery; coping with urges; managing thoughts, feelings, and behaviors; and living a balanced life (see Resource Box 2 for a link to SMART Recovery’s website).

Research evidence for recovery-based mutual self-help groups

It has been shown that those who *self-selected* to engage in mutual self-help programs benefited most; whereas those who were “coerced” did not show similar gains.⁷ Therefore it is important to encourage and support patient interest in these groups. Research evidence supports the efficacy of recovery-based mutual self-help groups, especially 12-step programs. Participation in mutual self-help groups can improve outcomes in SUDs.⁸⁻¹³ Both the frequency of meeting attendance and the level and duration of involvement in prescribed 12-step activities—especially during the earlier stages of recovery—have been linked to better recovery outcomes, especially abstinence (Table 1).^{9,10,12,14}

Table 1. One-Year Abstinence Rates by AA Meeting Frequency¹⁰	
“Non-attenders”	21.4% abstinent
2-4 meetings/week	42.7% abstinent
5+ meetings/week	61.1% abstinent

Several elements related to the mutual self-help group participation have been hypothesized as “active ingredients” facilitating recovery (Table 2). Personal factors may also influence (moderate) outcomes during recovery (Table 3). Awareness of potential “active ingredients” and patient-specific factors may help the clinician better assess how helpful these groups can be for a given patient and what other recovery support the patient may need (e.g., mental health treatment for the depressed patient).

WHOLE HEALTH: CHANGE THE CONVERSATION
Clinical Tool: Recovery-Based Mutual Self-Help Groups

Table 2. Hypothesized “Active Ingredients” of Mutual Self-Help Groups¹⁵	Table 3. Personal Factors - Possible Moderators of “Active Ingredients”¹⁶
<ul style="list-style-type: none"> • Provide support • Offer goal direction and structure • Provide role models for abstinence • Increase self-efficacy and healthier coping skills • Allow for opportunities to engage in rewarding activities, including substance-free social activities and helping others with substance abuse problems 	<ul style="list-style-type: none"> • <u>Gender</u>: Women may be more responsive to support • <u>Spirituality/religiosity</u>: May enhance engagement in the program • <u>Untreated depression</u>: May make it more difficult to engage with others and gain potential benefits from the program • <u>Severity of SUD</u>: SUD severity may impact potential gains from mutual self-help group participation

There are several components of group engagement that have been shown to improve recovery outcomes, especially abstinence. It is recommended to encourage patients who are attending a 12-step group to find and work with a sponsor (a 12-step member who takes on the role of peer-mentor for 12-step-based recovery). To find a sponsor, an interested individual could simply ask one of the group members about it. Research shows that meeting attendance and engagement, and having a sponsor, are the strongest predictors of abstinence over time.¹⁴ Other 12-step-based activities, such as reading the related literature, sustained service work, and receiving support from 12-step members, are also beneficial for maintaining abstinence.^{8,14,16}

Evidence indicates that, for optimum benefit, individuals should become involved in 12-step groups at the beginning of their recovery, and attend meetings frequently and regularly (a common 12-step group recommendation is to attend “90 meetings in 90 days”), especially during early recovery.

WHOLE HEALTH: CHANGE THE CONVERSATION
Clinical Tool: Recovery-Based Mutual Self-Help Groups

Resource Box 1. The 12 Steps (Narcotics Anonymous version)¹⁷

1. *We admitted that we were powerless over [our addiction], that our lives had become unmanageable.*
2. *We came to believe that a Power greater than ourselves could restore us to sanity.*
3. *We made a decision to turn our will and our lives over to the care of God as we understood him.*
4. *We made a searching and fearless moral inventory of ourselves.*
5. *We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.*
6. *We were entirely ready to have God remove all these defects of character.*
7. *We humbly asked him to remove our shortcomings.*
8. *We made a list of all persons we had harmed, and became willing to make amends to them all.*
9. *We made direct amends to such people wherever possible, except when to do so would injure them or others.*
10. *We continued to take personal inventory and when we were wrong promptly admitted it.*
11. *We sought through prayer and meditation 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 [addicts], and to practice these principles in all our affairs.*

*Words in [brackets] can be changed based on the specific 12-step program.

Reprinted with Permission from AA

The Serenity Prayer¹⁸

as adapted from Reinhold Niebuhr's "Serenity Prayer," and used during 12-step meetings

*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...*

WHOLE HEALTH: CHANGE THE CONVERSATION
Clinical Tool: Recovery-Based Mutual Self-Help Groups

Resource Box 2. Recovery-Based Mutual Self-Help Programs: Resources
Twelve-Step Programs for Individuals with Substance Use Disorders
<p>Alcoholics Anonymous (AA): http://www.aa.org</p> <ul style="list-style-type: none">• AA is the largest 12-step fellowship for alcohol problems,³ with estimated over 2 million members worldwide.¹⁹• The primary focus of AA is alcohol use disorders. <p>Narcotics Anonymous (NA): http://www.na.org/</p> <ul style="list-style-type: none">• NA is the largest 12-step fellowship primarily focused on <i>drug</i> addiction.³• NA is open to all drug (including alcohol) addicts, regardless of the particular drug or combination of drugs used.³ <p>Other programs:</p> <ul style="list-style-type: none">• Cocaine Anonymous (CA): http://www.ca.org• Crystal Meth Anonymous (CMA): http://www.crystalmeth.org• Marijuana Anonymous (MA): http://www.marijuana-anonymous.org• Nicotine Anonymous (NicA): http://www.nicotine-anonymous.org/• Dual Recovery Anonymous (DRA): http://www.draonline.org<ul style="list-style-type: none">◦ This program primarily focuses on substance use and co-occurring mental health conditions.
Twelve-Step Programs for Family and Friends of Individuals with Substance Use Disorders
<p>Adult Children of Alcoholics (ACA): www.adultchildren.org</p> <ul style="list-style-type: none">• This program focuses on supporting adult children of alcoholics. <p>Al-Anon (and Alateen): www.al-anon.alateen.org</p> <ul style="list-style-type: none">• This program provides help for those affected by someone else's drinking. <p>Nar Anon: www.nar-anon.org/naranon</p> <ul style="list-style-type: none">• This program provides help for those affected by someone else's substance use.
Additional 12-Step Programs
<p>Additional programs: www.12step.org/12-Step-Groups/</p> <ul style="list-style-type: none">• Links to over 30 twelve-step groups as well as additional resources.
Additional Recovery Programs
<p>SMART Recovery: http://www.smartrecovery.org/</p> <ul style="list-style-type: none">• This is a scientifically (rather than spiritually) oriented program that provides recovery support for all addictions, both chemical (e.g., alcohol or drugs) and behavioral (e.g., gambling).

WHOLE HEALTH: CHANGE THE CONVERSATION
Clinical Tool: Recovery-Based Mutual Self-Help Groups

Resource Box 3. About 12-Step Programs

Membership and Organizational Structure³

- Twelve-step programs support the individual in achieving and maintaining abstinence from substances.
- An individual can become a member by simply expressing the *desire* to stop using.
- Meeting attendance is not recorded as anonymity is a key principle.
- Meetings are free, though groups often accept voluntary contributions to help offset expenses related to “running a group.”

Meeting Frequency and Location

- Meetings are usually readily available (especially AA) and can occur as often as 7 days per week, 24 hours per day (depending on geographic location).³ Twelve-step program websites (see Resource Box 2, p. 5) provide updated information on meeting type, time, and location.
- Meetings are typically held in public venues (e.g., libraries, places of worship, community centers, YMCAs) and are not affiliated with any organization.³
- Most meetings are between 60 and 90 minutes long, but duration can vary.
- In addition to meetings, some fellowships (especially the larger ones) may organize substance-free events and other social activities for their members.

Types of Meetings

- No two meetings are the same, as the character of a meeting depends on its members; if an individual has a negative experience with one group, it is recommended that he or she participate in meetings of one or more different groups to find a group that feels more comfortable.
- The number of participants can range from few individuals to several hundred people, depending on the particular meeting, community, and geographic location.³
- **All meetings** are *either open or closed*
 - **Open**—they are open to everyone: the affected individual, friends, family members, the general public.
 - **Closed**—they are available only to those who have or think they may have a problem with substance use.
 - Larger groups (especially AA) may have population-specific meetings (e.g., only for women, men, LGBT, ethnic group, newcomers, old-timers, Veterans, or people with dual-diagnosis).³

Meeting Format

- Meetings typically follow a prescribed structure, which usually includes 12-step-related readings and a recitation of the serenity prayer (see Resource Box 1, p. 4), often at the beginning or the end of each meeting. There can be variations in the meeting structure, as determined by each group itself.³
- Within the context of the prescribed structure, there are different meeting formats,³ with larger 12-step fellowships having a wider variety of formats available at a given time.
 - Discussion meetings: focus on a discussion of a chosen recovery-related topic.
 - Speaker meetings: during the meeting, a guest speaker or speakers (1-3 volunteers) share their personal experiences related to recovery.
 - Step meetings: focus on a discussion of one of the 12 steps (see Resource Box 1, p. 4) or 12 traditions.
 - Literature meetings: the meeting focuses on a discussion of 12-step-related literature (e.g., texts, pamphlets, booklets)

WHOLE HEALTH: CHANGE THE CONVERSATION
Clinical Tool: Recovery-Based Mutual Self-Help Groups

Suggested 12-Step Program Engagement

- Attend meetings regularly—research shows that more is usually better:
 - A common suggestion from 12-step programs is to attend “90 meetings in 90 days.”
 - It is not uncommon for a person to attend more than one meeting per day, especially early in recovery.
- Read 12-step recovery-related literature.³
- Connect with other members outside of meetings.³
- Work through the 12 steps.³
- Find and work with a sponsor.³
- Engage in service work.³ For people new to 12-step programs, “service work” can be as simple as helping set up for a meeting; for people who have been in recovery for a while, it could mean taking on a 12-step official service position or becoming a sponsor for others.)

Whole Health: Change the Conversation Website

Interested in learning more about Whole Health?
Browse our website for information on personal and professional care.

<http://projects.hsl.wisc.edu/SERVICE/index.php>

This clinical tool was written by Cindy A. Burzinski, MS, LPCT, SACIT, Assistant Researcher, and Aleksandra Zgierska, MD, PhD, Assistant Professor and integrative medicine family physician in the Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health.

References

1. Galanter M. Spirituality, evidence-based medicine, and alcoholics anonymous. *Am J Psychiatry*. 2008;165(12):1514-1517.
2. Detar DT. Alcoholics anonymous and other twelve-step programs in recovery. *Prim Care*. 2011;38(1):143-148, vii.
3. Laudet AB. The impact of alcoholics anonymous on other substance abuse-related twelve-step programs. *Recent Dev Alcohol*. 2008;18:71-89.
4. Miller WR. Researching the spiritual dimensions of alcohol and other drug problems. *Addiction*. 1998;93(7):979-990.
5. O'Farrell TJ, Clements K. Review of outcome research on marital and family therapy in treatment for alcoholism. *J Marital Fam Ther*. 2012;38(1):122-144.
6. SMART Recovery, Self-Management and Recovery Training. 2014; <http://www.smartrecovery.org/>. Accessed 4-30-14.
7. Kownacki RJ, Shadish WR. Does Alcoholics Anonymous work? The results from a meta-analysis of controlled experiments. *Subst Use Misuse*. 1999;34(13):1897-1916.
8. Krentzman AR. The Evidence Base for the Effectiveness of Alcoholics Anonymous: Implications for Social Work Practice. *J Soc Work Pract Addict*. 2007;7(4):27-48.
9. Tonigan JS. Alcoholics anonymous outcomes and benefits. *Recent Dev Alcohol*. 2008;18:357-372.

WHOLE HEALTH: CHANGE THE CONVERSATION
Clinical Tool: Recovery-Based Mutual Self-Help Groups

10. Moos RH, Moos BS. Long-term influence of duration and frequency of participation in alcoholics anonymous on individuals with alcohol use disorders. *J Consult Clin Psychol*. 2004;72(1):81-90.
11. McKellar J, Stewart E, Humphreys K. Alcoholics anonymous involvement and positive alcohol-related outcomes: cause, consequence, or just a correlate? A prospective 2-year study of 2,319 alcohol-dependent men. *J Consult Clin Psychol*. 2003;71(2):302-308.
12. Moos RH, Moos BS. Participation in treatment and Alcoholics Anonymous: a 16-year follow-up of initially untreated individuals. *J Clin Psychol*. 2006;62(6):735-750.
13. Kaskutas LA, Bond J, Avalos LA. 7-year trajectories of Alcoholics Anonymous attendance and associations with treatment. *Addict Behav*. 2009;34(12):1029-1035.
14. Zemore SE, Subbaraman M, Tonigan JS. Involvement in 12-step activities and treatment outcomes. *Subst Abus*. 2013;34(1):60-69.
15. Moos RH. Active ingredients of substance use-focused self-help groups. *Addiction*. 2008;103(3):387-396.
16. Moos RH. How and why twelve-step self-help groups are effective. *Recent Dev Alcohol*. 2008;18:393-412.
17. *Narcotics Anonymous*. 6th ed. Chatsworth, CA: Narcotics Anonymous World Services; 2008.
18. Origin of the Serenity Prayer: A Brief Summary. 2008; http://www.alcoholics-anonymous.org/lang/en/en_pdfs/smf-141_en.pdf. Accessed 4-28-14.
19. Estimates of A.A. Groups and Members as of January 1, 2013. 2013; http://www.aa.org/en_pdfs/smf-53_en.pdf. Accessed April 28, 2014.