

# **What is the Evidence for 12-Step Support and Facilitation Therapy?**

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6th NIDA Blending Conference, “Blending Addiction Science &  
Practice: Bridges to the Future.” Seattle, WA ,October, 2006

# 12-Step Salmon Recovery Program



# **Why Consider 12-Step Approaches?**

# Why Consider 12-Step Approaches?

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- ◆ 12-step orientation/philosophy is the predominant approach found in U.S. substance abuse treatment
- ◆ 12-step groups represent a readily available, no-cost recovery resource
- ◆ Millions of substance abusers benefit from 12-step involvement, with increased evidence of its effectiveness
- ◆ Consistent with community-based treatment program and counselor treatment philosophy
- ◆ Applicable to a broad range of clients in different settings
- ◆ Can augment a wide range of standard treatments

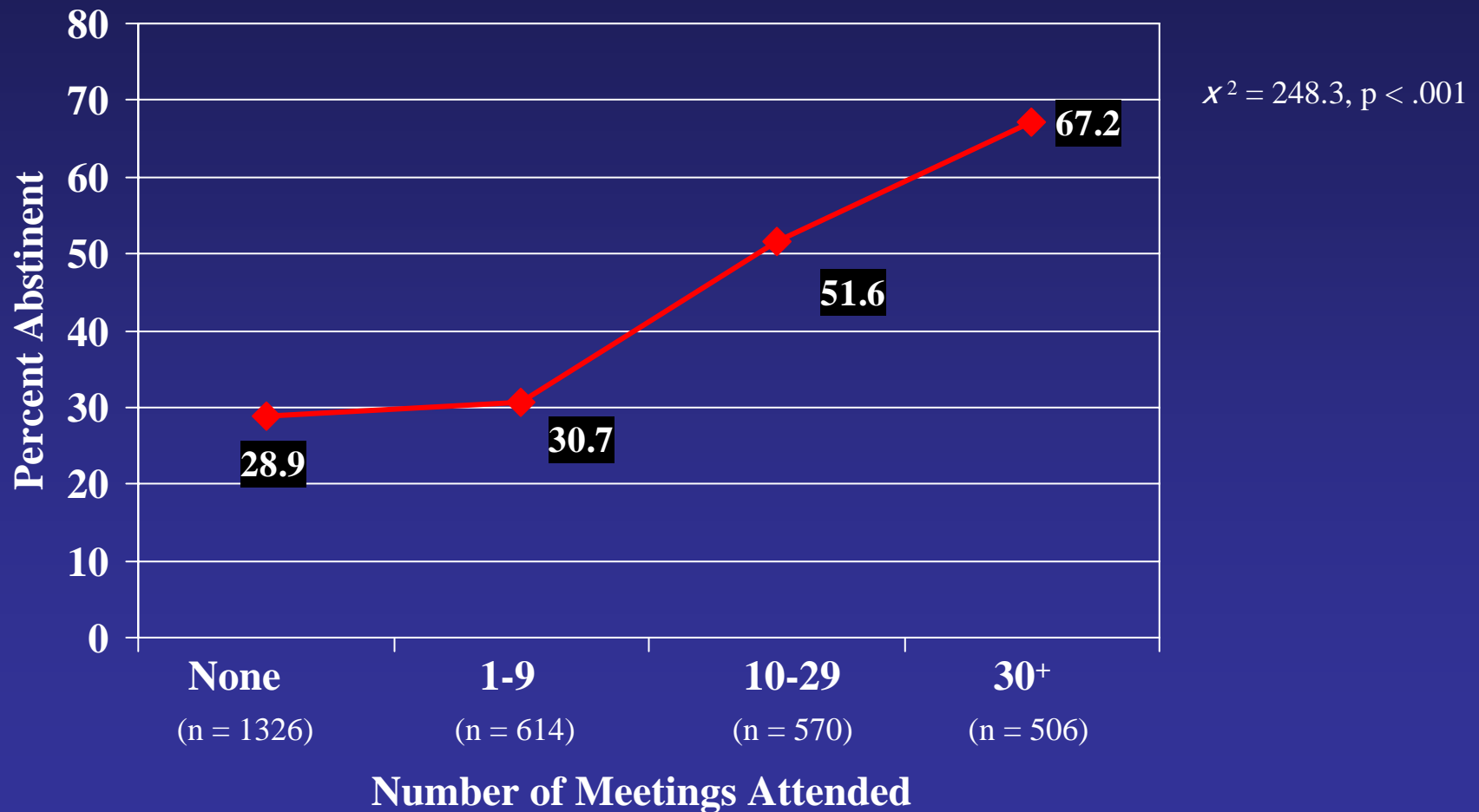
*Baldwin*



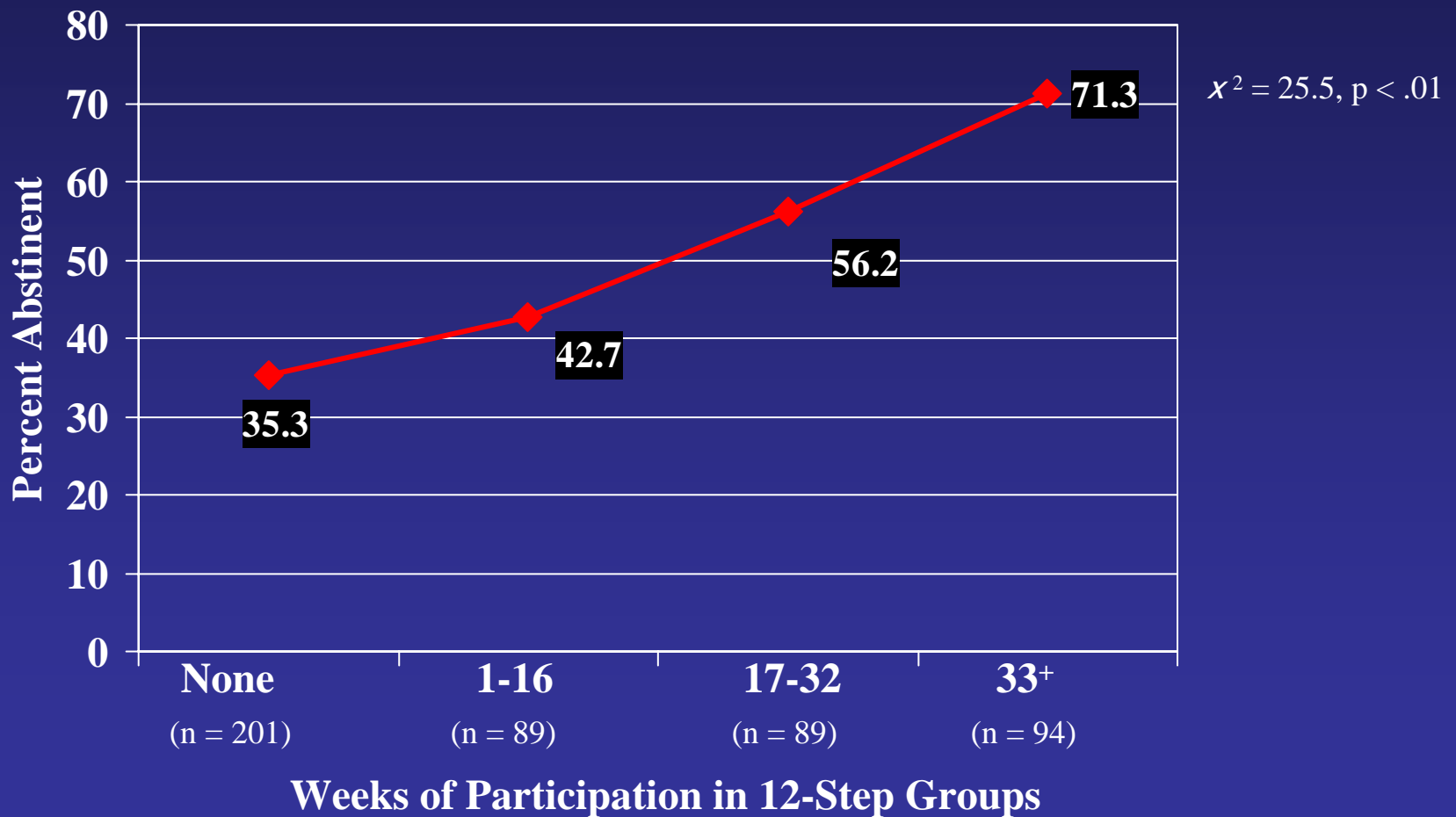
“Dreamt I joined a twelve-step program.”

**What Is the Relationship Between 12-Step Attendance/Involvement and Outcomes?**

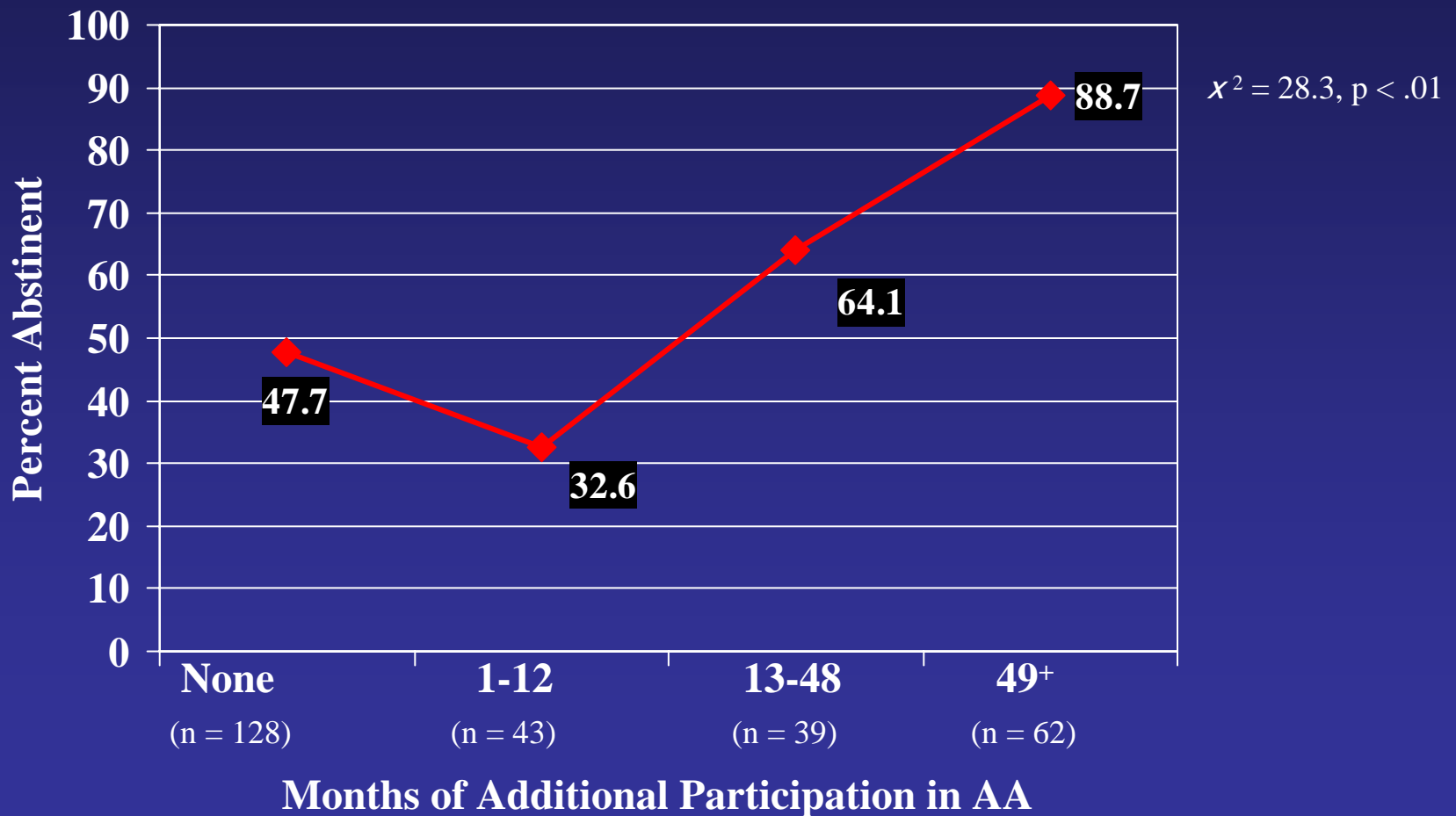
# Abstinence Rates at 1-Year Follow-Up as a Function Posttreatment 12-Step Group Attendance



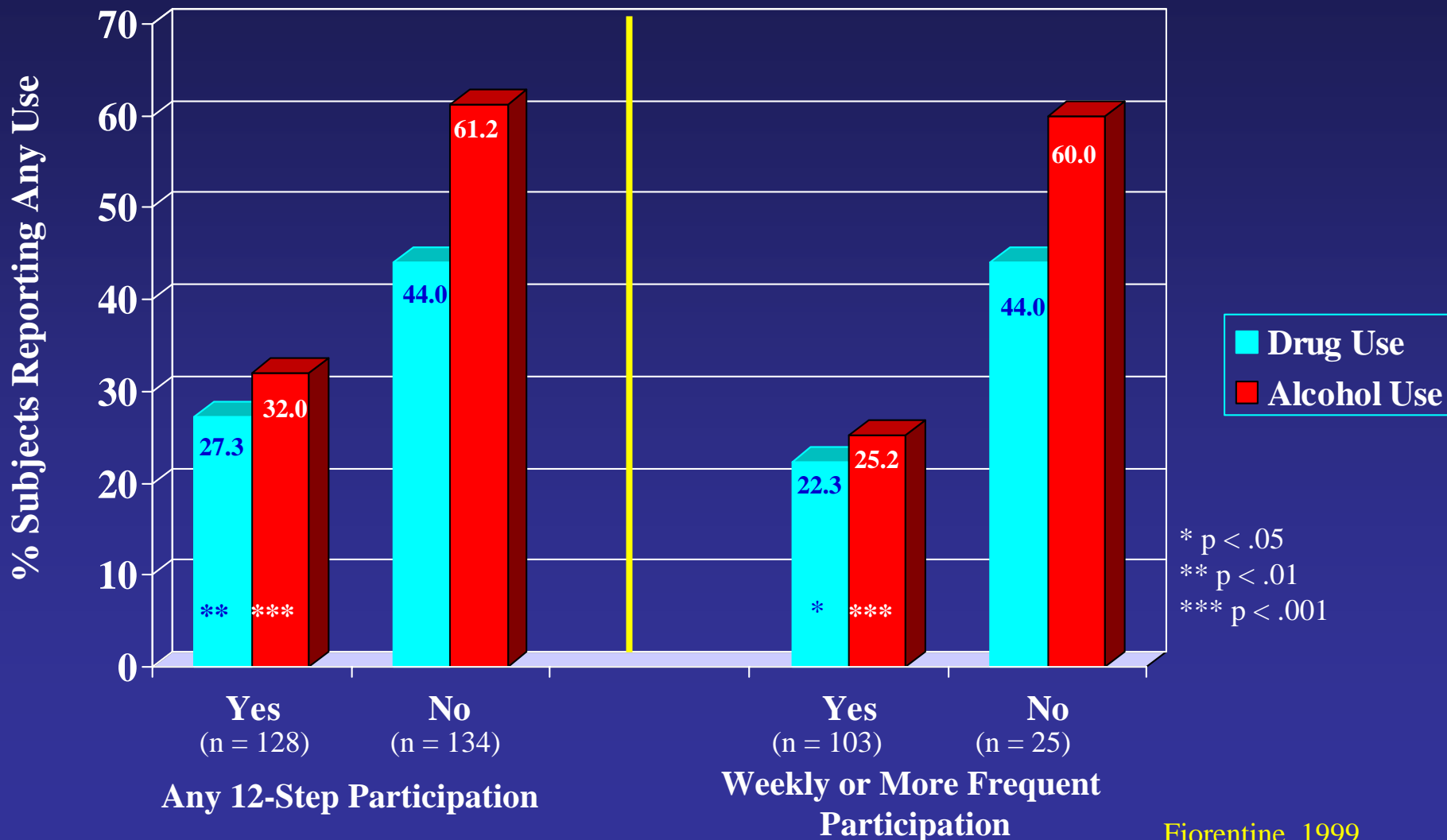
# Abstinence Rates at 8-Year Follow-Up by Duration of 12-Step Meeting Attendance in the First Year



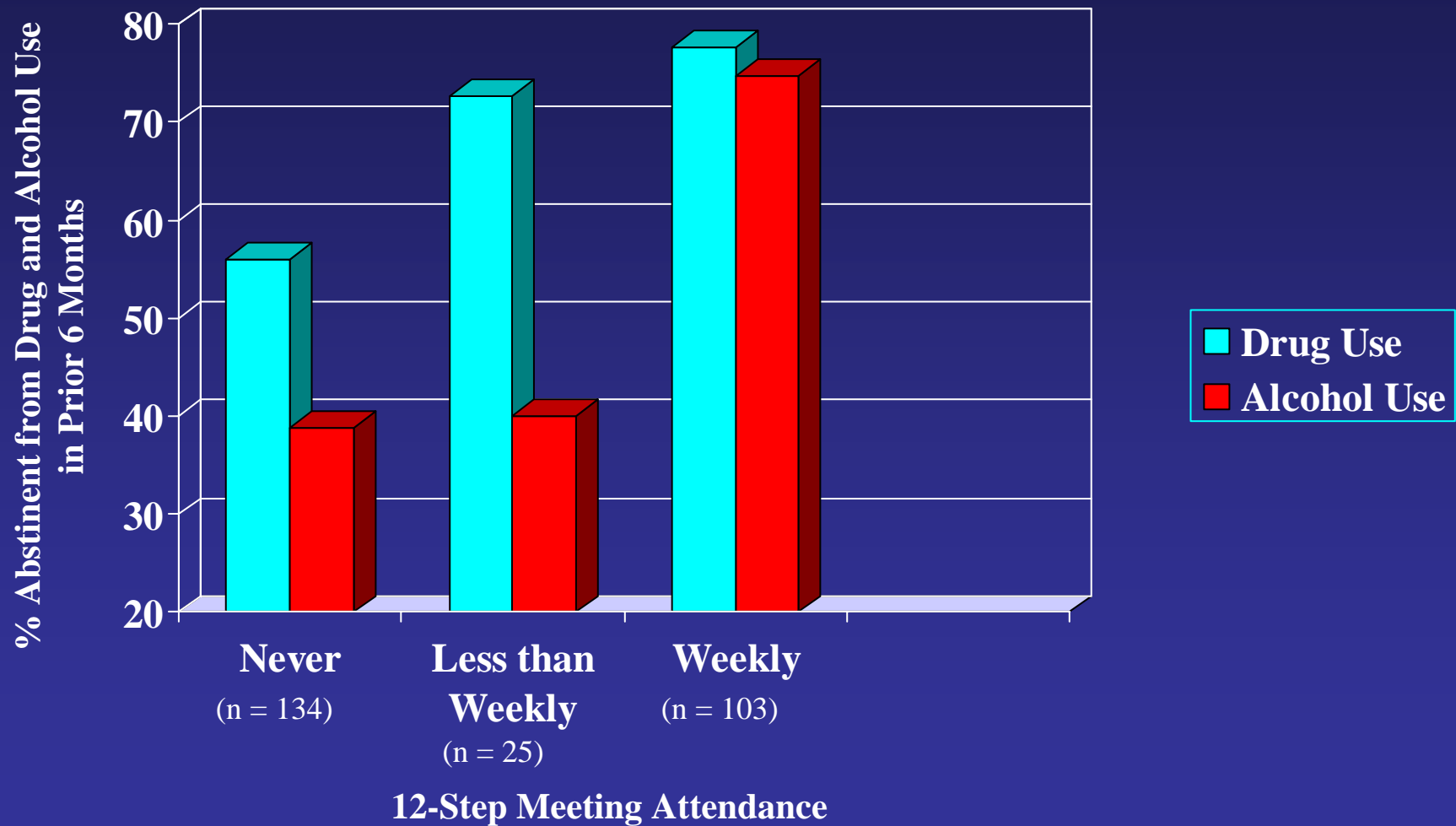
# Abstinence Rates at 8 Years by Duration of Meeting Attendance in Years 2 to 8



# Drug and Alcohol Use During 6 Months Prior to 24-Month Posttreatment Follow-Up as a Function Frequency of 12-Step Group Attendance

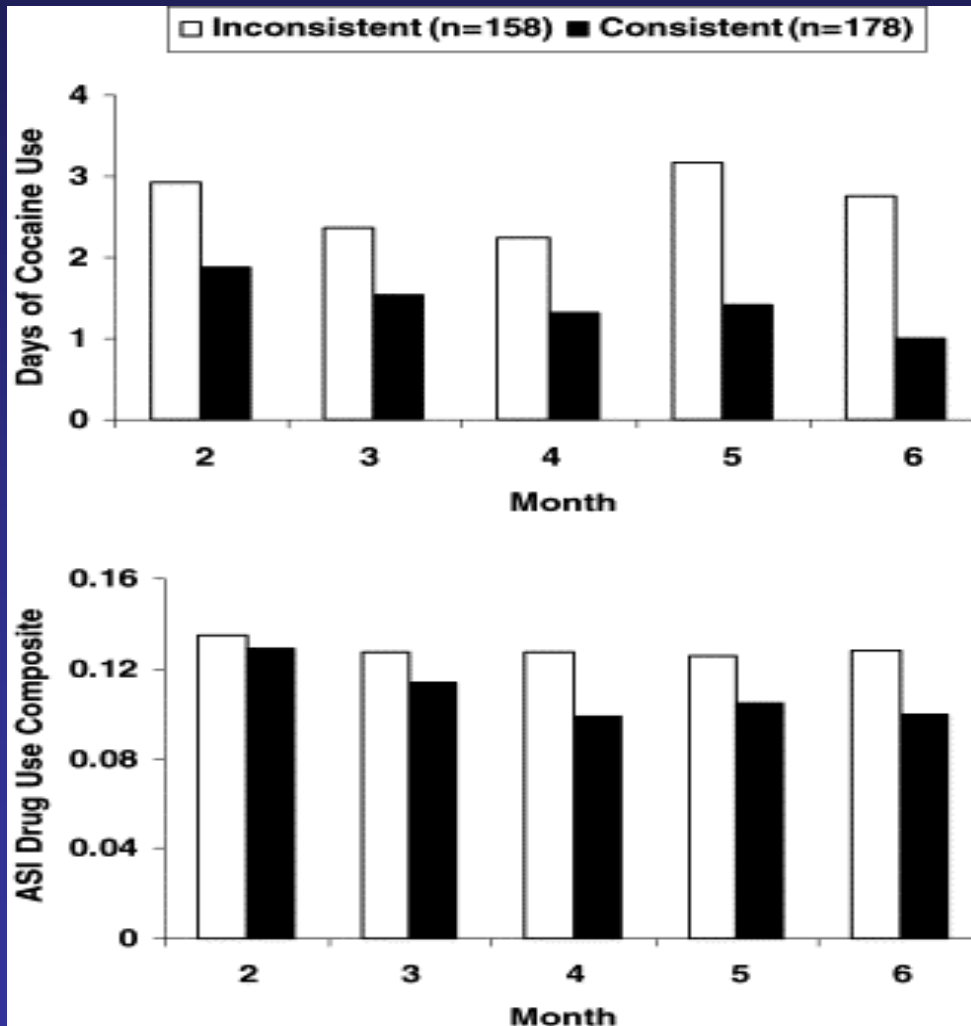


# Drug and Alcohol Abstinence During 6 Months Prior to 24-Month Posttreatment Follow-Up as a Function Frequency of 12-Step Group Attendance



# The Lagged Effect of Self-Help Participation in the Prior Month on Drug Outcomes During Months 2–6

## 12-step attendance pattern

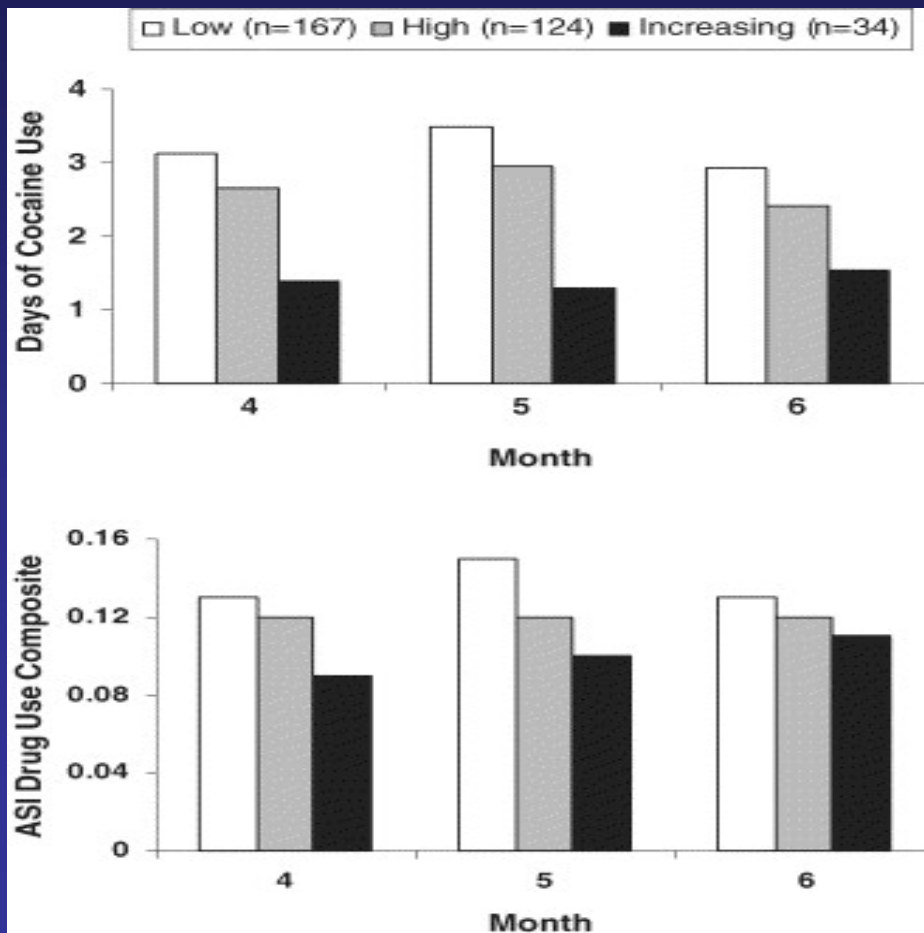


Upper panel: Effect on days of cocaine use [ $F(1,631) = 3.93, P < 0.05$ ; effect size = 0.14].

Lower panel: Effect on ASI Drug Use Composite scores [ $F(1,631) = 6.83, P < 0.01$ ; effect size = 0.20].

# Relationship Between Self-Help Participation Patterns During Months 1–3 and Drug Outcomes During Months 4–6

## 12-step attendance pattern



Upper panel: days of cocaine use [ $F(2,295) = 4.42$ ,  $P < 0.02$ ; effect sizes = 0.18 for low vs. high; 0.30 for increasing vs. high; and 0.47 for low vs. increasing].

Lower panel: ASI Drug Use Composite scores [ $F(2,295) = 3.07$ ,  $P < 0.05$ ; effect sizes = 0.15 for low vs. high; 0.21 for increasing vs. high; and 0.36 for low vs. increasing].

# Points Derived from Previous Studies

- ◆ Increased attendance and/or involvement in 12-Step groups are related to reduced substance use
- ◆ Combined 12-Step and formal treatment leads to better outcomes than found for either alone
- ◆ Consistent and early attendance/involvement leads to better substance use outcomes than inconsistent, low levels, later, or no attendance/involvement
- ◆ There may be a minimal “threshold” of meeting attendance that is necessary to lead to better substance use outcomes. Even small amounts of participation may be helpful in increasing abstinence, whereas higher doses may be needed to reduce relapse intensity
- ◆ Cross-lagged studies indicate that 12-Step involvement during an initial period posttreatment predicts substance use outcomes during subsequent months. These reductions in substance use were not attributable to potential third variable influences such as motivation, psychopathology, or severity

# Effectiveness Research Results Summarized by Expert Consensus Panel on Self-Help Organizations

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- ◆ Longitudinal studies associate AA and NA participation with greater likelihood of abstinence, improved social functioning, and greater self-efficacy. Participation seems more helpful when members engage in other group activities in addition to attending meetings.
- ◆ 12-step self-help groups significantly reduce health care utilization and costs, removing a significant burden from the health care system.
- ◆ Self-help groups are best viewed as a form of continuing care rather than as a substitute for acute treatment services

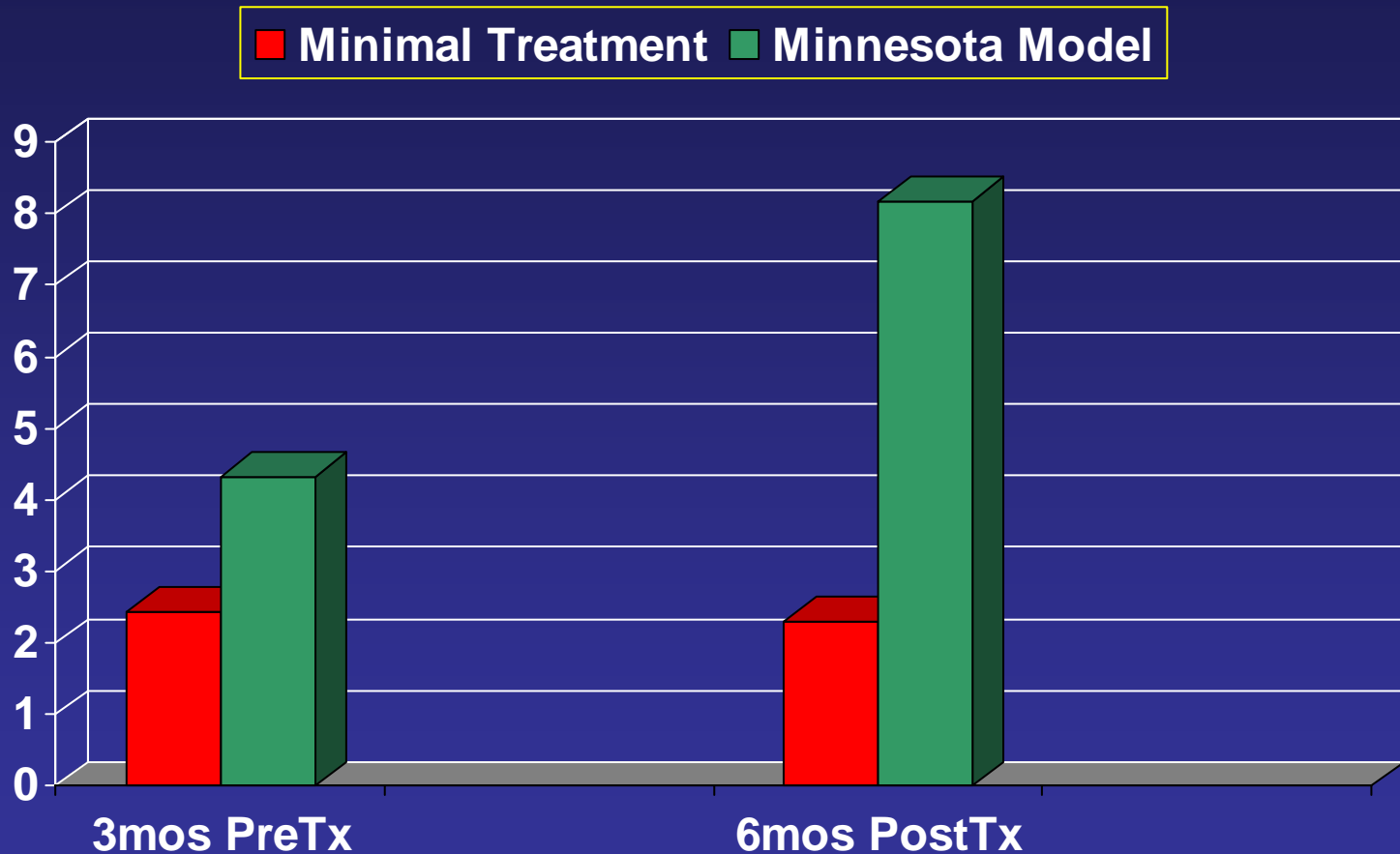
# Do People Use 12-Step Support During or After Treatment?

- ◆ 75% of alcoholics entering residential treatment reported they had attended AA meetings previously. However, only 16% indicated that they had ever worked any of the 12 Steps. (Harris, et al., 2001)
- ◆ Despite “strong encouragement” to attend, only 30% of cocaine abusers receiving outpatient treatment and 40% of those discharged from inpatient treatment reported that they had attended 12-Step groups. (Rawson, et al., 1991)
- ◆ During the follow-up period in the NIDA Collaborative Cocaine Treatment Study 33.6% were classified as consistently high attenders, 47.9% as consistently low attenders, and 18.5% as decreasing attendance. (Weiss, et al., 1996)

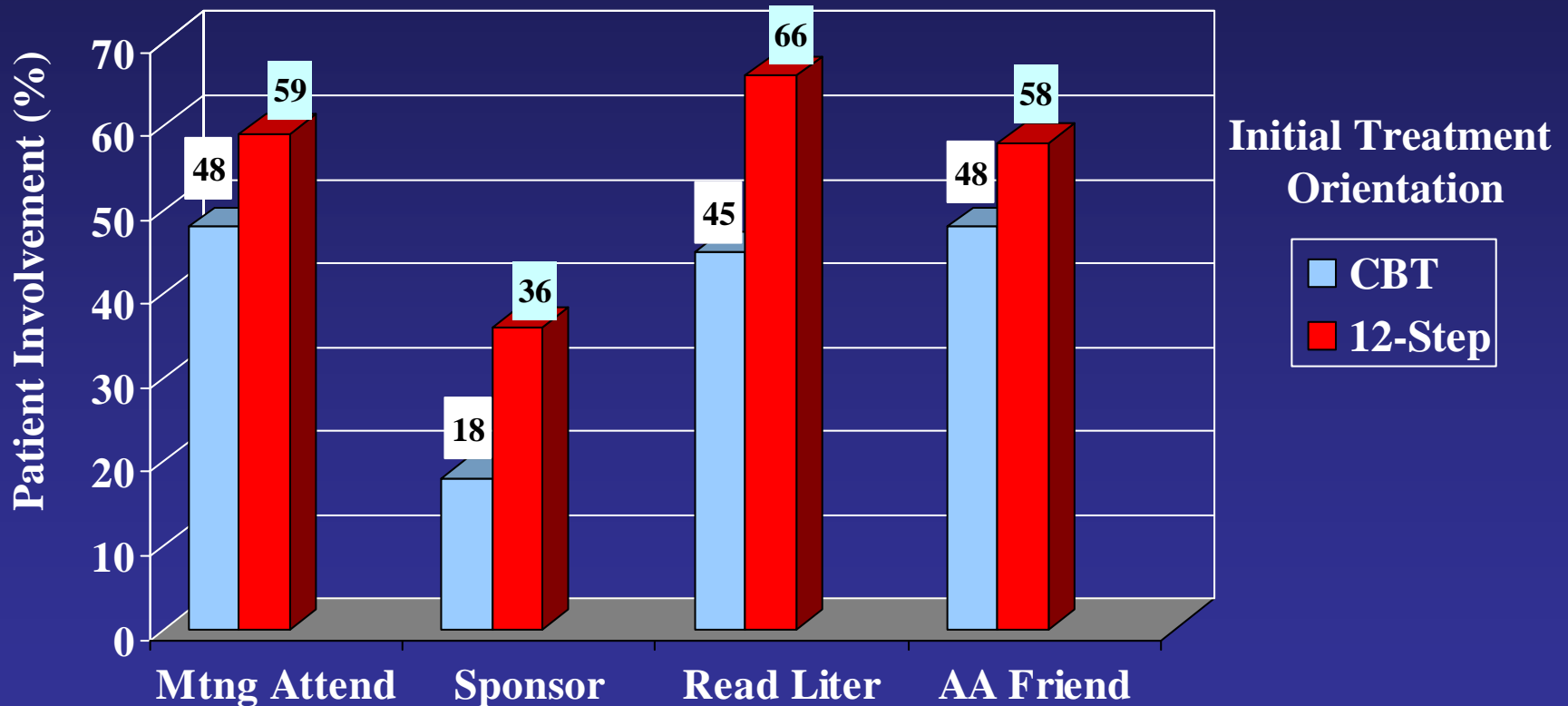


Jones would walk through a blizzard to score his  
dope. The question remains: what will he do to get  
to a meeting?

# Monthly AA Attendance for Individuals in Minnesota Model or “Minimal” Outpatient Treatment



# Posttreatment 12-Step Self-Help Group Involvement of Substance-Dependent Veterans Treated by 12-Step or Cognitive-Behavioral Programs

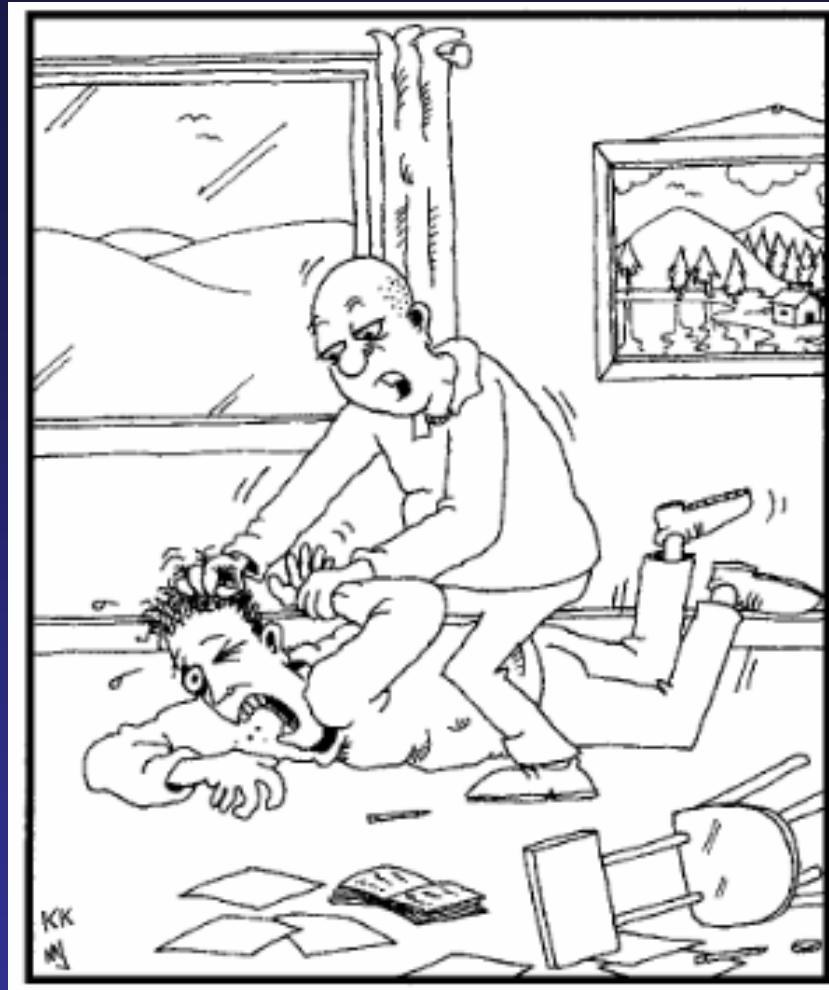


Note: Involvement was measured 1 year after discharge by patient reports of activities in the past 3 months.  
Source: Humphreys et al. 1999.

# What Factors Contribute to Greater 12-Step Involvement?

- ◆ Patients are less likely to become involved in 12-step activities if left to do so on their own than if more active encouragement and referral are provided in treatment. (Humphreys, 1999; Weiss, 2000; Sisson & Mallams, 1981)
- ◆ Treatment programs that are 12-Step based produce higher rates of Self-Help participation than programs that are not 12-Step based. (Humphreys, 1997)
- ◆ Patients from 12-Step based treatment seem to gain more (have better outcomes) from self-help participation than patients from non-12-Step based treatment . (Humphreys, 1997)
- ◆ Programs that are 12-Step oriented and have a higher percentage of staff in recovery are more likely to refer to 12-Step Self-Help groups. (Humphreys, 1997)
- ◆ Professional facilitation strategies increase engagement in mutual help groups (Project MATCH Research Group, 1997; Carroll, et al., 1998; Humphreys, et al., 1999)

# Why Focus on Facilitating 12-Step Involvement?



"Stop fighting and surrender, Jones. As your sponsor, all I ask is that you attend 90 meetings in 90 days."

# Recommendations from Expert VA/CSAT Consensus Panel on Self-Help Organizations

- ◆ Community-based treatment programs, even those that label and represent themselves as “12-step oriented,” should evaluate whether their current program practices actively support involvement in 12-step self-help groups.
- ◆ Further, they should examine the methods employed by their counselors. Typically, they noted, when counselors do attempt to support 12-step self-help group involvement, they rarely use empirically supported methods.
- ◆ When clinicians use empirically validated techniques to support mutual help group involvement, it is far more likely to occur.

# What methods to increase 12-step involvement are empirically supported ?

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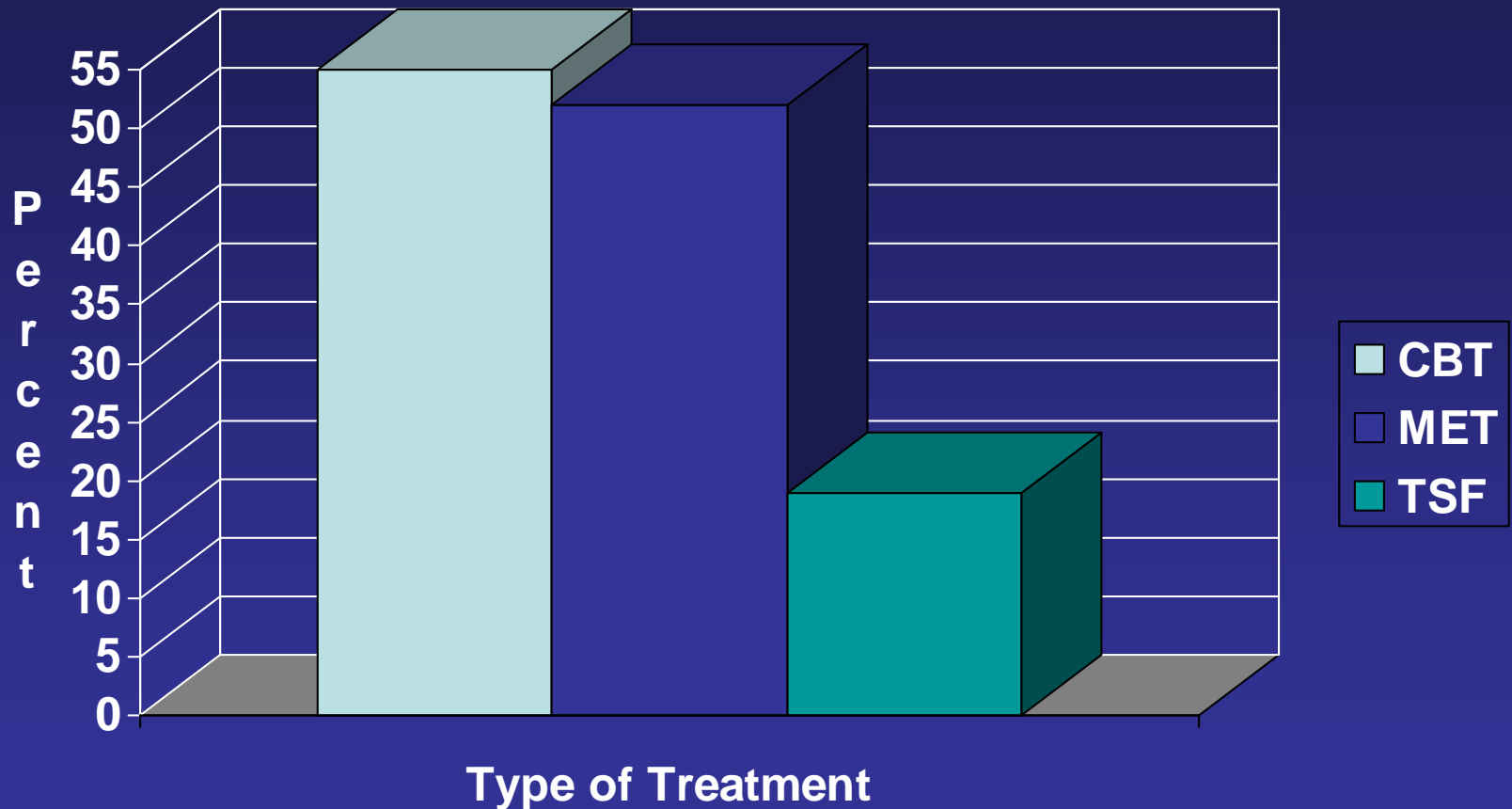
- ◆ **TSF** – Twelve Step Facilitation (Project Match)
- ◆ **GDC + IDC** – Group Drug Counseling plus Individual Drug Counseling (NIDA Collaborative Cocaine Treatment Study)
- ◆ **SECA** – Systematic Encouragement and Community Access (Sisson and Mallams, 1981; Timko, et al., 2006)

# Overview of TSF

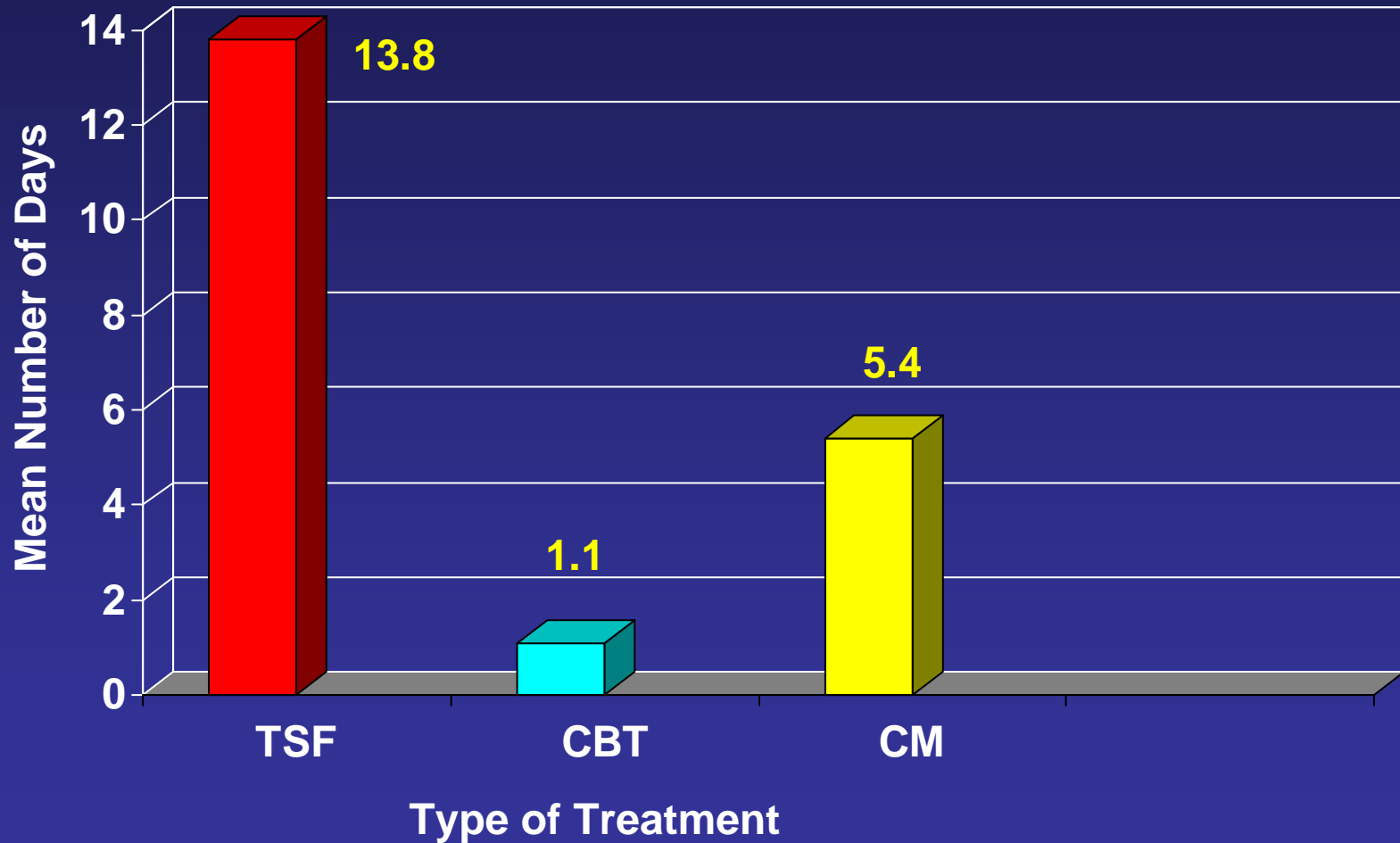
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- ◆ *Not* 12-Step support group
- ◆ Written down in a *manual* (Project Match reviewed and approved by Hazelden)
- ◆ About twelve sessions (Individual in most studies)
- ◆ Facilitated by a drug counselor or therapist
- ◆ 3 Goals
  - ◆ (1) facilitate "acceptance"
  - ◆ (2) facilitate "surrender"
  - ◆ (3) facilitate active involvement in 12-Step meetings and related activities

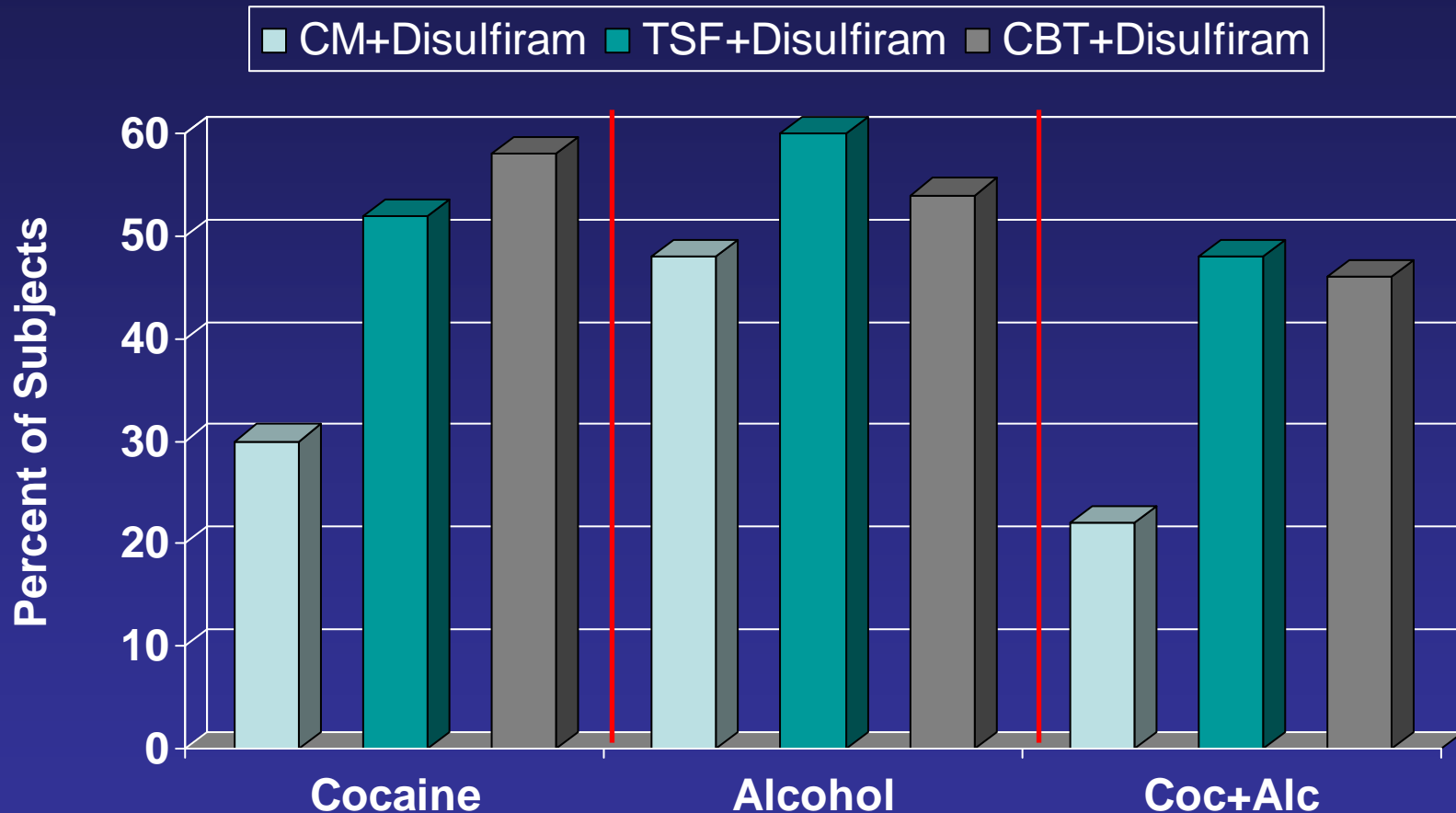
# Percent of Project MATCH Outpatients Attending No Meetings during 1-Year Follow-Up



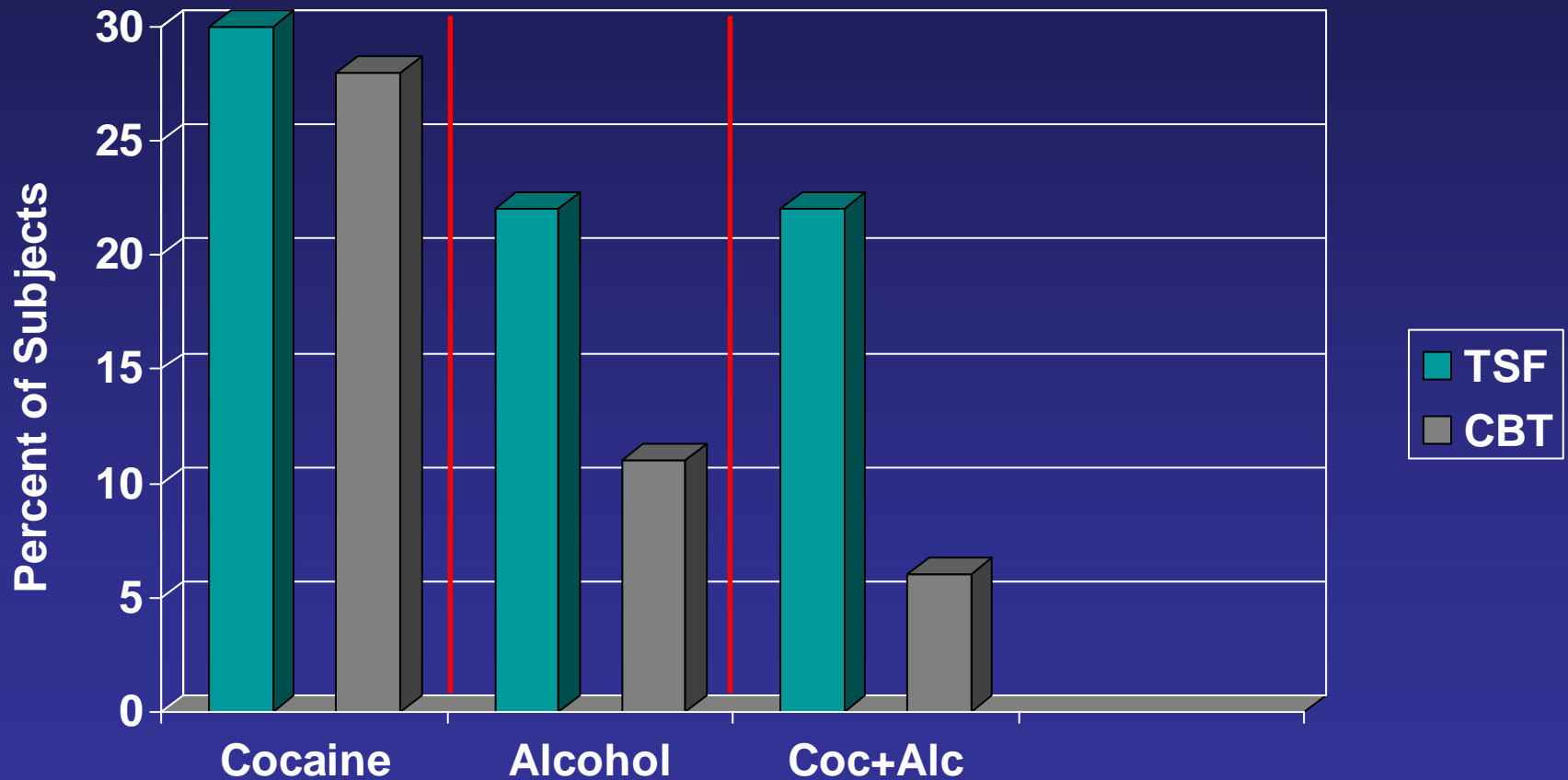
# Days of 12-Step Attendance During 12-Week Treatment Phase of Cocaine Addicts as a Function of Type of Treatment



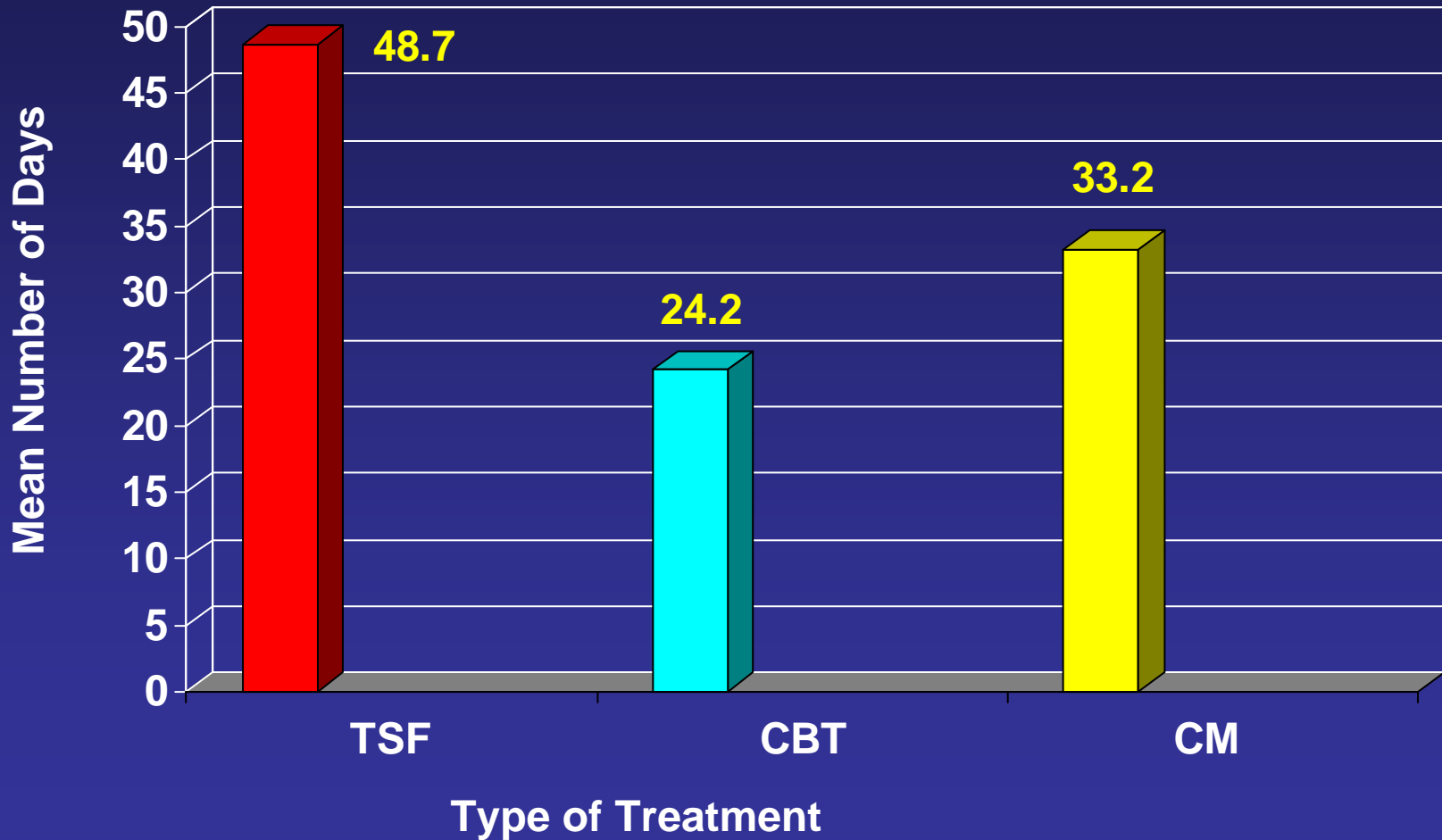
# Percent of Cocaine-Alcohol Dependent Clients with 3 or More Consecutive Weeks of Abstinence



# Percent of Cocaine-Alcohol Dependent Clients with 3 or More Consecutive Weeks of Abstinence



# Days of 12-Step Attendance During 1-Year Follow-Up of Cocaine Addicts as a Function of Type of Treatment



“It should also be emphasized that TSF is formal treatment that seeks to foster an enduring relationship by the patient with self-help; it should not be concluded that merely referring a patient to a self-help group would be associated with similar outcomes. Indeed, studies evaluating referral to self-help compared with formal [12-Step facilitation] treatment have suggested that merely referring substance-dependent patients to self-help groups is often insufficient.”

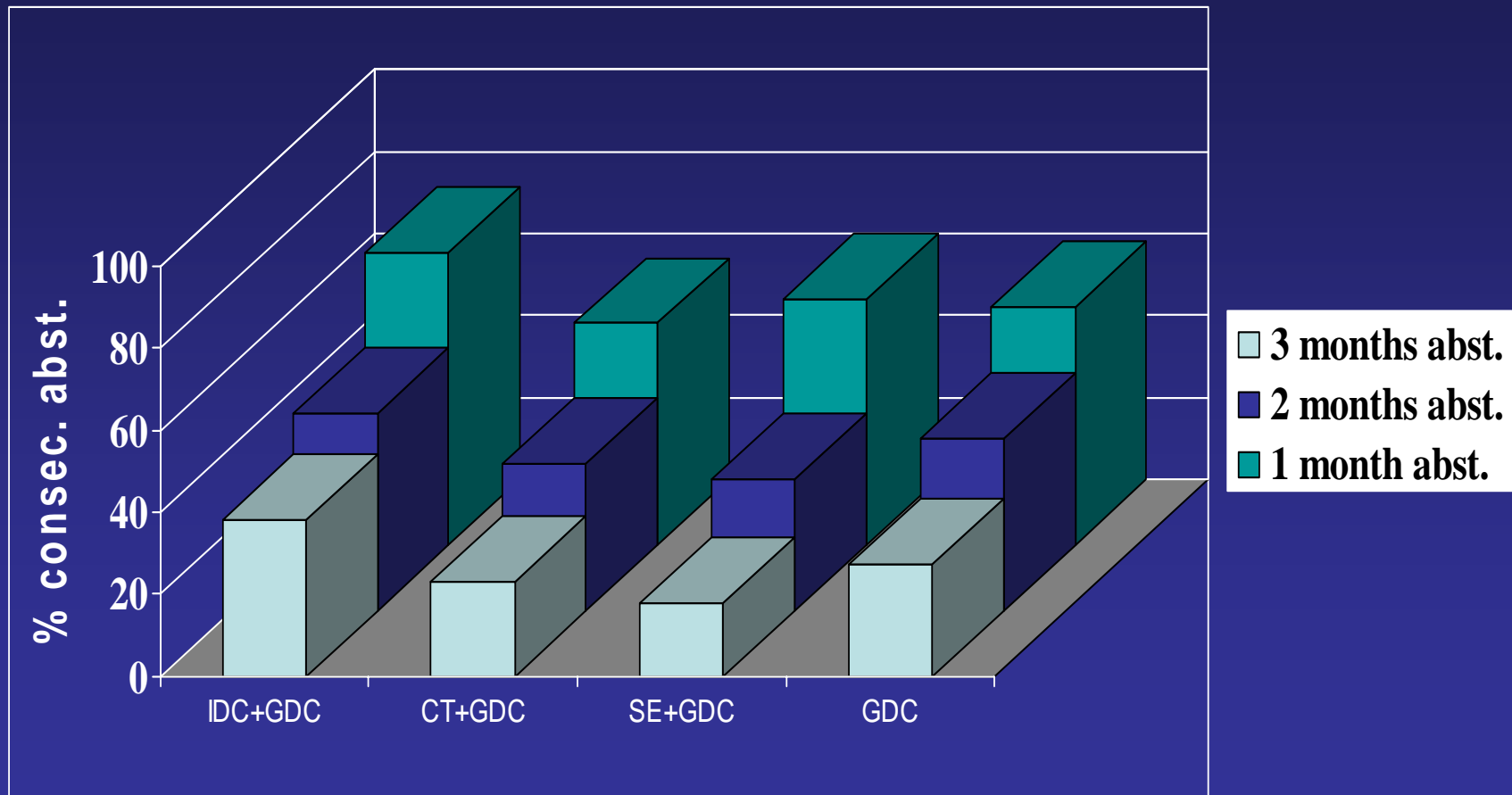
(emphasis added)

# What is GDC + IDC?

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- ◆ **Group Drug Counseling**
  - ◆ Education about addiction
  - ◆ Strong encouragement of 12-step involvement
- ◆ **Individual Drug Counseling**
  - ◆ 12-Step oriented
  - ◆ Education about disease and about 12 steps
  - ◆ Strong encouragement of 12-step involvement

# NIDA Collaborative Cocaine Study: Combined Group plus Individual Drug Counseling Superior



# Systematic Encouragement and Community Access (SECA)

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- ◆ Counselor suggests that patient attend AA or Al-Anon
- ◆ Counselor provides a printed list of meeting times and locations
- ◆ In-session telephone call to current member of AA or Al-Anon, who talks to the patient briefly and arranges to attend a meeting with him or her
- ◆ Reminder telephone call from the 12-step group member the night before the meeting
- ◆ 12-step group member drives the patient to the meeting
- ◆ 12-step group member lets the patient's counselor know on the following day whether the patient attended

# Enhancing the Effectiveness of Referrals to Self-Help Systematic Encouragement and Community Access (SECA)

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Sample: 20 alcohol dependent outpatients and spouses

Design: Participants randomly assigned to standard 12-step self-help group referral or intensive referral

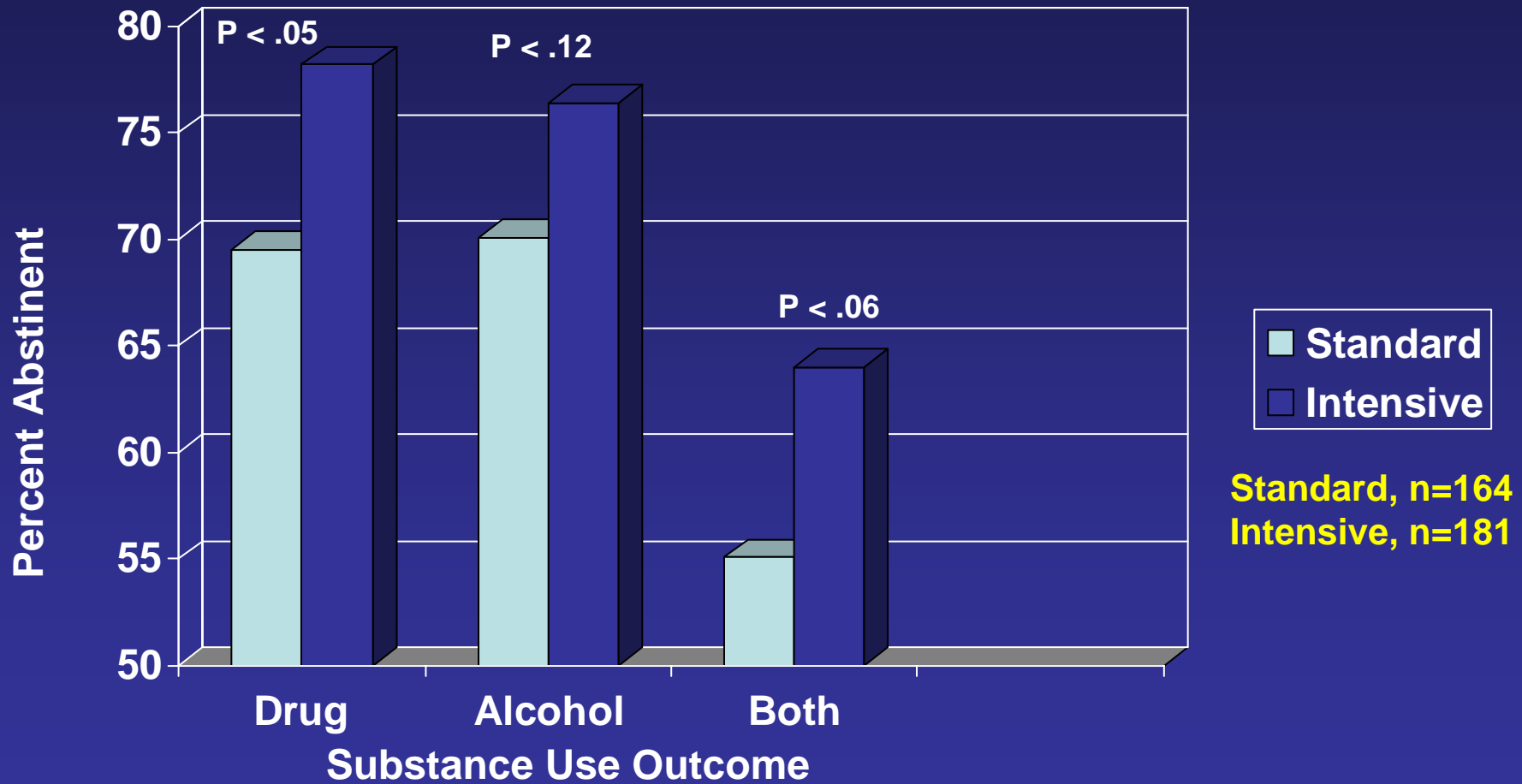
Intervention:

**Standard** - description of self-help, a meeting schedule, and encouragement to attend self-help meetings

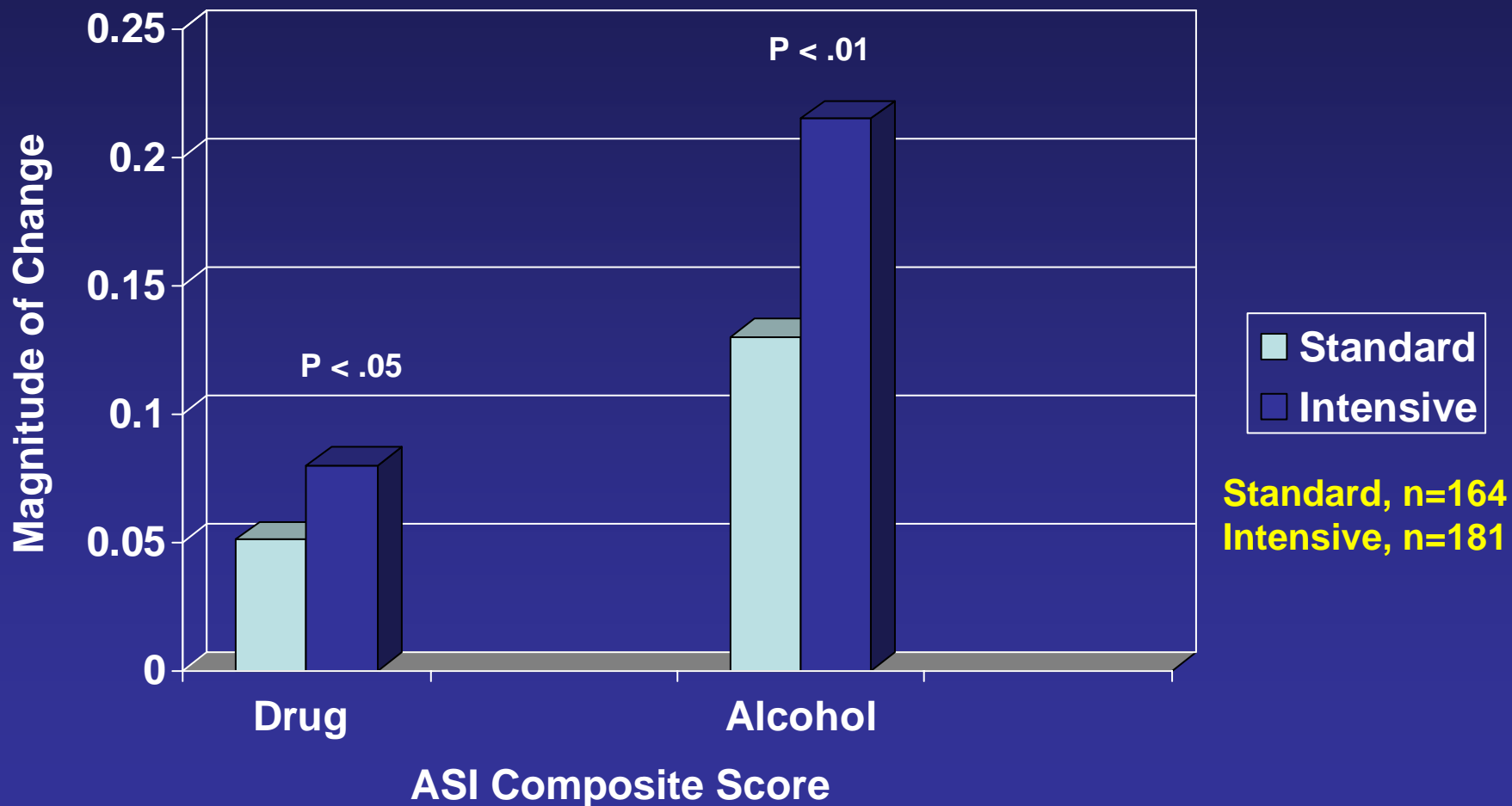
**Intensive** - as above plus in-session phone call to active group member to arrange to go to a meeting together

Results: Attendance rate at AA or Al-Anon meetings over  
after intensive referral: 100%  
after standard referral: 0%

# Abstinence Rates at 6-month Follow-Up as a Function of 12-Step Referral Procedure



# Change in ASI Drug and Alcohol Composite Scores from Baseline to 6-month Follow-Up as a Function of 12-Step Referral Procedure



# Comparison of Standard and Intensive Referral Clients' 12-Step Attendance and Engagement

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Compared to individuals assigned to the standard referral condition, those in the intensive referral condition:

- ◆ did not differ on 12-step meeting attendance
- ◆ had greater engagement in 12-step activities
  - ◆ doing service work
  - ◆ having experienced a spiritual awakening
  - ◆ and overall involvement

**DANGER**



**IN CASE OF RELAPSE  
DO NOT USE  
ELEVATOR  
USE STEPS**

# Research to Practice: Issues to Consider

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- ◆ Available research-based manuals are based on individual counseling
- ◆ Most community-based programs provide primarily group treatment
- ◆ Need research on group (e.g., Wells, et al., 1994; Brown, et al., 2002)
- ◆ 12 sessions of manual-based treatment may be too lengthy for some outpatient programs
- ◆ Need research on briefer approaches, such as SECA

# Research Questions Asked About 12-Step

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1. To what extent do people use 12-Step support during or after leaving treatment?
2. What leads to greater 12-Step involvement?
3. Is involvement in 12-Step support (AA, NA, CA, CMA) related to reduced drug use or increased abstinence ?
4. What methods are most effective to increase support group involvement?
5. How effective is in-treatment 12-Step facilitation (TSF) at:
  - Increasing patients' involvement in support groups?
  - Improving patient outcomes?

# What Research Topics Might Most Interest (and Influence) Practitioners?

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- ◆ Why aren't a large proportion of referrals to 12-step groups acted upon?
- ◆ Why are AA drop-out rates high?
- ◆ What 12-step facilitation methods work best in what clinical contexts?
- ◆ What is “involvement” in 12-step groups?
- ◆ What defines “maintenance” involvement for individuals?
- ◆ What behavioral/psychological/social/spiritual changes might be expected as a result of/associated with 12-step involvement?
- ◆ Matching to subgroups: ethnicity; women; dual diagnosis

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# Summary and Recommendations from William Miller on 12-Step Involvement

- ◆ 12-Step approaches cannot be ignored in understanding treatment outcomes. At the very least, studies should carefully inquire about 12-Step involvement, to examine its relationship to treatments and outcomes.
- ◆ It is possible to facilitate 12-Step attendance. Without question, there are counseling procedures that significantly increase 12-Step attendance, at least during and often after treatment. **TSF therapy** clearly did this in Project MATCH. **Systematic encouragement** can significantly increase attendance.

# Summary and Recommendations from William Miller on 12-Step Involvement

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- ◆ Treatment is the time to initiate 12-Step attendance. If 12-Step attendance is not initiated during the period of treatment, it is quite unlikely to happen. Treatment, then, is a good time to encourage sampling of the program and meetings of 12-Step.
- ◆ Attendance is not involvement. When frequency of 12-Step meeting attendance is measured separately from behavioral indicators of involvement in the 12-Step program and fellowship, the two measures are moderately correlated .

# Summary and Recommendations from William Miller on 12-Step Involvement

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- ◆ 12-Step attendance may decline over the course of time while 12-Step involvement may remain steady or increase. This suggests a gradual process of internalization of the 12-Step program and surely indicates that conclusions cannot be drawn from attendance alone.
- ◆ 12-Step involvement predicts better outcomes. Longitudinal studies usually, although not always, find that 12-Step involvement after treatment is associated with higher rates of abstinence regardless of the kind of treatment received. When 12-Step attendance and 12-Step involvement are both measured, the latter tends to be the stronger predictor of outcome.