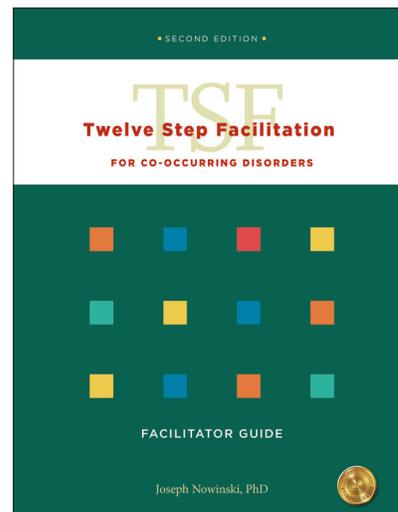
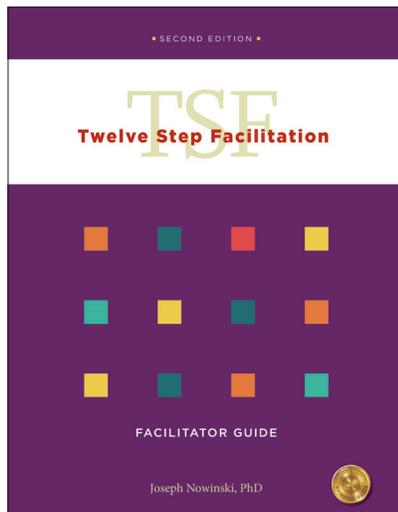


Twelve Step Facilitation (TSF) and Twelve Step Facilitation for Co-occurring Disorders (TSF-COD)



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What Is the Twelve Step Facilitation Program?

Twelve Step Facilitation (TSF) is an evidence-based treatment approach that, like cognitive-behavioral therapy (CBT) and motivational enhancement therapy (MET), has been proven to be successful in treating people with substance use disorders (both alcohol and other drugs). Twelve Step Facilitation for Co-occurring Disorders (TSF-COD) is an adaptation of TSF for individuals diagnosed with *both* a substance use disorder and a mental health disorder. TSF and TSF-COD can be implemented with both adults and adolescents, both individually and in groups.

A much more detailed discussion of the TSF and TSF-COD treatment approaches and programs can be found in *Twelve Step Facilitation Handbook: A Therapeutic Approach to Treatment and Recovery* (second edition) by Joseph Nowinski, PhD, and Stuart Baker. It is highly recommended that a facilitator read *Twelve Step Facilitation Handbook* before implementing either program.

In addition to a facilitator guide, the TSF program and TSF-COD program each contain a participant workbook (which can be purchased separately in sets of ten). It is recommended that each participant have a workbook. The workbook is used during the sessions and for recording homework, called “recovery tasks,” between sessions. At the end of the program, participants can keep their workbook as a record of their treatment experience and progress. Participants who complete the program are awarded a medallion in the last session.

Within the facilitator guide for each program are session checklists, which can be used in two ways:

- As a general outline for conducting specific sessions. The sessions outlined in the facilitator guides can be used with individual participants or presented to groups of participants, depending on the setting. The sessions include goals, objectives, and step-by-step instructions for conducting the sessions.
- As a means of measuring treatment fidelity. Observers and clinical supervisors can utilize the session checklists to determine how well facilitators are following the TSF or TSF-COD treatment approach.

To supplement the facilitation instructions and workbook, a video is also included with each program. This video, divided into four- to ten-minute segments, is meant to be used during the facilitated sessions (if time and resources allow). How to use these video segments is outlined in each session’s facilitation instructions, though not every session includes video.



What Is the Twelve Step Facilitation Treatment Approach?

Twelve Step Facilitation is a treatment approach that is best thought of as “psychotherapy-assisted recovery.” As such, it is based on key principles found in Twelve Step programs such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), and co-occurring recovery programs such as Double Trouble in Recovery (DTR), Dual Recovery Anonymous (DRA), and Dual Diagnosis Anonymous (DDA).

Participants in the TSF program or TSF-COD program have two main goals. These can be described as “acceptance/surrender” and “getting active.” These goals form the foundation for recovery from substance use disorders and, in TSF-COD, mental health disorders.

Acceptance

Acceptance means the breakdown of the illusion that the individual who has a severe substance use disorder (and mental health disorder), through willpower alone, can effectively and reliably limit or control his or her use of alcohol or other drugs (or heal from a severe mental health disorder).

Surrender

Surrender involves a willingness to reach out beyond personal willpower and accept the solution for addiction (and mental health disorders) laid out in the Twelve Steps.

Getting Active

The term *getting active* refers to the behavioral and social changes that participants need to make in order to support their recovery. Getting active is part of that process.

What Is the Difference between TSF and TSF-COD?

As noted earlier, Twelve Step Facilitation for Co-occurring Disorders (TSF-COD) is an adaptation of TSF for individuals diagnosed with *both* a substance use disorder and a mental health disorder. The TSF-COD program has its origins in a number of empirical findings. Twelve Step recovery is not a cure for a mental health disorder, but research has shown that Twelve Step fellowships do have a positive impact on mental health, as much as participating in cognitive-behavioral therapy. Certainly there is a clear correlation between substance use disorders and mental health disorders. As a substance use disorder worsens, the likelihood of a co-occurring mental health disorder increases. Subsequently, recovery from a substance use disorder likely facilitates recovery from a mental health disorder. There are two primary goals of the TSF-COD program: recovery from substance use disorders and recovery from mental health disorders.

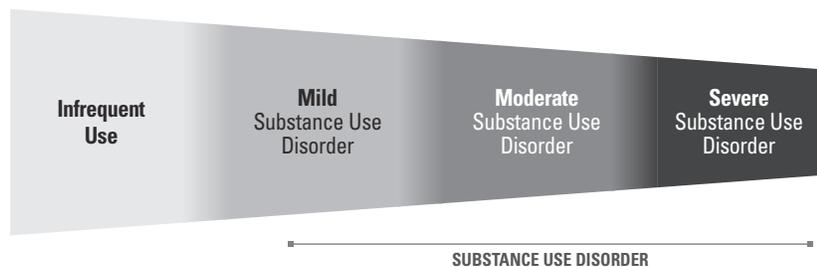


Who Is the Target Audience for These Programs?

The target audiences for the TSF program are individuals who qualify for a moderate to severe substance use disorder diagnosis according to criteria listed in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.¹ In the TSF-COD program, participants also qualify for a mental health disorder. While *DSM-5* should be consulted for specific criteria, the general criteria for a substance use disorder are listed in *Twelve Step Facilitation Handbook*.

DSM-5 envisions drinking and drug use as existing on a spectrum, as depicted below.

Figure 1. Substance Use Spectrum



According to figure 1, substance use is measured along a spectrum that ranges from low-risk, infrequent use at one end to a severe substance use disorder on the other end. Mild problems may be amenable to interventions aimed at helping individuals return to low-risk use. The further right one moves on the spectrum, however, the more abstinence from substance use becomes the most reasonable goal to pursue. People who have a moderate substance use disorder are at the highest risk of developing a more severe problem. It is up to the person facilitating TSF or TSF-COD, after a clinical interview that includes a diagnostic assessment, to determine where the participant falls on the spectrum and what goal is most appropriate.

The same is true for mental health disorders. These disorders can range from mild to moderate to severe, with people meeting the moderate to severe criteria being the most likely candidates to participate in the TSF-COD program. These mental health disorders can range from anxiety disorders to depressive disorders to psychotic disorders to behavioral disorders.

The TSF and TSF-COD programs seek to help individuals to accurately and honestly assess their problems with substance use—and, in the case of TSF-COD, mental



health—and whether abstinence and fellowship offer the best options for solving these problems.

The TSF and TSF-COD programs can be used regardless of previous exposure to Twelve Step fellowships. The revised version of these programs includes instructions for working with adolescents as well as adults in both individual and group settings. These programs can be used in a wide variety of settings including inpatient and outpatient treatment settings, criminal justice settings, mental health settings, and community-based organizations.

We recommend that facilitation be collaborative between a trained professional and one or more peer counselors. Trained professionals using the TSF-COD program should have an in-depth understanding of both substance use disorders and mental health disorders. The reason for this is that TSF and TSF-COD, as stated, are best conceptualized as psychotherapy-assisted recovery. However, with assistance from someone qualified, there is no reason why peer-assisted or volunteer-assisted facilitation could not be an effective way to administer TSF or TSF-COD.

Are the TSF and TSF-COD Programs for Individuals or Groups?

TSF and TSF-COD are readily adaptable for use in both an individual and a group format. Guidelines for group implementation are discussed in more detail in *Twelve Step Facilitation Handbook*. In general, group size should be around six to eight participants, and the optimal session length is ninety minutes (alternatively, topics may be extended over a couple of sessions). Group facilitation is also generally conducted in open groups. There is no requirement that participants begin and end the program with the same cohort.

What Are the Goals for TSF and TSF-COD Facilitators?

The main goal for facilitators of the TSF program is to facilitate *active involvement* in a Twelve Step fellowship such as Alcoholics Anonymous, Narcotics Anonymous, or others whose goal is abstinence. For participants in TSF-COD, there are fellowships specifically designed for people with co-occurring disorders, and a secondary goal of facilitators is to facilitate active involvement in mental health treatment. Facilitators of TSF and TSF-COD seek to accomplish these goals through a combination of *education, coaching, and promoting action*.



What Are the Specific Objectives of TSF and TSF-COD?

Treatment and recovery for a substance use disorder or co-occurring disorders can be understood as a process of change within several *dimensions* of a person’s life. The three dimensions focused on in these programs are social/behavioral, cognitive, and spiritual. A recovery model that includes a focused approach to all three dimensions is useful for facilitators. TSF and TSF-COD are facilitated with the assumption that individuals may make changes at different rates in each dimension.

Table 1. TSF Recovery Dimensions Change Process

DIMENSION	KEY CONCEPT	CORE PROCESS	MARKERS
Social/ Behavioral	Getting active	Building a support network	<ul style="list-style-type: none"> • Active participation • Sponsor • Home group • Mental health treatment (TSF-COD)
Cognitive	Denial	Acceptance and surrender	<ul style="list-style-type: none"> • Identifying as a recovering person • Identifying as a person recovering from a co-occurring disorder (TSF-COD) • Acceptance of abstinence as a personal goal • Acceptance of mental health treatment (TSF-COD) • Adherence to a prescription regimen (TSF-COD)
Spiritual	Personal growth	Spiritual awakening	<ul style="list-style-type: none"> • Moral inventory • Prayer/meditation • Altruism • Spiritual activities



Concurrent treatment for a co-occurring disorder can involve taking prescription medications, making and keeping appointments with prescribers and case managers, making and keeping appointments for additional counseling, attending Twelve Step fellowship meetings, and additional involvement, such as sponsorship. The goal is to align TSF-COD program facilitation with the participant, the case manager, and mental health professionals working with the participant. Comprehensive treatment typically includes individual and/or group therapy along with psychotropic medication.

How Are the TSF and TSF-COD Programs Organized?

The programs are organized into three subprograms: the *core* program, the *elective* program, and an optional *conjoint* program. There is also a structured termination session. In general, it is expected that all core topics will be covered, regardless of whether participants have had prior treatment. Facilitators can then select from the elective topics those that appear relevant to a particular participant or group and include them to create an *individualized treatment plan*.

When it is feasible, facilitators are encouraged to include the two-session conjoint program, which requires the involvement of both the participant and a significant other. It is recommended that sessions be held weekly or more frequently, depending on the clinical setting, so as to maintain some degree of therapeutic “momentum.”

What Topics Make Up the TSF and TSF-COD Programs?

The Core Program

The TSF core program contains four topics: Assessment, Acceptance, Surrender, and Getting Active in Twelve Step Fellowships. The TSF-COD core program contains five topics: Assessment, Acceptance, Surrender, Getting Active in Twelve Step Fellowships, and Getting Active in Mental Health Treatment. It is recommended that the core topics be covered for all participants, regardless of any prior addiction treatment, experience with Twelve Step fellowships, or mental health treatment. For participants who have undergone a thorough assessment prior to referral to the program, the assessment session may be abbreviated. However, it is still essential for the facilitator to hear, at least briefly and at the outset, participants’ substance use histories and mental health histories as well as their reasons for seeking treatment now.

The Elective Program

The TSF elective program contains five topics: Genograms; Enabling; People, Places, and Routines; Emotions; and Spirituality. The TSF-COD elective program contains



five topics: Barriers to Getting Active in Twelve Step Fellowships; Barriers to Mental Health Treatment; People, Places, and Routines; Emotions; and Living for Recovery. The elective component of the program is designed to be more flexible, to permit the development of treatment plans that are tailored to the individual participant or group. Depending on an ongoing assessment of progress in the core areas, any of these elective topics may be covered.

A facilitator should feel free to extend a topic (core or elective) so it is covered over more than one session. This is particularly true when implementing TSF or TSF-COD in a group format. Finally, there is no reason why the facilitator should not repeat a topic at some later point if that seems clinically appropriate. The one condition for this, however, is to maintain the structure of sessions described in the facilitator guides.

The Conjoint Program

The conjoint program consists of two topics: Enabling and Caring Detachment. These sessions should be held individually with the participant and a significant other.

What Are the TSF Program Components?

Handbook

Twelve Step Facilitation Handbook provides essential information for facilitators prior to program administration, including background, research, theory, topics, program structure, and format. This reference is not required during the actual sessions, but sections should be read in preparation for the sessions. Session topics reference and discuss relevant Twelve Steps and encourage participants to continue exploring these connections with Twelve Step fellowship groups. Instructions for individual and group administration for both youth and adults are included. These instructions are non-substance-specific. The handbook contains updated research (including research related to the program for co-occurring disorders), responds to common criticisms of TSF, offers guidance on volunteer-assisted and peer-assisted administration, and has been updated to reflect revised *DSM-5* terminology and criteria.

Facilitator Guides

Step-by-step instructions for program implementation are included in *Twelve Step Facilitation Facilitator Guide* and *Twelve Step Facilitation for Co-occurring Disorders Facilitator Guide*. The introduction to the guides provides an overview of the respective program and answers frequently asked questions. Instructions for each topic include information on needed materials and preparations, session goals and learner outcomes,



necessary background information, suggested time allotments for each activity, and the recovery dimensions that each topic addresses. Suggestions for what facilitators can say out loud are clearly marked, as are instructions for adolescent or group implementation.

Checklists

There is one session checklist for each session. These checklists can be used for two purposes:

- as a guide for conducting individual or group treatment sessions
- as an instrument for monitoring treatment fidelity

The checklist for each session should be reviewed prior to that session and then be used as a prompt for conducting the session. A space for check marks offers a convenient way to mark or monitor the clinical material as it is covered in the session. The checklists appear at the end of each topic within the facilitator guides, and reproducible digital versions are found on the program CD-ROM.

Participant Workbooks

During the session and as part of their between-session recovery tasks, participants are asked to record in a workbook. Participants use the workbook both during sessions and between sessions. Participants use *Twelve Step Facilitation Workbook* or *Twelve Step Facilitation for Co-occurring Disorders Workbook* to complete exercises related to the TSF or TSF-COD session topics, as well as to document their experiences in recovery and their involvement with Twelve Step fellowships. Using the workbook reinforces participation and continued sobriety by providing space to reflect on fellowship meetings, recovery literature, and slips, as well as to track days abstinent. Each participant should receive his or her own workbook, which should be brought to every session, and these can be purchased separately.

Video

Both the TSF and TSF-COD programs include video as an integral part of program facilitation. Video segments are short and present information on program topics that include the expertise of author Joseph Nowinski and the personal stories of others in recovery. Inclusion of the video is not required in program facilitation, but it is highly recommended that the video be used. Instructions for where to play the video segments are included in the facilitator guides, along with recommended follow-up questions for discussion. There are two separate videos, one for the TSF program and one for the TSF-COD program.



What Is the Research behind Twelve Step Facilitation?

The largest psychotherapy outcome study conducted to date is Project MATCH (Matching Alcoholism Treatments to Client Heterogeneity). MATCH was intended to compare three conceptually different approaches to treating alcohol use disorders. These treatments were

- **Cognitive-behavioral therapy (CBT):** The main goal of CBT is to change thinking in order to change behaviors. Using a CBT approach to a substance use disorder involves assuming that substance use represents a dysfunctional means of coping, such as with stress. CBT focuses on teaching participants healthy coping skills. It can help participants identify risky situations, resist use in risky situations, and so on.
- **Motivational enhancement therapy (MET):** MET assumes that men and women can and will find their own solutions for a substance use disorder, *once they decide they have one*. An MET approach uses internal motivation for change, such as pointing out negative consequences that have been associated with past and ongoing substance use.
- **Twelve Step Facilitation (TSF):** The goal of TSF is to facilitate active involvement in a fellowship of peers that supports abstinence from substance use. Abstinence is supported through fellowship, bibliotherapy such as conference-approved and/or facilitator-recommended literature, and adherence to the principles of the Twelve Steps and Twelve Traditions of Alcoholics Anonymous and other Twelve Step fellowships.

The title of the study, Project MATCH, describes the two inherent goals. The first goal was to assess just how effective each of the three treatment approaches were, and the second goal was to find indicators in patients that would match them to the best treatment program. Program success was based on outcome measures that included total abstinence from alcohol use; percent days abstinent (PDA)—a measure of how many days a subject drank in terms of a percentage; and drinks per drinking day (DDD)—how many drinks a subject consumed when he or she did drink. Researchers were interested in measuring abstinence and progression toward abstinence.

The second goal of Project MATCH focused on finding out whether a particular treatment modality might be more effective with a certain type of patient. For example, one hypothesis was that TSF would prove to be more effective for those subjects with the most severe alcohol use disorders—in other words, those who had “bottomed out.”



Similarly, it was predicted that TSF would be more effective for men than women, largely because Alcoholics Anonymous was initially founded by men.

The Project MATCH study spanned seven years and included nine treatment sites across the United States. Five were outpatient sites, which recruited subjects from the local community. Four were aftercare sites that accepted subjects as they exited inpatient treatment. The data it collected led to numerous publications. We'll focus on the one-year and three-year post-treatment outcomes.²

All three treatment modalities (CBT, MET, and TSF) proved effective at reducing alcohol use (PDA and DDD). These findings were surprising to some, for it was common at the time for professionals to be skeptical about the effectiveness of any treatment for an alcohol use disorder. But perhaps the bigger surprise was in finding that TSF was sometimes superior to both CBT and MET. The principal developer of MET, Dr. William Miller, expressed it this way:

On at least one other time-honored outcome measure—the percentage of patients maintaining complete abstinence—those in the Twelve-Step Facilitation treatment fared significantly better at all follow-up points than did patients in the other two conditions—a substantial advantage of about 10 percentage points that endured across 3 years.³

Project MATCH data clearly show that one year after treatment, men and women randomly assigned to TSF had more than double the number of continuously abstinent individuals than those assigned to CBT or MET. Additionally, those individuals were 33 percent more likely to remain continually abstinent *three years* after treatment.

Subsequent randomized clinical trials conducted by other researchers have replicated and confirmed the Project MATCH findings,⁴ and in 2014 two Harvard Medical School faculty members publicly defended TSF against criticism by reiterating the efficacy seen in Project MATCH data and clarifying incorrect interpretations.⁵ Studies have shown that engagement in AA or another Twelve Step fellowship following treatment for a substance use disorder not only increases abstinence rates by about 33 percent but also decreases health care costs by 64 percent when compared to CBT.⁶

Recent research has focused on how Twelve Step recovery impacts mental health. Researchers studied men and women diagnosed with both a substance use disorder and major depression. One study had all participants receive antidepressants but compared two different treatment approaches: Integrated Cognitive-Behavioral Therapy (ICBT) and Twelve Step Facilitation (TSF).⁷ ICBT teaches coping skills and other strategies to both relieve depression and reduce and resist substance use urges. The primary focus of



the TSF program is treating participants' substance use disorders. Data were collected at four stages—midway through treatment, at the end of treatment, three months post-treatment, and six months post-treatment. Results of data analysis showed depression scores among those receiving TSF decreased more than the scores among the ICBT group during active treatment. Both groups showed equal responses to depression at the three-month post-treatment mark, however, supporting the efficacy of both treatment approaches.

A second study comparing ICBT and TSF conducted by this same group of researchers yielded some interesting results:

- Greater Twelve Step meeting attendance and involvement showed reduced rates of depression and substance use.
- TSF once again showed significantly lower levels of depression throughout active treatment compared to ICBT.
- Meeting attendance directly correlated with TSF's positive effect on depression.
- Lower depression scores at the three- and six-month marks predicted lower use at the six- and nine-month marks.

A third study of 1,706 men and women diagnosed with a severe alcohol use disorder measured depression, AA meeting attendance, and alcohol use. Post-treatment comparisons showed that greater AA meeting attendance was associated with better subsequent alcohol use outcomes and decreased depression. The researchers concluded, "AA appears to lead both to improvements in alcohol use and psychological and emotional well-being, which, in turn, may reinforce further abstinence and recovery-related change."⁸

A study of those with both a substance use disorder and PTSD compared two different therapeutic approaches: TSF and Substance Dependence Post-Traumatic Stress Disorder Therapy (SDPT). While TSF focuses on treatment of substance use disorders through involvement in Twelve Step fellowships, SDPT uses Stress Inoculation Therapy (SIT), systematic desensitization, and cognitive-behavioral approaches including in vivo exposure therapy. The researchers concluded that other than for the SDPT participants attending more therapy sessions than the TSF participants, there were no significant differences in outcomes between treatments.⁹

The overall sample showed improvements in substance use disorders, PTSD severity, and psychiatric severity. What is most striking about these results is not that SDPT and TSF both showed efficacy, but that TSF worked as well for symptoms of PTSD as a treatment program specifically designed with PTSD patients in mind.



TSF Scope and Sequence

PART 1: THE TWELVE STEP FACILITATION CORE PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
<p>Core Topic 1: Assessment</p>	<p>This first topic uses a clinical interview to establish a mutual understanding of the diagnosis and severity of a participant’s substance use disorder(s), as well as any diagnoses for co-occurring disorders. Any diagnosis of a co-occurring disorder indicates a participant should follow treatment through the Twelve Step Facilitation for Co-occurring Disorders (TSF-COD) program instead. Problems experienced by the participant are discussed and are later revisited as consequences of substance use. Twelve Step fellowships are introduced—including the history of the Twelve Steps and the types of Twelve Step meetings, as well as a basic overview of the Twelve Step Facilitation program.</p>	<p>By the end of this session, the participant will be able to</p> <ul style="list-style-type: none"> • describe his or her diagnosis and severity of substance use disorder(s) • identify recently experienced problems that may be related to substance use • explain what a Twelve Step fellowship is • describe the Twelve Step Facilitation program
<p>Core Topic 2: Acceptance</p>	<p>Recovery from a substance use disorder, like every great and difficult journey, begins by taking the first step. This TSF session is devoted to the core topic of acceptance and introduces Step One of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA):</p> <p><i>Step One (AA):</i> We admitted we were powerless over alcohol—that our lives had become unmanageable.</p> <p><i>Step One (NA):</i> We admitted that we were powerless over our addiction, that our lives had become unmanageable.</p>	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • describe the Twelve Steps of AA and the basic concepts underlying each Step • define, in their own words, what <i>acceptance</i> means • give examples of powerlessness to alcohol and/or other drugs in their own lives • begin to accept that they are powerless over their alcohol and/or other drug use

continued



PART 1: THE TWELVE STEP FACILITATION CORE PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
<p>Core Topic 3: Surrender</p>	<p>Core Topic 3, on surrender, is based on Steps Two and Three of the Twelve Steps. Like acceptance, surrender is understood as a cognitive process that may take some time to fully grasp and may be applied to one’s life in incremental steps. As a result, the topic of surrender may need to be covered in more than one session.</p> <p><i>Step Two:</i> Came to believe that a Power greater than ourselves could restore us to sanity.</p> <p><i>Step Three:</i> Made a decision to turn our will and our lives over to the care of God <i>as we understood Him</i>.</p>	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • define, in their own words, what <i>surrender</i> means • identify a power greater than oneself to help them in recovery • come to believe that a Higher Power can help to restore them
<p>Core Topic 4: Getting Active in Twelve Step Fellowships</p>	<p>This topic teaches participants to get active in Twelve Step fellowships. This includes understanding the ways in which alcohol and other drug use affect a person’s lifestyle (habits, social networks, and ways of thinking). Participants will learn about the social and behavioral lifestyle changes required to succeed in recovery. Participants are asked to attend meetings (at least once per week), to build a support network that supports abstinence and ongoing recovery, and to commit to finding and utilizing a sponsor for support.</p>	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • identify abstinence as a personal recovery goal • apply strategies to avoid slips back to any use of alcohol or other drugs • evaluate any slips that do happen • explain the importance of Twelve Step meeting attendance • describe how to build and use a strong social network of Twelve Step friends • identify a support list of three people they can reach out to for immediate help • describe the benefits of having a sponsor and how to begin working with one

continued



PART 2: THE TWELVE STEP FACILITATION ELECTIVE PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
<p>Elective Topic 1: Genograms</p>	<p>Genograms combine elements of genealogical family trees with elements of social history to produce a visual intergenerational representation of family relationships pertaining to a particular subject. This topic examines family history of substance use in an attempt to highlight destructive intergenerational family cycles that can accompany substance use disorders. The purposes of this exercise are to emphasize that participants are not alone in their addiction, to reiterate that they have the ability to recover from a substance use disorder, and to motivate them to break familiar patterns of behavior in relation to substance use disorders.</p>	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • describe what a genogram is • organize a genogram from personal family history • use a genogram to identify their family history of substance use disorders • identify support for abstinence and recovery
<p>Elective Topic 2: Enabling</p>	<p>This topic examines how well a participant understands the concept of enabling, explains the dynamics of enabling, and explores an enabling inventory. An enabling inventory looks at who has enabled the participant in the past, how they have enabled, the reasons for enabling, and how the participant has promoted enabling. The activity of performing a personal inventory is important to Twelve Step work because it applies directly to Steps Four, Eight, and Ten.</p>	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • define, in their own words, what <i>enabling</i> means • give examples of enabling from their own experiences • explain ways they have encouraged enabling • perform a personal inventory

continued



PART 2: THE TWELVE STEP FACILITATION ELECTIVE PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
<p>Elective Topic 3: People, Places, and Routines</p>	<p>This topic aims to support recovery by changing participants’ thinking as well as their behavior patterns. Participants use a personal inventory to identify people, places, and routines associated with their use of alcohol and other drugs. The activity of performing a personal inventory is important to Twelve Step work because it applies directly to Steps Four, Eight, and Ten. After identifying healthier people, places, and routines that support recovery, participants then outline what changes in these areas of their lives will look like by creating a Recovery Lifestyle Contract.</p>	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • identify people, places, and routines that do not support their recovery • identify people, places, and routines that support their recovery • explain why a lifestyle change is important in supporting their recovery
<p>Elective Topic 4: Emotions</p>	<p>This topic teaches participants to maintain abstinence by better managing both negative and positive emotions. Participants are asked to identify the emotions (positive and negative) that can trigger cravings for substance use. These emotions often include anger, loneliness, boredom, and shame. Physical states such as being hungry or tired are also discussed as threats to sobriety. Twelve Step fellowships are explored as a resource in managing emotions. There are many emotions that can come up through facilitation of this topic, so it may be necessary to spread facilitation out over multiple sessions.</p>	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • explain what HALT means (becoming too hungry, angry, lonely, tired) • identify ways to avoid HALT • identify their most challenging emotions and how they relate to past alcohol or other drug use • apply effective ways to manage their emotions without reliance on alcohol or other drugs • explain how Twelve Step fellowships can be a resource for managing difficult emotions

continued



PART 2: THE TWELVE STEP FACILITATION ELECTIVE PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
Elective Topic 5: Spirituality	This topic guides participants toward understanding the importance of spirituality in Twelve Step recovery. They learn about the spiritual values at the foundation of Twelve Step recovery, such as honesty, community, altruism, and prayer and meditation. Participants discuss the difference between spirituality and religion and are asked to identify ways they can incorporate spirituality more into their daily routine.	By the end of this session, participants will be able to <ul style="list-style-type: none"> • describe the role of spirituality in recovery • explain the difference between spirituality and religion • explain how the Twelve Steps prepare them for spiritual growth • identify spiritual values and activities that will help with recovery efforts

PART 3: TERMINATION		
SESSION	DESCRIPTION	LEARNER OUTCOMES
Termination	The two main therapeutic objectives of the final session are to set some goals for the future and to engage participants in an honest, open discussion of the TSF treatment experience. The termination session, like the assessment session, has a unique format.	By the end of this session, participants will be able to <ul style="list-style-type: none"> • identify positive changes they have made throughout the TSF program • describe the benefits and challenges of the TSF program • identify their ongoing recovery goals

continued



PART 4: THE TWELVE STEP FACILITATION CONJOINT PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
<p>Conjoint Topic 1: Enabling</p>	<p>This topic begins with an overview of the Twelve Step Facilitation (TSF) program, including the program’s encouragement of involvement with Twelve Step fellowships. <i>Enabling</i> is defined and discussed, and the participant and the significant other perform an Enabling Inventory based on past experiences together. The Enabling Inventory looks at who has enabled the participant in the past, how they have enabled, the reasons for enabling, and how the participant has promoted enabling. Motivation behind enabling is explored, as well as the participant’s role in encouraging enabling behavior from the significant other. The activity of performing an Enabling Inventory is important to Twelve Step work because it applies directly to Steps Four, Five, Eight, Nine, and Ten.</p>	<p>By the end of this session, the participant and significant other will be able to</p> <ul style="list-style-type: none"> • define, in their own words, what <i>enabling</i> means • give examples of enabling from their own experiences • describe the motivations behind enabling • explain ways they have encouraged enabling
<p>Conjoint Topic 2: Caring Detachment</p>	<p>The second conjoint topic focuses on caring detachment, which means allowing the person with a substance use disorder to deal with the negative consequences of his or her use without interfering. Caring detachment is defined and discussed to distinguish it from enabling behavior. Caring detachment is not rejection; rather, it boils down to allowing the loved one to take responsibility for his or her substance use disorder. A discussion about mutual support groups for the significant other follows, including frequently asked questions about Al-Anon and Nar-Anon. Finally, ways to practice caring detachment are explored using real-life situations from participant experiences.</p>	<p>By the end of this session, the participant and significant other will be able to</p> <ul style="list-style-type: none"> • define, in their own words, what <i>caring detachment</i> means • compare caring detachment and enabling • identify ways to practice caring detachment using examples from their own experiences • describe some of the ways Twelve Step fellowships offer support to both the participant (AA, NA, etc.) and the significant other (Al-Anon, Nar-Anon, Co-Dependents Anonymous, etc.)



TSF-COD Scope and Sequence

PART 1: THE TSF-COD CORE PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
<p>Core Topic 1: Assessment</p>	<p>This first topic uses a clinical interview to establish a mutual understanding of the diagnosis and severity of a participant’s substance use disorder(s), as well as any diagnoses for co-occurring disorders. Any diagnosis of a co-occurring disorder indicates a participant should follow treatment through the Twelve Step Facilitation for Co-occurring Disorders (TSF-COD) program. Problems experienced by the participant are discussed in this topic and are later revisited as consequences of his or her substance use or of his or her mental health disorder. Twelve Step fellowships are introduced—including the history of the Twelve Steps and the types of Twelve Step meetings (particularly for people with a co-occurring disorder), as well as a basic overview of the TSF-COD program.</p>	<p>By the end of this session, the participant will be able to</p> <ul style="list-style-type: none"> • describe the diagnoses and severity of his or her substance use disorder(s) and mental health disorder(s) • identify recently experienced problems that may be related to substance use or the absence of mental health care • explain what a Twelve Step fellowship is • describe the Twelve Step Facilitation for Co-occurring Disorders program
<p>Core Topic 2: Acceptance</p>	<p>Recovery from co-occurring disorders, like every great and difficult journey, begins by taking the first step. This TSF-COD session is devoted to the core topic of acceptance and introduces Step One of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA):</p> <p><i>Step One (AA):</i> We admitted we were powerless over alcohol—that our lives had become unmanageable.</p> <p><i>Step One (NA):</i> We admitted that we were powerless over our addiction, that our lives had become unmanageable.</p>	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • describe the Twelve Steps of AA and the basic concepts underlying each Step • define, in their own words, what <i>acceptance</i> means • give examples of powerlessness to substance use and mental health issues in their own lives • begin to accept that they are powerless over their substance use and mental health disorders

continued



PART 1: THE TSF-COD CORE PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
<p>Core Topic 3: Surrender</p>	<p>Core Topic 3, on surrender, is based on Steps Two and Three of the Twelve Steps. Like acceptance, surrender is understood as a cognitive process that may take some time to fully grasp and may be applied to one’s life in incremental steps. As a result, the topic of surrender may need to be covered in more than one session.</p> <p><i>Step Two:</i> Came to believe that a Power greater than ourselves could restore us to sanity.</p> <p><i>Step Three:</i> Made a decision to turn our will and our lives over to the care of God <i>as we understood Him</i>.</p>	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • define, in their own words, what <i>surrender</i> means • identify a power greater than oneself to help them in recovery • come to believe that a Higher Power can help to restore them

continued



PART 1: THE TSF-COD CORE PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
<p>Core Topic 4: Getting Active in Twelve Step Fellowships</p>	<p>This topic teaches participants to get active in Twelve Step fellowships, particularly, if available, fellowships that focus on co-occurring disorders. This includes understanding the ways in which alcohol and other drug use and mental health issues affect a person’s lifestyle (habits, social networks, and ways of thinking). Participants will learn about the social and behavioral lifestyle changes required to succeed in recovery for both substance use and mental health. Participants are asked to attend meetings (at least once per week), to build a support network that supports abstinence and ongoing recovery for their co-occurring disorder, and to commit to finding and utilizing a sponsor for support.</p>	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • identify abstinence as a personal recovery goal • apply strategies to avoid slips back to any use of alcohol or other drugs • evaluate any slips that do happen • describe Twelve Step groups specifically for people with co-occurring disorders • explain the importance of Twelve Step meeting attendance • describe how to build and use a strong social network of Twelve Step friends who understand co-occurring disorders • identify a support list of three people they can reach out to for immediate help • describe the benefits of having a sponsor and how to begin working with one

continued



PART 1: THE TSF-COD CORE PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
<p>Core Topic 5: Getting Active in Mental Health Treatment</p>	<p>This topic teaches participants to get active in treatment for their mental health disorder. This includes teaching participants the types of mental health treatment available and how effective treatment is for both mental health and substance use disorders. Participants also learn the importance of taking prescription medications as directed, making and keeping appointments with prescribers and case managers, and attending Twelve Step meetings and/or specialized peer support meetings for co-occurring disorders.</p>	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • identify abstinence as a personal recovery goal • describe strategies to avoid slips back to any use of alcohol or other drugs • describe how effective treatment works for both mental health and substance use disorders • explain the importance of working with mental health treatment providers • explain the importance of taking prescription medications as directed • practice active Twelve Step involvement by going to meetings and participating with a sponsor

continued



PART 2: THE TSF-COD ELECTIVE PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
<p>Elective Topic 1: Barriers to Getting Active in Twelve Step Fellowships</p>	<p>This topic teaches participants to overcome barriers to getting active in Twelve Step fellowships, particularly, if available, fellowships that focus on co-occurring disorders. This includes understanding the most common barriers to getting involved in fellowships. Participants are asked to describe the importance of getting involved in Twelve Step fellowships, to explain the benefits of accepting their co-occurring diagnosis, to identify their barriers to getting active in a fellowship, and to make a plan to overcome these barriers.</p>	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • identify abstinence as a personal recovery goal • apply strategies to avoid slips back to any use of alcohol or other drugs • describe the importance of getting involved in a Twelve Step fellowship • explain the benefits of accepting powerlessness over their co-occurring disorders • identify people, problems, or situations that could keep them from getting involved in a fellowship • create a plan to overcome these barriers

continued



PART 2: THE TSF-COD ELECTIVE PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
<p>Elective Topic 2: Barriers to Mental Health Treatment</p>	<p>This topic teaches participants to overcome barriers to treatment for a mental health disorder. This includes teaching participants the importance of accepting their mental health diagnosis, taking medications as prescribed, talking with their prescriber about medication side effects, understanding the dangers of self-medicating, and getting involved in a mental health support group.</p>	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • identify mental health treatment as a personal recovery goal • describe strategies to avoid slipping into not following their mental health treatment plan • explain the importance of accepting their mental health disorder diagnosis, including medication use if needed • explain the importance of taking medications as prescribed • explain how to tell a prescriber about the negative side effects experienced with a mental health medication • describe the dangers of self-medicating with alcohol or other drugs to cope with mental health symptoms • attend a support group that understands and accepts their mental health diagnosis

continued



PART 2: THE TSF-COD ELECTIVE PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
<p>Elective Topic 3: People, Places, and Routines</p>	<p>This topic aims to support recovery by changing participants’ thinking as well as their behavior patterns. Participants use a personal inventory to identify people, places, and routines associated with their use of alcohol and other drugs as well as their mental health issues, and then to consider alternatives that will support their recovery in both areas. The activity of performing a personal inventory is important to Twelve Step work because it applies directly to Steps Four, Eight, and Ten. After identifying healthier people, places, and routines that support recovery, participants then outline what changes in these areas of their lives will look like by creating a Recovery Lifestyle Contract.</p>	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • identify people, places, and routines that do not support their recovery • identify people, places, and routines that support their recovery • explain why a lifestyle change is important in supporting their recovery

continued



PART 2: THE TSF-COD ELECTIVE PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
<p>Elective Topic 4: Emotions</p>	<p>This topic teaches participants to maintain abstinence by better managing both negative and positive emotions. Participants are asked to identify the emotions (positive and negative) that can trigger cravings for substance use. These emotions often include anger, loneliness, boredom, and shame. Physical states such as being hungry or tired are also discussed as threats to sobriety. This can also be true for mental health. Learning to monitor and manage one’s emotions can help to enhance one’s mental health. Twelve Step fellowships are explored as a resource in managing emotions. There are many emotions that can come up through facilitation of this topic, so it may be necessary to spread facilitation out over multiple sessions.</p>	<p>By the end of this session participants will be able to</p> <ul style="list-style-type: none"> • explain what HALT means (becoming too hungry, angry, lonely, tired) • identify ways to avoid HALT • explain why HALT is especially challenging for those with co-occurring disorders • identify their most challenging emotions and how they relate to past alcohol or other drug use or mental health problems • apply effective ways to manage their emotions without reliance on alcohol or other drugs • explain how Twelve Step fellowships can be a resource for managing difficult emotions

continued



PART 2: THE TSF-COD ELECTIVE PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
Elective Topic 5: Living for Recovery	This topic teaches participants how to build and sustain a healthy recovery lifestyle. This includes teaching participants to develop healthy eating habits, exercise programs, and healthy hobbies and other positive interests.	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • identify abstinence as a personal recovery goal • use strategies to avoid slips back to any use of alcohol or other drugs • explain the concept of healthy nutrition • describe the benefits of physical exercise • explain the importance of developing positive hobbies or interests • explain the concept of spirituality

PART 3: TERMINATION		
SESSION	DESCRIPTION	LEARNER OUTCOMES
Termination	The two main therapeutic objectives of the final session are to set some goals for the future and to engage participants in an honest, open discussion of their TSF-COD treatment experience. The termination session, like the assessment session, has a unique format.	<p>By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • identify positive changes they have made throughout the TSF-COD program • describe the benefits and challenges of the TSF-COD program • identify their ongoing recovery goals

continued



PART 4: THE TSF-COD CONJOINT PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
Conjoint Topic 1: Enabling	This topic begins with an overview of the Twelve Step Facilitation for Co-occurring Disorders (TSF-COD) program, including the program’s encouragement of involvement with Twelve Step fellowships. <i>Enabling</i> is defined and discussed, and the participant and the significant other perform an Enabling Inventory based on past experiences together. The Enabling Inventory looks at who has enabled the participant in the past, how they have enabled, the reasons for enabling, and how the participant has promoted enabling. Motivation behind enabling is explored, as well as the participant’s role in encouraging enabling behavior from the significant other. The activity of performing an Enabling Inventory is important to Twelve Step work because it applies directly to Steps Four, Five, Eight, Nine, and Ten.	By the end of this session, the participant and significant other will be able to <ul style="list-style-type: none"> • define, in their own words, what <i>enabling</i> means • give examples of enabling from their own experiences • describe the motivations behind enabling • explain ways they have encouraged enabling

continued



PART 4: THE TSF-COD CONJOINT PROGRAM		
SESSION	DESCRIPTION	LEARNER OUTCOMES
<p>Conjoint Topic 2: Caring Detachment</p>	<p>The second conjoint topic focuses on caring detachment, which means allowing the person with a substance use disorder and co-occurring mental health disorder to deal with the negative consequences of his or her use and mental health without interfering. Caring detachment is defined and discussed to distinguish it from enabling behavior. Caring detachment is not rejection; rather, it boils down to allowing the loved one to take responsibility for his or her substance use disorder and co-occurring mental health disorder, and recovery from both. A discussion about mutual support groups for the significant other follows, including frequently asked questions about Al-Anon and Nar-Anon. Finally, ways to practice caring detachment are explored using real-life situations from participant experiences.</p>	<p>By the end of this session, the participant and significant other will be able to</p> <ul style="list-style-type: none"> • define, in their own words, what <i>caring detachment</i> means • compare caring detachment and enabling • identify ways to practice caring detachment using examples from their own experiences • describe some of the ways Twelve Step fellowships offer support to both the participant (AA, NA, Double Trouble in Recovery, etc.) and the significant other (Al-Anon, Nar-Anon, Co-Dependents Anonymous, etc.)



Notes

1. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* (Arlington, VA: American Psychiatric Association, 2013).
2. Project MATCH Research Group, “Matching Alcoholism Treatments to Client Heterogeneity: Project MATCH Posttreatment Drinking Outcomes,” *Journal of Studies on Alcoholism* 58, no. 1 (1997): 7–29; Project MATCH Research Group, “Matching Alcoholism Treatments to Client Heterogeneity: Project MATCH Three-Year Drinking Outcomes,” *Alcoholism: Clinical and Experimental Research* 22, no. 6 (1998): 1300–1311.
3. W. R. Miller, “Are Alcoholism Treatments Effective? The Project MATCH Data: Response,” *BMC Public Health* 5 (2005): 76.
4. K. S. Walitzer, K. H. Dermen, and C. Barrick, “Facilitating Involvement in Alcoholics Anonymous During Outpatient Treatment: A Randomized Clinical Trial,” *Addiction* 104, no. 3 (2009): 391–401; K. Humphreys and R. Moos, “Can Encouraging Substance Abuse Patients to Participate in Self-Help Groups Reduce Demand for Health Care? A Quasi-Experimental Study,” *Alcoholism: Clinical and Experimental Research* 25, no. 5 (2001): 711–16; M. D. Litt, R. M. Kadden, E. Kabela-Cormier, and N. M. Petry, “Changing Network Support for Drinking: Network Support Project 2-Year Follow-Up,” *Journal of Consulting and Clinical Psychology* 77, no. 2 (2009): 229–42.
5. J. F. Kelly and G. Beresin, “In Defense of 12 Steps: What Science Really Tells Us About Addiction,” April 7, 2014, www.wbur.org/commonhealth/2014/04/07/defense-12-step-addiction#comment-1324673907.
6. K. Humphreys and R. Moos, “Can Encouraging Substance Abuse Patients to Participate in Self-Help Groups Reduce Demand for Health Care? A Quasi-Experimental Study,” *Alcoholism: Clinical and Experimental Research* 25, no. 5 (2001): 711–16.
7. S. Glassner-Edwards, S. R. Tate, J. R. McQuaid, K. Cummins, E. Granholm, and S. A. Brown, “Mechanisms of Action in Integrated Cognitive-Behavioral Treatment versus Twelve-Step Facilitation for Substance-Dependent Adults with Comorbid Major Depression,” *Journal of Studies on Alcohol and Drugs* 68 (2007): 663–72.
8. J. F. Kelly, R. L. Stout, M. Magill, J. S. Tonigan, and M. E. Pagano, “Mechanisms of Behavior Change in Alcoholics Anonymous: Does Alcoholics Anonymous Lead to Better Alcohol Use Outcomes by Reducing Depression Symptoms?” *Addiction* 105 (2010): 626–36.
9. E. Triffleman, “Gender Differences in a Controlled Pilot Study of Psychosocial Treatments in Substance Dependent Patients with Post-traumatic Stress Disorder: Design Considerations and Outcomes,” *Alcoholism Treatment Quarterly* 18, no. 3 (2000): 113–26.