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Intervention Summary: Twelve-Step Facilitation Therapy

Keywords: Substance abuse treatment, Alcohol (e.g., underage, binge drinking), Experimental, 18-25 (Young adult), 26-55 (Adult), Black or African American, Hispanic or Latino, Race/ethnicity unspecified, White, Female, Male, Inpatient, Outpatient, Suburban, Urban, Mix of public and proprietary

All information below was current as of the date of review. To request more information, or to see if new studies or materials are available, please contact the developer or other representatives listed at the bottom of this page.

Descriptive Information

Topics	Substance abuse treatment
Populations	**Age:** 18-25 (Young adult), 26-55 (Adult) **Gender:** Female, Male **Race:** Black or African American, Hispanic or Latino, Race/ethnicity unspecified, White
Outcomes	Outcome 1: Percentage of days abstinent from alcohol Outcome 2: Adverse consequences of drinking Outcome 3: Combined assessment of drinking and drinking problems Outcome 4: Number of days before first drink/heavy drinking (“time to event”) Outcome 5: Drinks per drinking day Outcome 6: Alcoholics Anonymous involvement
Abstract	Twelve-Step Facilitation Therapy (TSF) is a brief, structured, and manual-driven approach to facilitating early recovery from alcohol abuse, alcoholism, and other drug abuse and addiction problems. TSF is implemented with individual clients over 12 to 15 sessions. The intervention is based on the behavioral, spiritual, and cognitive principles of 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). These principles include acknowledging that willpower alone cannot achieve sustained sobriety, that surrender to the group conscience must replace self-centeredness, and that long-term recovery consists of a process of spiritual renewal. Therapy focuses on two general goals: (1) acceptance of the need for abstinence from alcohol and other drug use and (2) surrender, or the willingness to participate actively in 12-step fellowships as a means of sustaining sobriety. The TSF counselor assesses the client’s alcohol or drug use, advocates abstinence, explains the basic 12-step concepts, and actively supports and facilitates initial involvement and ongoing participation in AA. The counselor also discusses specific readings from the AA/NA literature with the client, aids the client in using AA/NA resources in crisis times, and presents more advanced concepts such as moral inventories. The Twelve-Step Facilitation manual reviewed for this summary incorporates material originally developed for Project MATCH, an 8-year, national clinical trial of alcoholism treatment matching funded by the National Institute on Alcohol Abuse and Alcoholism. Project MATCH included two independent but parallel matching study arms, one with clients recruited from outpatient settings, the other with patients receiving aftercare treatment following inpatient care. Patients were randomly assigned to Twelve-Step Facilitation, Cognitive-Behavioral Therapy, or Motivational Enhancement Therapy. Findings from Project MATCH are included in this summary.
Settings	Inpatient, Outpatient, Suburban, Urban
Areas of Interest	Alcohol (e.g., underage, binge drinking)

Replications	This intervention has been replicated. *(See Replications section below)*
Public or Proprietary Domain	Mix of public and proprietary
Costs	Materials for the TSF outpatient program are available for $295 from Hazelden Publishing and Educational Services. This cost includes the therapist manual, reproducible client handouts, a DVD for use in therapy, and session guidelines. In-service training for therapists and supervisors, which is highly recommended but not required, is available at a cost of $1,500 per day plus expenses. The original TSF manual used in the Project MATCH trial is available free from the National Institute on Alcohol Abuse and Alcoholism.
Adaptations	Client handouts are available in Spanish.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.
Implementation History	The TSF approach has been widely used in treatment programs in the United States. It also has been implemented in Canada in an aftercare setting using a group format.
Date Reviewed	January 2008
Review Funded By	CSAT

Outcome 1: Percentage of days abstinent from alcohol

Description	Percentage of days abstinent from alcohol, a measure of drinking frequency over the past 90 days, was obtained using the Form 90, an interview procedure using the Timeline Followback methodology.
Key Findings	Toward the end of the 15-month follow-up period, TSF clients reported a significantly higher percentage of days abstinent from alcohol (i.e., fewer drinking days) than clients receiving Cognitive Behavioral Therapy (CBT) or Motivational Enhancement Therapy (MET) ($p < .001$). At 3-year follow-up, TSF clients also attained higher rates of abstinence than clients receiving CBT or MET ($p = .007$). Specifically, 36 percent of the TSF clients were abstinent during months 37 to 39, compared with 24% of the CBT and 26% of the MET clients. TSF and CBT clients with social networks supportive of drinking reported a higher percentage of days abstinent than clients receiving MET. Effect size for alcohol use during this period was large (eta-squared = 0.74, $p = .0058$).
Studies Measuring Outcome	Study 1 *(**Note:** Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below)*
Study Designs	Experimental (Pretest-posttest control group design)
Quality of Research Rating	3.7 (0.0-4.0 scale)

Outcome 2: Adverse consequences of drinking

Description	Adverse consequences of drinking were assessed using the Drinker Inventory of Consequences (DrInC), a 50-item self-administered questionnaire designed to measure alcohol-related problems in five areas: Interpersonal, Physical, Social, Impulsive, and Intrapersonal.
Key Findings	Toward the end of the 15-month follow-up period, TSF clients reported a significantly higher percentage of days abstinent from alcohol than clients receiving Cognitive Behavioral Therapy (CBT) or Motivational Enhancement Therapy (MET; $p < .001$). At 3-year follow-up, TSF clients also attained higher rates of abstinence than clients receiving CBT or MET ($p = .007$). Specifically, 36% of the TSF clients were abstinent during months 37 to 39, compared with 24% of the CBT and 26% of the MET clients. TSF and CBT clients with social networks supportive of drinking reported a higher percentage of days abstinent than clients receiving MET ($p = .0058$). Effect size for alcohol use during this period was large (eta-squared = 0.74).
Studies Measuring Outcome	Study 1 *(**Note:** Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below)*
Study Designs	Experimental (Pretest-posttest control group design)
Quality of Research Rating	3.5 (0.0-4.0 scale)

Outcome 3: Combined assessment of drinking and drinking problems

Description	Data on respondents' percentage of days abstinent from alcohol and adverse drinking consequences were combined to yield a single, categorical outcome measure (category 1 = no drinking; category 2 = moderate drinking and nonrecurrent problems; category 3 = heavy drinking or recurrent problems; category 4 = heavy drinking and recurrent problems).
Key Findings	At 15-month follow-up, a higher percentage of TSF clients were shown to be in the no-drinking category (category 1) compared with clients receiving CBT or MET ($p = .0024$).
Studies Measuring Outcome	Study 1 *(**Note:** Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below)*
Study Designs	Experimental (Pretest-posttest control group design)
Quality of Research Rating	3.4 (0.0-4.0 scale)

Outcome 4: Number of days before first drink / heavy drinking ("time to event")

Description	Time to event was assessed using two measures on the Form 90: time to first drink (number of days of abstinence preceding the occurrence of the first drink) and time to first episode of 3 consecutive days of heavy drinking (number of days of less than heavy drinking preceding 3 consecutive days of heavy drinking). Heavy drinking was defined as six or more drinks per day for men and four or more drinks per day for women.
Key Findings	For the time to first drink measure, a significantly larger proportion of clients in the TSF condition (24%) avoided drinking completely in months 4-15 than in the CBT (15%) and MET (14%) conditions (p = .0001). Similar results were found for time to first episode of 3 consecutive days of heavy drinking (p = .0016).
Studies Measuring Outcome	Study 1 *(**Note:** Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below)*
Study Designs	Experimental (Pretest-posttest control group design)
Quality of Research Rating	3.6 (0.0-4.0 scale)

Outcome 5: Drinks per drinking day

Description	Drinks per drinking day (number of standard units of alcohol consumed on days the respondent drank alcohol) in the past 90 days was obtained using the Form 90.
Key Findings	At 3-year follow-up, TSF and CBT clients who reported having social networks supportive of drinking reported fewer drinks per drinking day compared with clients receiving MET ($p = .0035$). The effect size for this finding was large (eta-squared = 0.94).
Studies Measuring Outcome	Study 1 *(**Note:** Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below)*
Study Designs	Experimental (Pretest-posttest control group design)
Quality of Research Rating	3.6 (0.0-4.0 scale)

Outcome 6: Alcoholics Anonymous involvement

Description	A 13-item Alcoholics Anonymous Involvement Scale (AAI) was used to measure attendance and involvement in AA. Items assessed program participation as well as commitment to the AA fellowship.
Key Findings	Among clients with social networks supportive of drinking, AA involvement was higher for TSF clients (62%) than for those receiving MET (38%) or CBT (25%).
Studies Measuring Outcome	Study 1 *(**Note:** Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below)*
Study Designs	Experimental (Pretest-posttest control group design)
Quality of Research Rating	3.4 (0.0-4.0 scale)

Ratings

Quality of Research Ratings by Criteria (0.0-4.0 scale)

Outcome	Reliability	Validity	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
Outcome 1: Percentage of days abstinent from alcohol	3.8	3.8	3.5	4.0	3.0	4.0	**3.7**
Outcome 2: Adverse consequences of drinking	3.3	3.3	3.5	4.0	3.0	4.0	**3.5**
Outcome 3: Combined assessment of drinking and drinking problems	3.0	3.0	3.5	4.0	3.0	4.0	**3.4**
Outcome 4: Number of days before first drink/heavy drinking ("time to event")	3.8	3.3	3.5	4.0	3.0	4.0	**3.6**
Outcome 5: Drinks per drinking day	3.5	3.5	3.5	4.0	3.3	4.0	**3.6**
Outcome 6: Alcoholics Anonymous involvement	3.3	3.0	3.8	3.5	3.0	3.8	**3.4**

Strengths: The multisite study was large and well designed. It employed random assignment, excellent intervention fidelity and training methods, clear and well-specified treatments, sophisticated measures, and a high-quality data analytic approach.

Weaknesses: The study did not use a control (minimal or no treatment) condition.

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

Readiness for Dissemination	Implementation Materials	Training and Support	Quality Assurance	Overall Rating
RFD Rating for Intervention	3.0	3.0	3.0	**3.0**

Strengths: The program materials include session-by-session instructions and tips for a systematic approach to implementation. The detailed training addresses program background, structure, process, and content. A protocol for monitoring outcomes is provided to support quality assurance.

Weaknesses: No materials are available to assist program implementers in recruiting clients or addressing organizational implementation. Ongoing coaching or consultation is not available to support implementers beyond initial training. No protocol is provided to support implementation fidelity.

Study Demographics

The studies reviewed for this intervention included participants with the following demographics, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
Study 1	18-25 (Young adult) 26-55 (Adult)	75.7% Male 24.3% Female	80% White 10% Black or African American 7.9% Hispanic or Latino 2% Race/ethnicity unspecified

Studies and Materials Reviewed

Quality of Research Studies

Study 1

Longabaugh, R., Wirtz, P. W., Zweben, A., & Stout, R. L. (1998). Network support for drinking, Alcoholics Anonymous and long-term matching effects. Addiction, 93(9), 1313-1333.

Project MATCH Research Group. (1997). Matching alcoholism treatments to client heterogeneity: Project MATCH posttreatment drinking outcomes. Journal of Studies on Alcohol, 58, 7-29.

Project MATCH Research Group. (1998). Matching alcoholism treatments to client heterogeneity: Project MATCH three-year drinking outcomes. Alcoholism: Clinical and Experimental Research, 22, 1300-1311.

Readiness for Dissemination Materials

Hazelden Foundation. (2006). Introduction to twelve step groups [DVD]. Center City, MN: Hazelden Foundation.

Hazelden Foundation. (2006). Introduction to twelve step groups: Facilitator's guide. Center City, MN: Hazelden Foundation.

Nowinski, J. (2006). The Twelve Step Facilitation Outpatient Program: The Project MATCH Twelve Step Treatment Protocol. Facilitator guide. Center City, MN: Hazelden Foundation.

Nowinski, J. (2006). Twelve-step facilitation training slides.

Nowinski, J. (n.d.). Twelve-step facilitation overview.

Nowinski, J. (n.d.). Twelve-step facilitation professional training seminar.

Nowinski, J., & Baker, S. (2003). The Twelve Step Facilitation handbook: A systematic approach to recovery from substance dependence. The Project MATCH Twelve Step Treatment Protocol. Center City, MN: Hazelden Foundation.

Replications

Selected citations are presented below. An asterisk indicates that the document was reviewed as part of the Quality of Research ratings.

Carroll, K. M., Nich, C., Ball, S. A., McCance, E., & Rounsaville, B. J. (1998). Treatment of cocaine and alcohol dependence with psychotherapy and disulfiram. Addiction, 93(5), 713-727.

Glasner-Edwards, S., Tate, S. R., McQuaid, J. R., Cummins, K., Granholm, E., & Brown, S. A. (2007). 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, 663-672.

Tonigan J. S. (2001). Benefits of Alcoholics Anonymous attendance: Replication of findings between clinical research sites in Project MATCH. Alcoholism Treatment Quarterly, 19(1), 67-78.

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