

Introduction

Alcoholics Anonymous (AA) and other Twelve Step fellowships are programs of hope and renewal that were born of despair and personal destruction. The origin of AA can be traced to two individuals—a stockbroker in New York City and a physician in Akron, Ohio, who made the seminal discovery that two alcoholics could increase their chances of staying sober if they met often, talked honestly, and supported each other’s sobriety. That discovery has remained at the core of Alcoholics Anonymous (as well as other recovery fellowships) since 1935. Proof that AA has emerged as an integral part of successful recovery for people throughout the world can be seen in the growth this voluntary, self-supporting fellowship has experienced.

A Brief History of Alcoholics Anonymous

At its most elemental level, AA can be understood as a method for helping those who no longer wish to drink (or use drugs) to stay sober, one day at a time. It is a program that relies on the principle of attraction rather than promotion, meaning it welcomes those who seek out the program’s support rather than promote the program to those who may not wish to participate or who would deal with their drinking through some other means. AA was—and at heart still is—a program for those who want it: for those men and women who believe that they’ve tried everything they care to try to moderate their drinking (or drug use), and who now have a desire to stop altogether.

The founders of AA were influenced early on by the likes of the psychoanalyst Carl Jung and the philanthropist John D. Rockefeller. The former offered the opinion that the only hope for someone with a severe alcohol use disorder was some form of spiritual transformation,

while the latter declined to support AA financially, arguing that it would be better off being self-supporting and beholden to no one (see www.aa.org, “Archives & History”). Those ideas in turn found their way into the Twelve Step program of AA and its traditions of being voluntary, spiritually oriented, and self-supporting.

Bill W. and Dr. Bob S., cofounders of AA, were also influenced by their experiences with the Oxford Group movement—a spiritually based organization whose goal was self-improvement. Oxford Group members believed that this could best be achieved by pursuing the following:

- ongoing self-monitoring or maintaining an ongoing awareness of one’s personal flaws and shortcomings
- public admission of one’s flaws and shortcomings in the context of Oxford Group meetings
- making personal amends as appropriate to those harmed as a consequence of one’s flaws or shortcomings

These Oxford Group tenets found their way into the Twelve Step program that became the basis of AA.

Today, AA remains true to its fundamental traditions, which include

- **Anonymity**—This tradition serves two purposes. First, it protects the privacy of AA members. Equally important, the tradition of anonymity serves as a barrier to anyone who might seek personal gain, power, or self-aggrandizement through the fellowship.
- **Attraction, not promotion**—AA and its sister fellowships do not advertise, nor do they evangelize or enter the community to convert others to their beliefs. Rather, they remain free and open to anyone who voluntarily chooses to enter a meeting. In this same vein, AA by tradition eschews public controversy. It has no spokesperson, no public relations office.
- **Self-support**—Early on, Bill W. was approached by Dr. Charles Towns, owner of Towns Hospital in New York City, who proposed that Bill treat people with alcohol use disorders in his hospital according to the Twelve Step program and that they share in the revenue generated by that treatment. Bill W. opted to follow

Rockefeller’s advice, and AA has remained self-supporting through the voluntary contributions of its members ever since. There is also a cap on individual yearly contributions.

- **Spirituality and pragmatism**—Two parallel strains dominate the AA culture. On the one hand, there are the social/behavioral traditions: attend meetings, get a sponsor and a home group, and so on. But there is also a parallel tradition that seeks to promote spiritual practices (self-inventory, making amends, being rigorously honest, prayer and meditation) aimed at promoting a “spiritual awakening.”

Alcoholics Anonymous and Professional Treatment

It is of interest that AA by tradition does not affiliate with or endorse any professional treatment programs (including the one presented here). What that means is that there are no standards by which to measure any claims that treatment centers adhere to the AA model of recovery. This allows for a great deal of diversity in the actual content of such programs. The first recorded attempt to integrate the Twelve Steps of AA into actual treatment took place in the 1950s at Willmar State Hospital in Minnesota by a psychologist, Daniel J. Anderson, and a psychiatrist, Nelson Bradley. According to Anderson’s first-person account, “The key element of this novel approach to addiction treatment was the blending of professional and trained nonprofessional (recovering) staff around the principles of Alcoholics Anonymous (AA).”¹ Later, this “Minnesota Model” of treatment was instituted at the Hazelden Foundation, a nonprofit treatment center based in Minnesota, now called the Hazelden Betty Ford Foundation. From there, the model proliferated alongside the growth of AA itself.

The Twelve Steps of Alcoholics Anonymous²

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.

4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. 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 the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Research on Alcoholics Anonymous and the Twelve Step Model of Recovery

Because of its traditions, AA has never engaged in formal research regarding the effectiveness of its Twelve Step program in relation to recovery. The closest it comes is its triennial member surveys, which ask a voluntary sample of members to share their age and sex, how many meetings they attend, whether they have a sponsor and a home group, how long they have been sober, and so on. The survey results have been published by AA every three years since 1977, and they have proven to be quite robust and consistent. That said, the surveys are not controlled clinical research. Moreover, since AA avoids public controversy, others are free to criticize its surveys and assert that Twelve Step programs are ineffective (or even harmful)—all with no rejoinder from AA.

Prior to 1989 there was a notable dearth of scientific research on the

AA approach to be found in professional literature—despite the fact that so many treatment programs claimed to endorse it. That led the prestigious Institute of Medicine (IOM) to issue a white paper in 1989 with the following conclusion: “Alcoholics Anonymous, one of the most widely used approaches to recovery in the United States, remains one of the least rigorously evaluated.”³

The IOM white paper in turn led to more than two decades of rigorous research on AA and the effectiveness of the Twelve Step model. A group of renowned professionals in the field summarized their review of the research as follows: “Because longitudinal studies associate self-help group involvement with reduced substance use, improved psychosocial functioning, and lessened health care costs, there are humane and practical reasons to develop self-help group supportive policies.”⁴

Twelve Step Facilitation (TSF), the subject of this book, is an evidence-based treatment program rooted in research on Twelve Step recovery. Some of that research will be reviewed in greater depth, as it is relevant to the implementation of specific TSF topics. Peer review of this body of research led to TSF being included in the National Registry of Evidence-based Programs and Practices (www.nrepp.samhsa.gov). It has been recognized as an effective approach for the treatment of substance use disorders (alcohol and other drugs), even when compared to alternative treatments (comparative evaluation research). It can be implemented both individually and in a group format.

Project MATCH

The Institute of Medicine’s white paper served as the impetus for much rigorous research on the Twelve Step model of recovery. 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.⁵

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 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.⁶

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,⁷ 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.⁸ 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.⁹

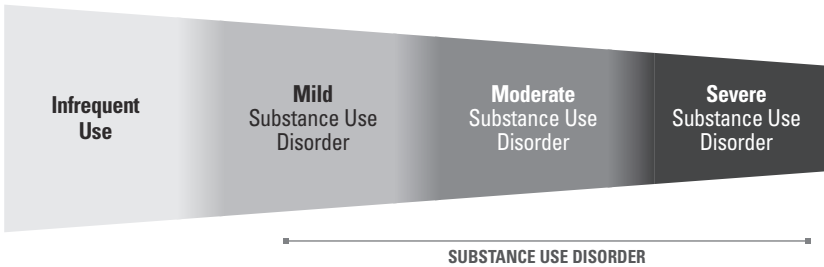
Despite the evidence, criticism of AA and the Twelve Step model persists. This may be because Twelve Step fellowships strictly adhere to being “programs of attraction,” not promotion. In other words, Twelve Step fellowships welcome any individual who has “a desire to

stop.” AA, Marijuana Anonymous (MA), and Narcotics Anonymous (NA) have no public relations office, much less a spokesperson. Twelve Step world services offices do not respond to criticism, which can be unfounded and based on prejudice and misinformation. Twelve Step fellowships do not claim to be the only pathway to recovery. But *Alcoholics Anonymous*, the basic text for AA, states, “Rarely have we seen a person fail who has thoroughly followed our path.”¹⁰

Target Audience for Twelve Step Facilitation

Research on the effectiveness of TSF naturally raises a clinical question: For whom is abstinence an appropriate treatment goal, thereby making TSF an appropriate treatment option? This question arises out of an even deeper question: Are there individuals whose substance use might be better treated through interventions aimed at moderation or harm reduction? Though there is no hard-and-fast rule, treatment is recommended for moderate to severe substance use disorders by the American Psychiatric Association (see chapter 6, pages 65–75).

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 TSE, after a clinical interview that includes a diagnostic assessment, to determine where the participant falls on the spectrum and what goal is most appropriate.

