A review of research on substance abuse treatment modalities concluded that individual and group treatment yielded equivalent outcomes (Weiss et al., *Harvard Review of Psychiatry*, 2004, Vol. 12, 6, pp. 339–350). This is good news, as group treatment is currently the dominant treatment modality in many major clinics.

Group implementation of Twelve Step Facilitation (TSF) is fairly straightforward. And, because TSF is rooted in the Twelve Step recovery model—a group mutual-support program—the group format in many ways mirrors what clients will encounter when attending Alcoholic Anonymous (AA) or other Twelve Step meetings. In TSF groups, however, the sessions are structured and therapist-guided.

What follows are recommended guidelines for group implementation of TSF.

**General Guidelines**

- **Small groups of six to eight clients, meeting for ninety minutes, are optimal for allowing discussion. Larger groups will probably require more than one session to cover new material.**

- **There is no need for clients to go through TSF as a cohort. “Newcomers” are particularly welcomed at all Twelve Step meetings, and they can be welcomed to TSF as well. New clients should be asked to introduce themselves and state the diagnosis that led to their referral to the group.**

- **The initial TSF topic, Assessment, may be omitted if clients have previously undergone a detailed assessment that led to their referral to TSF treatment. However, it is recommended that the *Alcoholics Anonymous Affiliation Scale* (included in the TSF Outpatient Program published by Hazelden) be administered at the outset of treatment, and again at termination, as it is a useful outcome measure.**

- **The three-part structure of TSF sessions—Review, New Material, and Recovery Tasks—must be maintained in all sessions. However, in larger groups, the therapist may choose to conduct the Review with only a portion of the clients attending any one session. For the other clients, listening to this discussion is in itself therapeutic.**
• Therapists should select a TSF topic before each session. All core topics should be 
covered at least once, after which the therapist may use his or her judgment in 
selecting elective topics. Whether core or elective, the topic constitutes the “new 
material” to be covered.

• Clients should be asked to commit to Recovery Tasks at the end of each TSF 
session. These should include how many AA or other Twelve Step meetings they 
are willing to attend before the next TSF session, any reading they are willing 
to do, and other ways in which they will seek to solidify their recovery. (Since 
meetings are now available online, clients may commit to attending meetings in 
person and/or via the internet.)

• Many TSF topics have associated client handouts. In group sessions, the therapist 
should present the material associated with the handout for that topic and lead a 
discussion. Clients can be given the handout at the start of that session, or they 
can receive it in advance and work on it before the next session.

• If necessary, more than one session can be devoted to discussing clients’ responses 
to any TSF topic. The therapist simply needs to state, “We will pick up again on this 
topic in our next session.” The session then ends with Recovery Tasks. Whenever 
that topic is completed, the therapist can move on to a new topic.

• Clients may volunteer to attend Twelve Step meetings together. This should be 
encouraged. However, clients should be discouraged from sharing the same sponsor.

• Clients should be encouraged to share about meetings they attended that they 
found particularly helpful.

Recommendations for Inpatient/Residential Settings

• The Review for clients in inpatient/residential settings can include a discussion of 
urges and cravings as opposed to actual “slips.”

• Any TSF topic can be administered in the form of a “standing” group, meaning a 
group that focuses on that topic only. In that way clients in inpatient or residential 
programs may be exposed to the same topic many times, which is actually desirable. 
In Twelve Step fellowships, too, the same topic or step may be the subject of many 
meetings that participants attend. Even a discussion of TSF Topic 2 (Acceptance) 
may have a different impact on a client when asked to respond to it for a second 
or third time over the course of treatment. Similarly, the issues of lifestyle change
(People, Places, and Things) and emotional triggers (Emotions) can be the subject of ongoing therapeutic work.

**Process Recommendations**

- As a rule, the therapist and group members should follow the etiquette of AA and other Twelve Step fellowships, meaning that:
  - There should be no “cross-talk.” When a group member is speaking, no one should interrupt.
  - After a client has finished talking, questions should be limited to clarifying what was said, and should be guided by the therapist.

- For group members, part of the program’s value is openness to what other members have to say. Listening does not imply agreement; rather, it implies respect for divergent points of view. The therapist should repeat this point as often as necessary.

- At the start of each session, the therapist should ask all clients to state how many clean and sober days they had since the last session. They should be recognized for that, with special recognition given to those who have stayed clean and sober with no slips between sessions. The therapist should then select one or two clients and engage them in a discussion aimed at analyzing one of their slips since the last session. Clients who listen may gain important insight vicariously through these discussions. Slips should be analyzed in the following way:
  - What antecedents were associated with the slip socially (where you were), cognitively (what you were thinking), and emotionally (what you were feeling)?
  - What could you do differently in a similar situation in the future?

**References**
