Evidence for 12-Step Facilitation

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and
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NIDA Blending Conference, "Blending Addiction Science & Treatment: The Impact of Evidence-Based Practices on Individuals, Families, and Communities."

Cincinnati, OH, June, 2008

Pacific Northwest
12-Step Salmon Recovery Program

http://www.grist.org/comments/ha/2002/02/04/becker-salmon/

Why Consider 12-Step Approaches?

Why Consider 12-Step Approaches?

Mt. Rainier

- Why climb a mountain? Because it's there.
- Why study 12-Step? Because it's a mountain in the substance abuse field – because it's there.

Why Consider 12-Step Approaches?

- 12-step orientation/philosophy is the predominant approach found in U.S. substance abuse treatment
- 12-step groups represent a readily available, no-cost recovery resource
- Millions of substance abusers benefit from 12-step involvement, with increased evidence of its effectiveness
- Consistent with community-based treatment program and counselor treatment philosophy

Why Consider 12-Step Approaches?

- Applicable to a broad range of clients in different settings and can augment a wide range of standard treatments
- A high priority of the CTN's CTP Caucus
- Recent development of efficacious interventions to facilitate 12-Step involvement
- Availability of 12-Step Facilitation therapy manuals and training materials

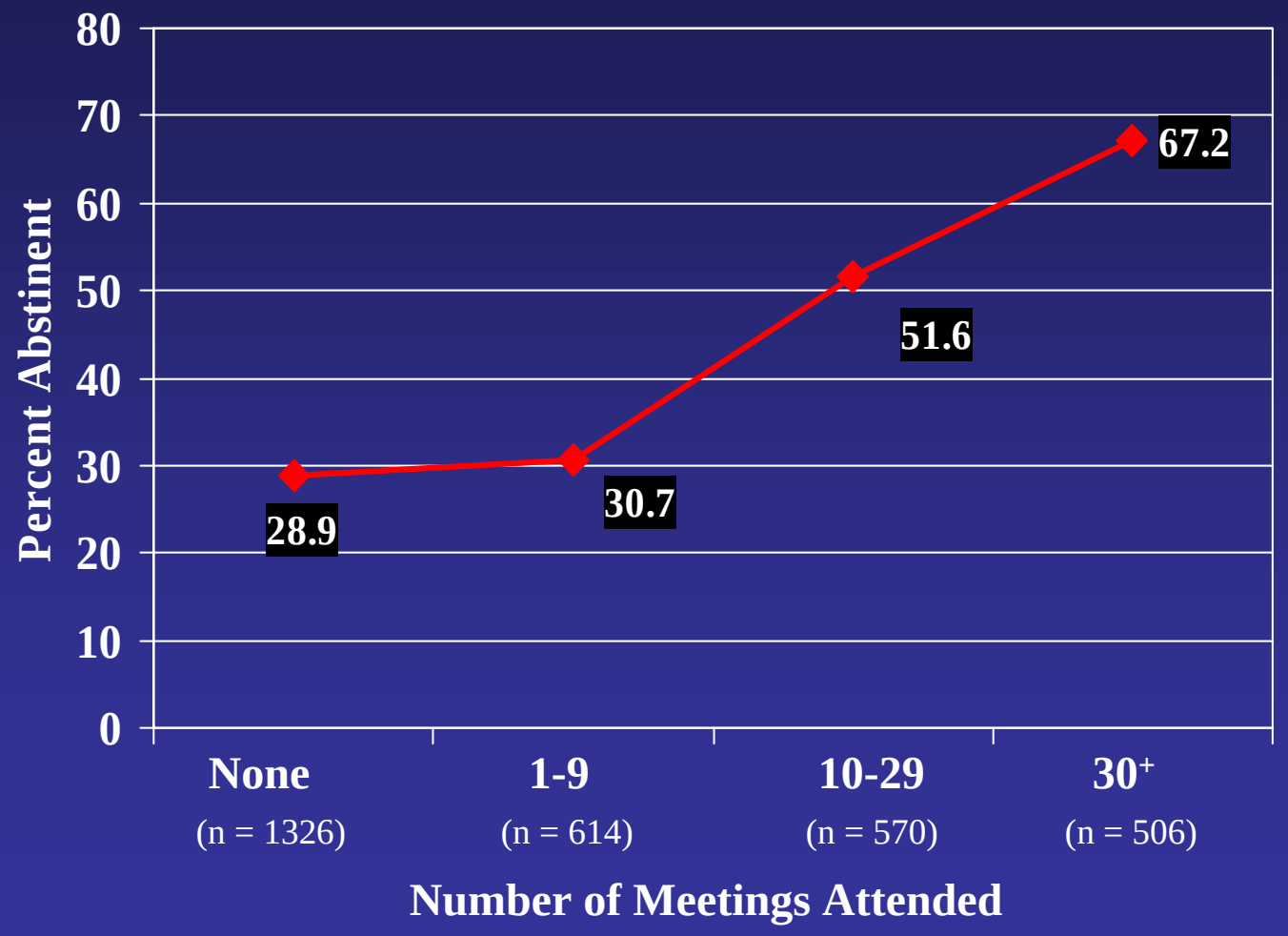
"Are you just pissing and moaning, or can you verify what you're saying with data?"

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

CAUTION!!

The Following Slides Contain Graphic Information

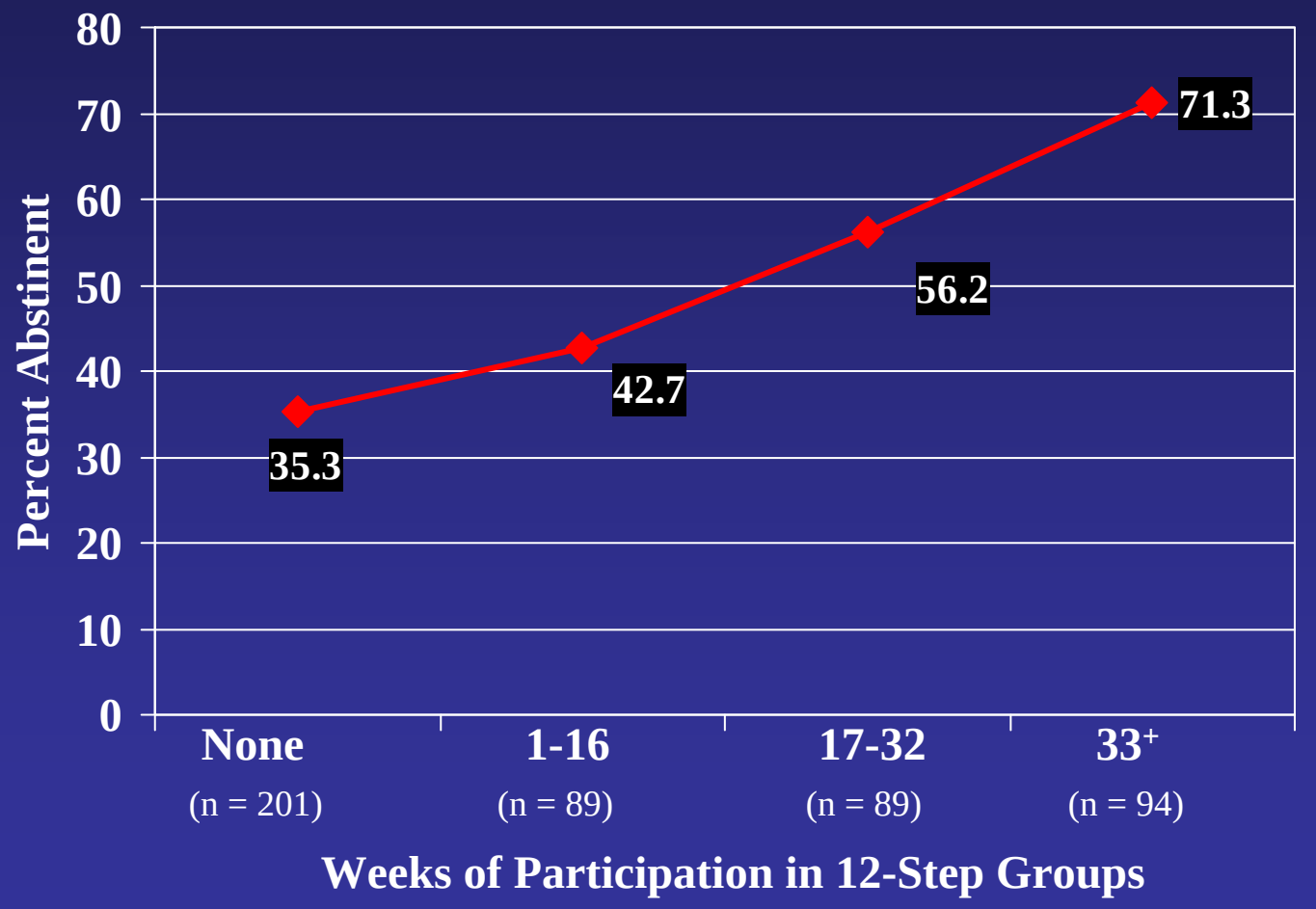
Abstinence Rates at 1-Year Follow-Up as a Function Posttreatment 12-Step Group Attendance



$x^2 = 248.3$, $p < .001$

Moos, et al., 1999

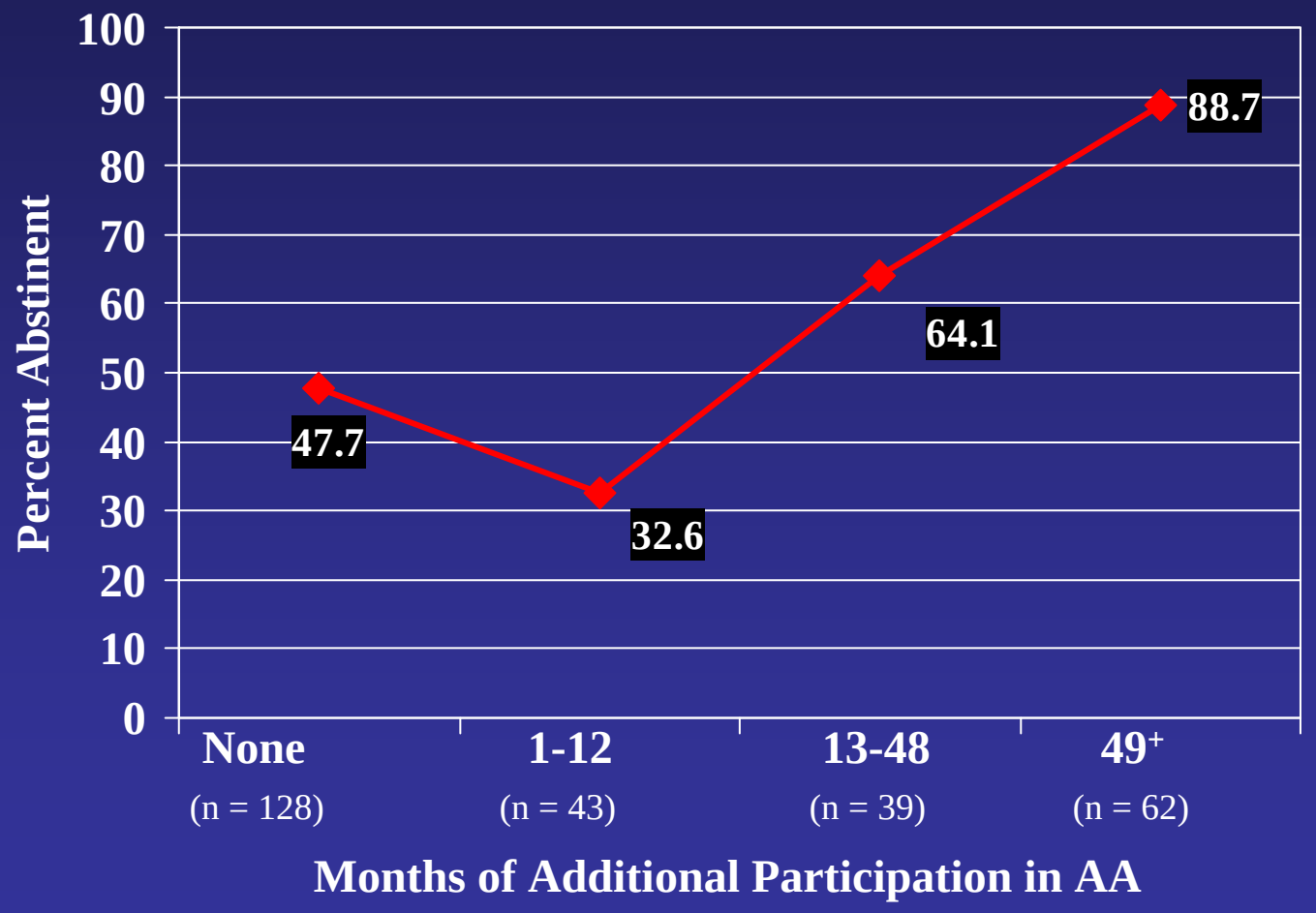
Abstinence Rates at 8-Year Follow-Up by Duration of 12-Step Meeting Attendance in the First Year



$x^2 = 25.5$, $p < .01$

Moos, et al., 2004

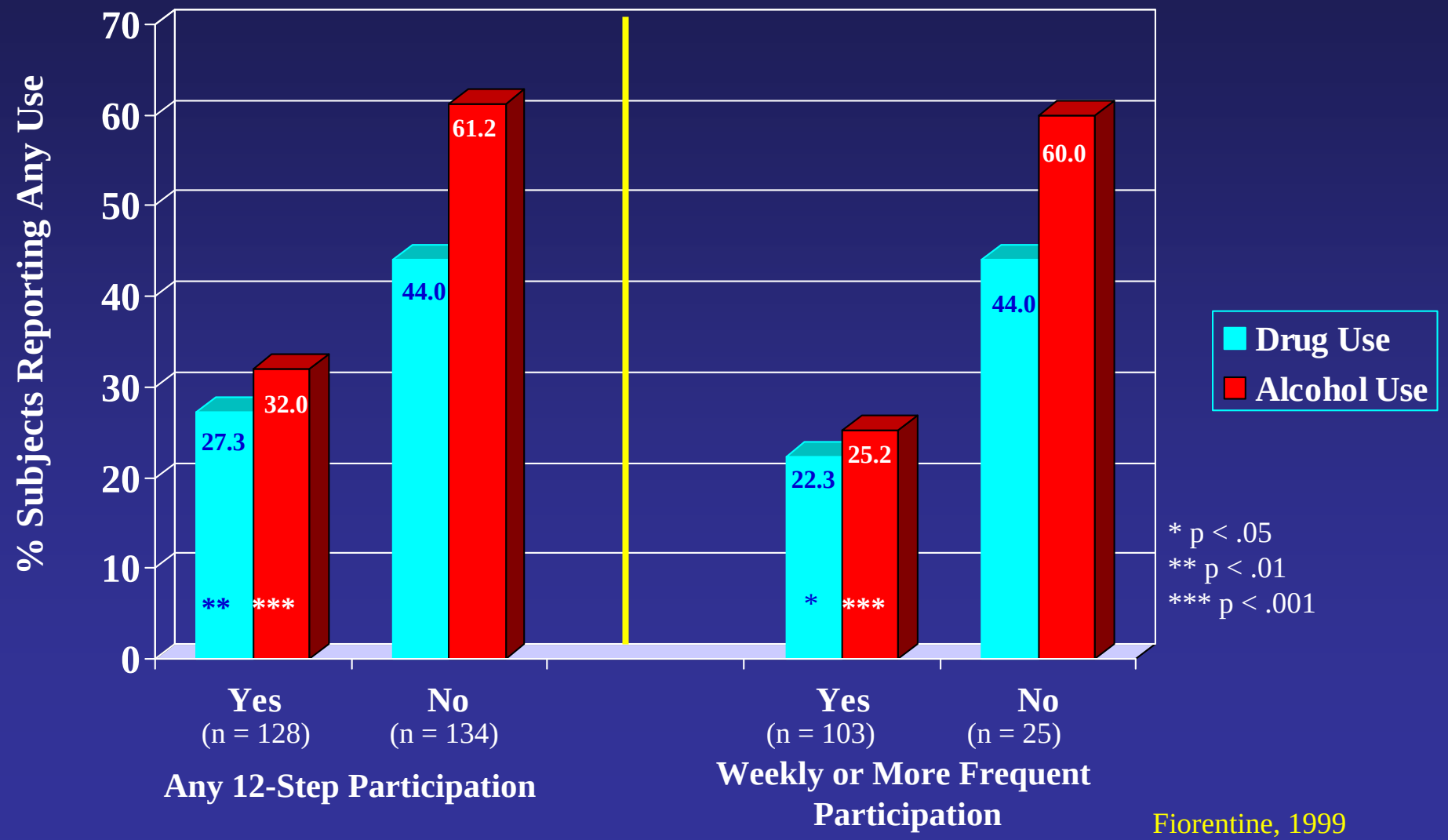
Abstinence Rates at 8 Years by Duration of Meeting Attendance in Years 2 to 8



$x^2 = 28.3$, $p < .01$

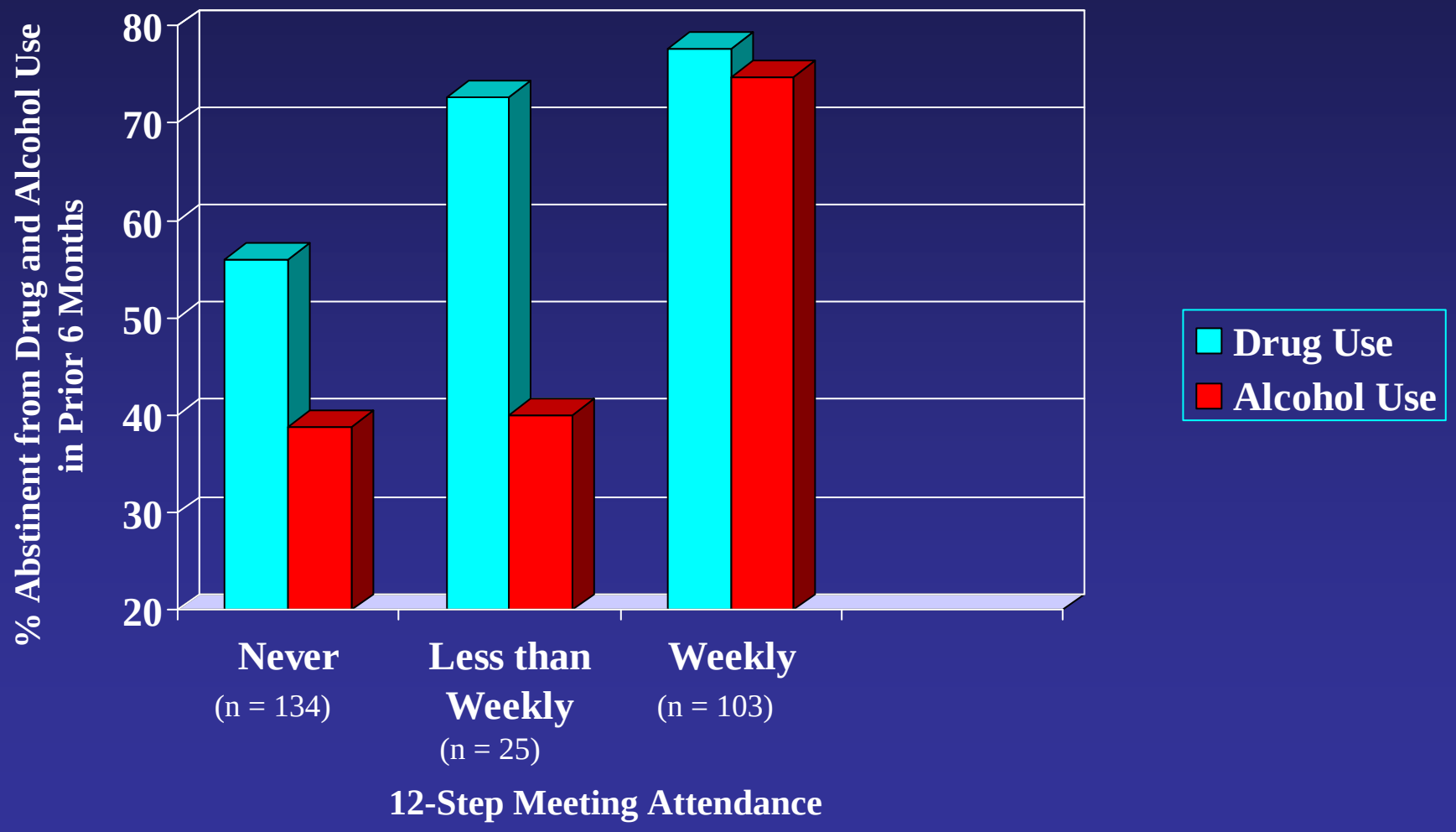
Moos, et al., 2004

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



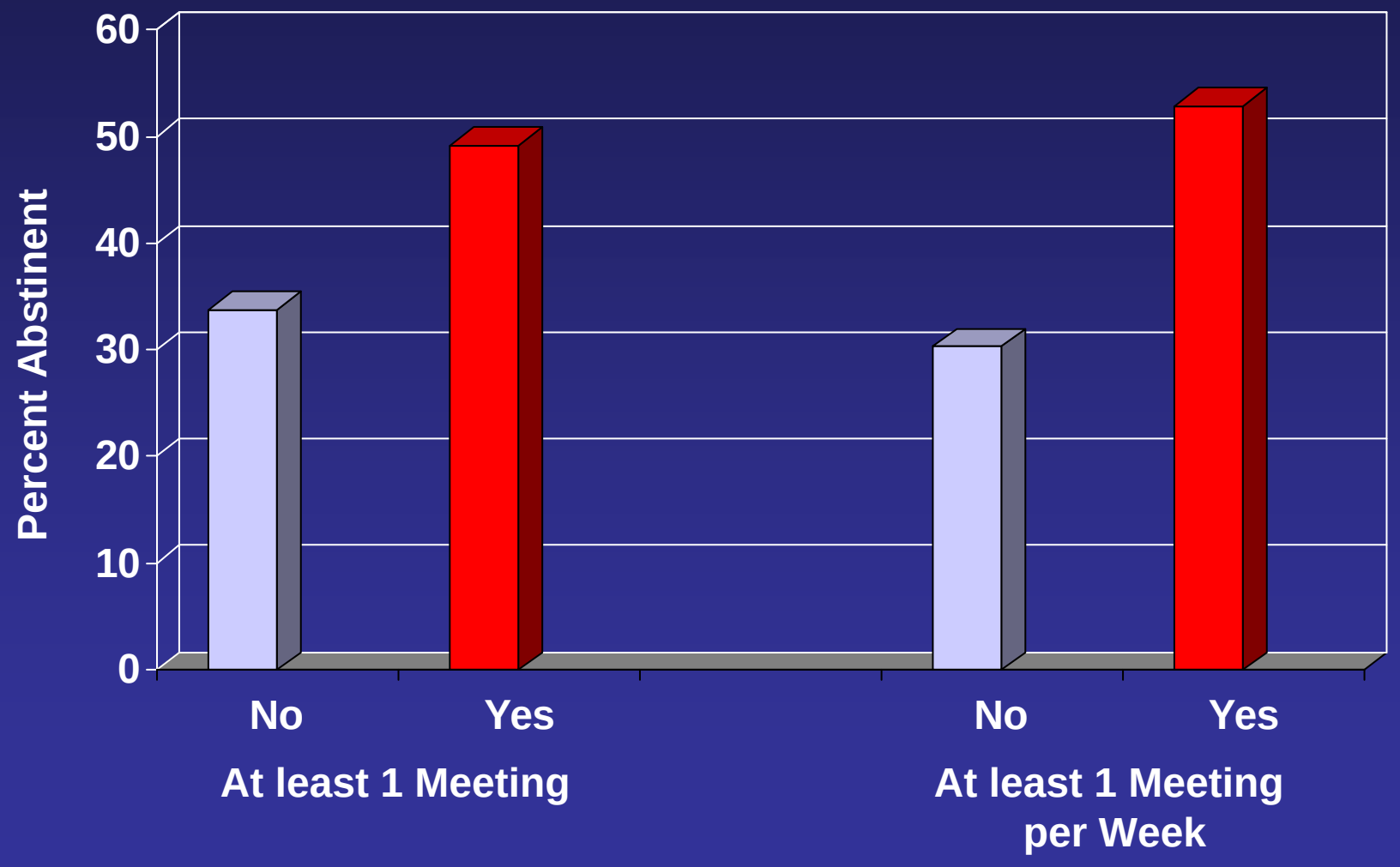
Fiorentine, 1999

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



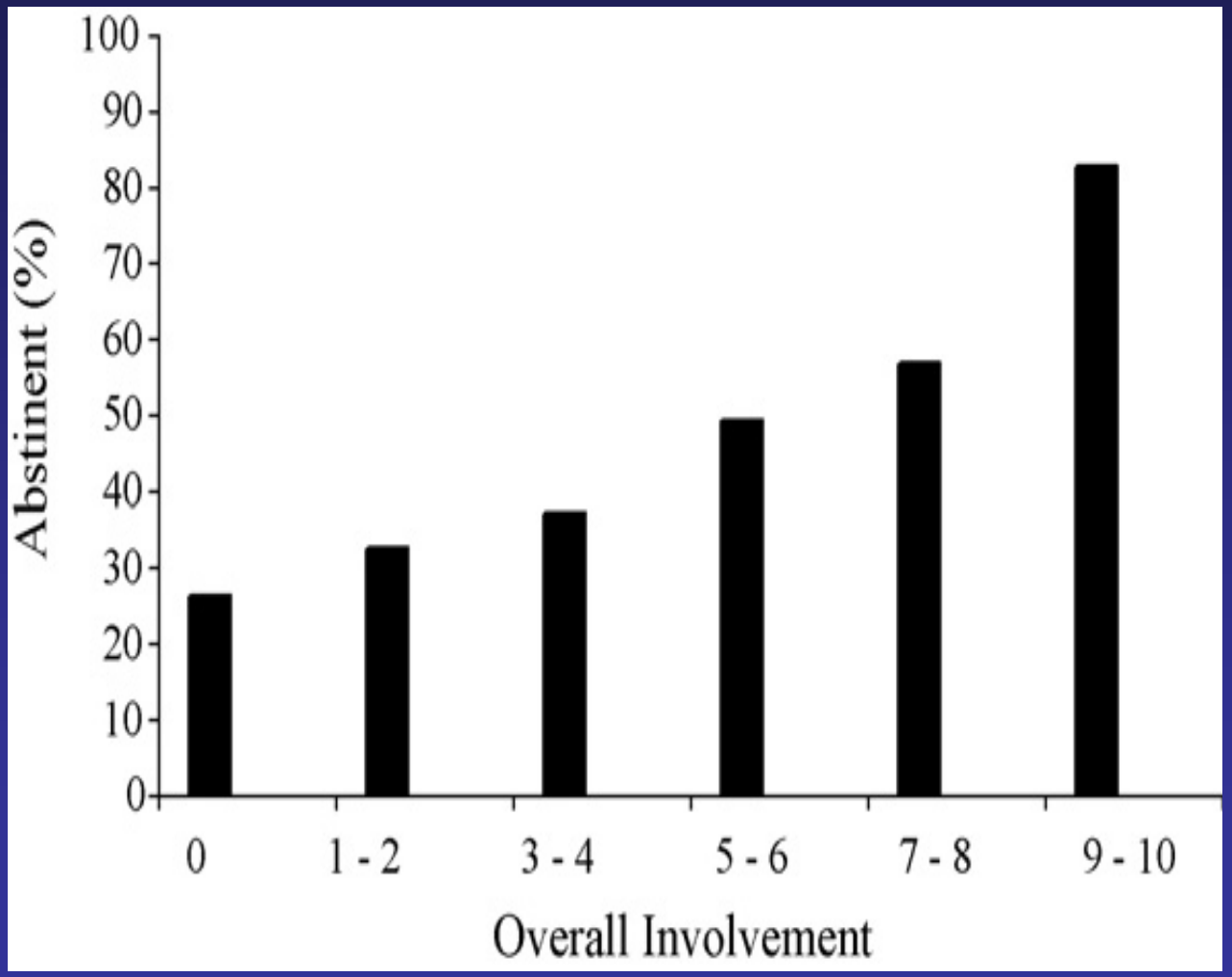
Fiorentine , 1999

Percent of Clients Abstinent at Both 6- and 12-Month Follow-Ups Based on SHG Meeting Attendance



Timko & DeBenedetti, 2007

Percent Abstinent from Alcohol & Drugs at Both 6- and 12-month Follow-ups According to 12-Step Involvement



Timko & DeBenedetti, 2007

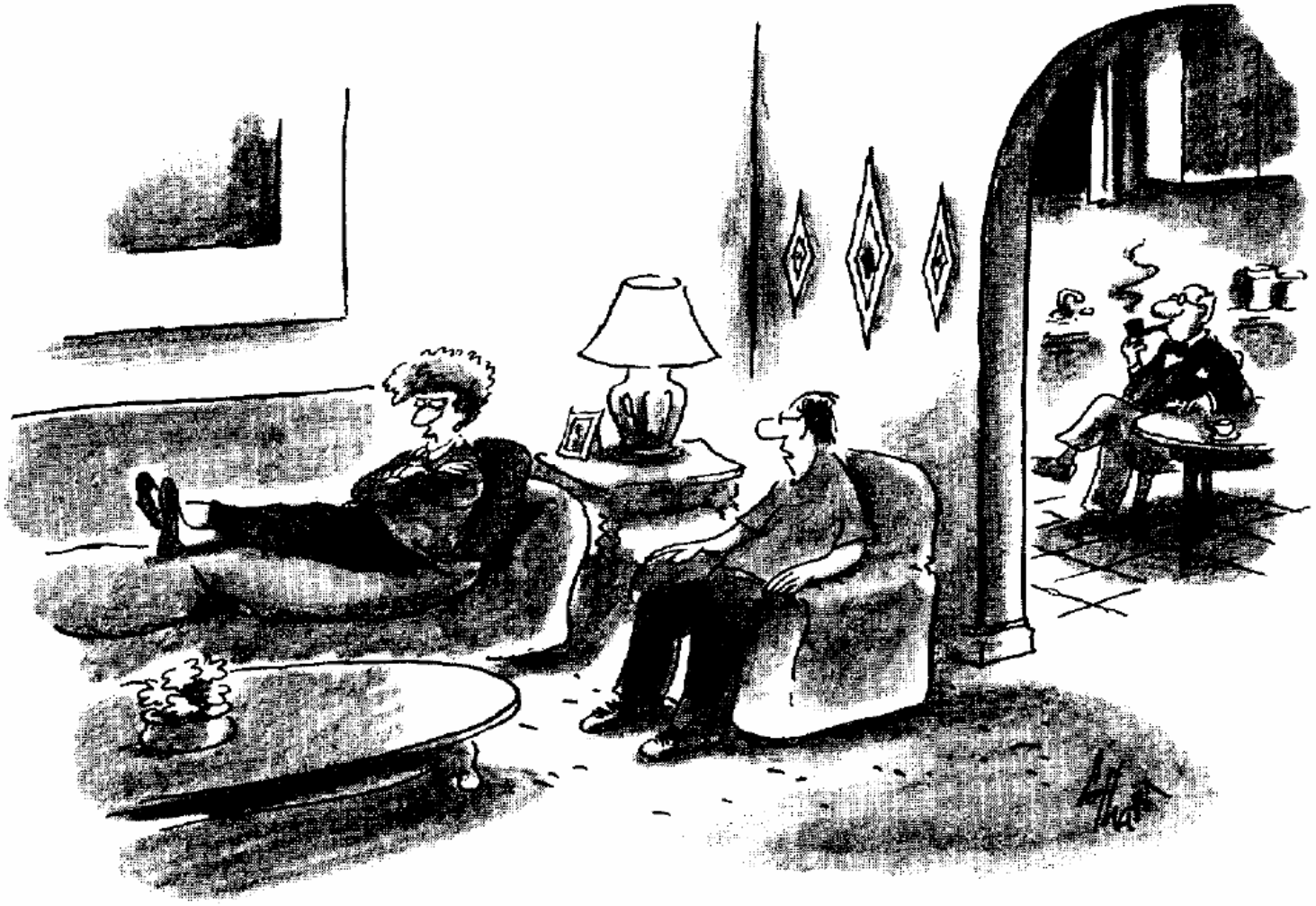
The Crushing Weight of the Data Support the Potential Positive Benefits of 12-Step Involvement

Results from Previous Research on 12-Step Involvement

- AA and NA participation is associated with greater likelihood of abstinence, improved social functioning, and greater self-efficacy
- 12-Step self-help groups significantly reduce health care utilization and costs
- Combined 12-Step and formal treatment leads to better outcomes than found for either alone
- Engaging in other 12-Step group activities seems more helpful than attending meetings

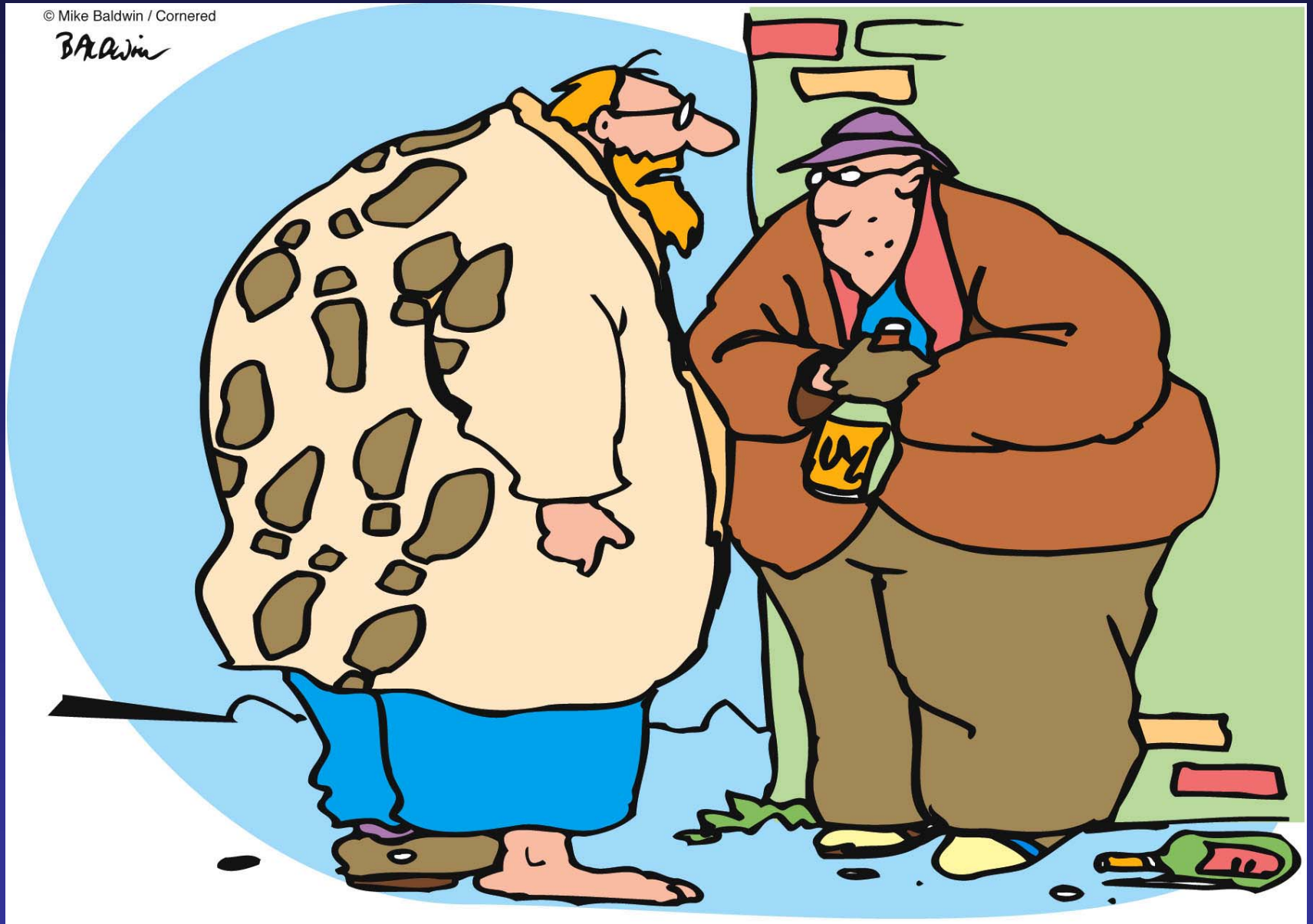
Results from Previous Research on 12-Step Involvement

- Consistent and early attendance/involvement leads to better substance use outcomes
- Even small amounts of participation may be helpful in increasing abstinence, whereas higher doses may be needed to reduce relapse intensity
- Reductions in substance use associated with 12-Step involvement are not attributable to potential third variable influences such as motivation, psychopathology, or severity



"You're just mad because I found a scholar to back me up."

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



"Dreamt I joined a twelve-step program."

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

- 75% of alcoholics entering residential treatment reported they had attended AA meetings previously. However, only 16% indicated that they had ever worked any of the 12 Steps.
- Despite "strong encouragement" to attend, 30% of cocaine abusers receiving outpatient treatment and 40% of those discharged from inpatient treatment reported that they had attended 12-Step groups.

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

- During the follow-up period in the NIDA Collaborative Cocaine Treatment Study 33.6% were classified as consistently high attenders, 47.9% as consistently low attenders, and 18.5% as decreasing attendance.

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

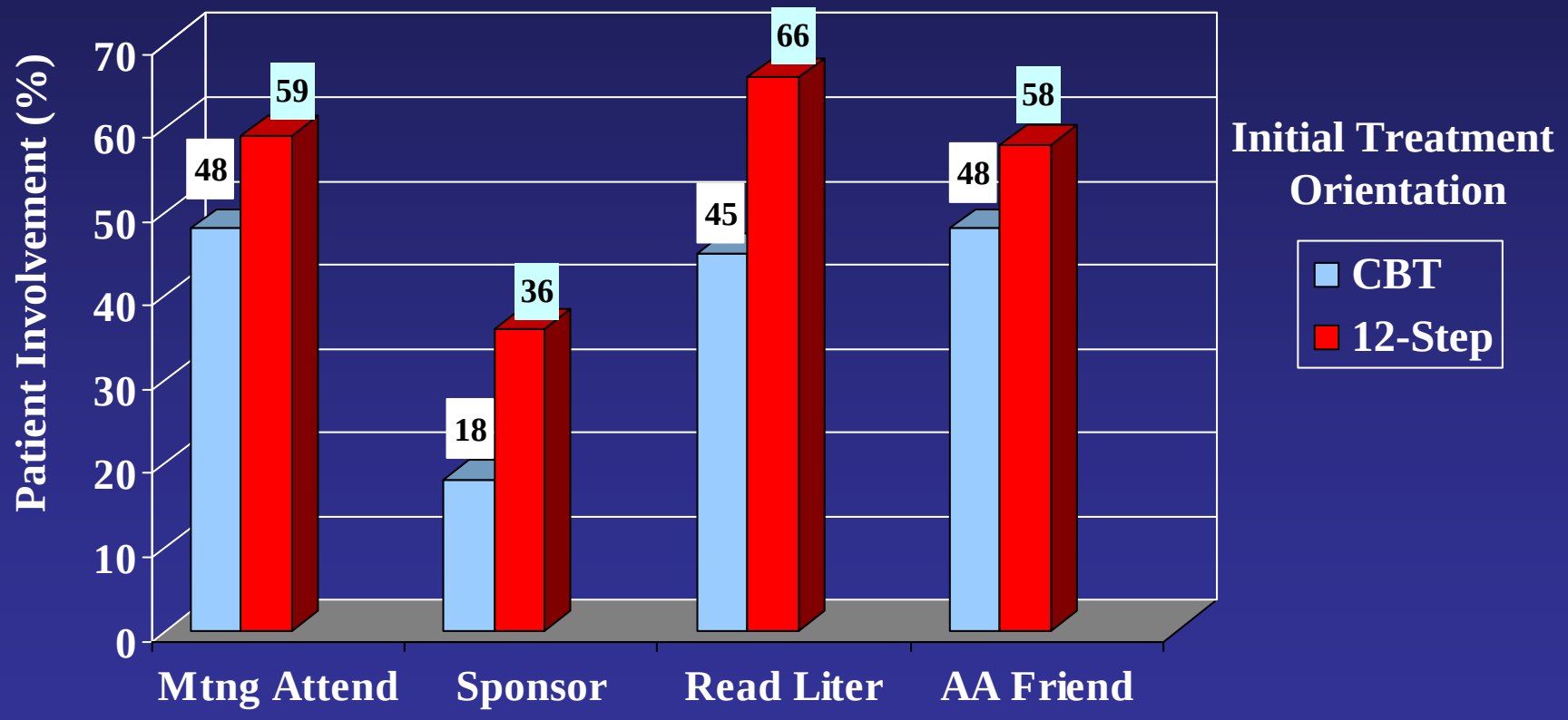
http://recoveryjonescartoons.com/book_1.htm

Factors Contributing to Greater 12-Step Involvement

- Patients are less likely to become involved in 12-step activities if left to do so on their own than if more active encouragement and referral are provided in treatment.
- Treatment programs that are 12-Step based produce higher rates of Self-Help participation than programs that are not 12-Step based.
- Patients from 12-Step based treatment seem to gain more (have better outcomes) from self-help participation then patients from non- 12-Step based treatment .
- Programs that are 12-Step oriented and have a higher percentage of staff in recovery are more likely to refer to 12-Step Self-Help groups.
- Professional facilitation strategies increase engagement in mutual help groups

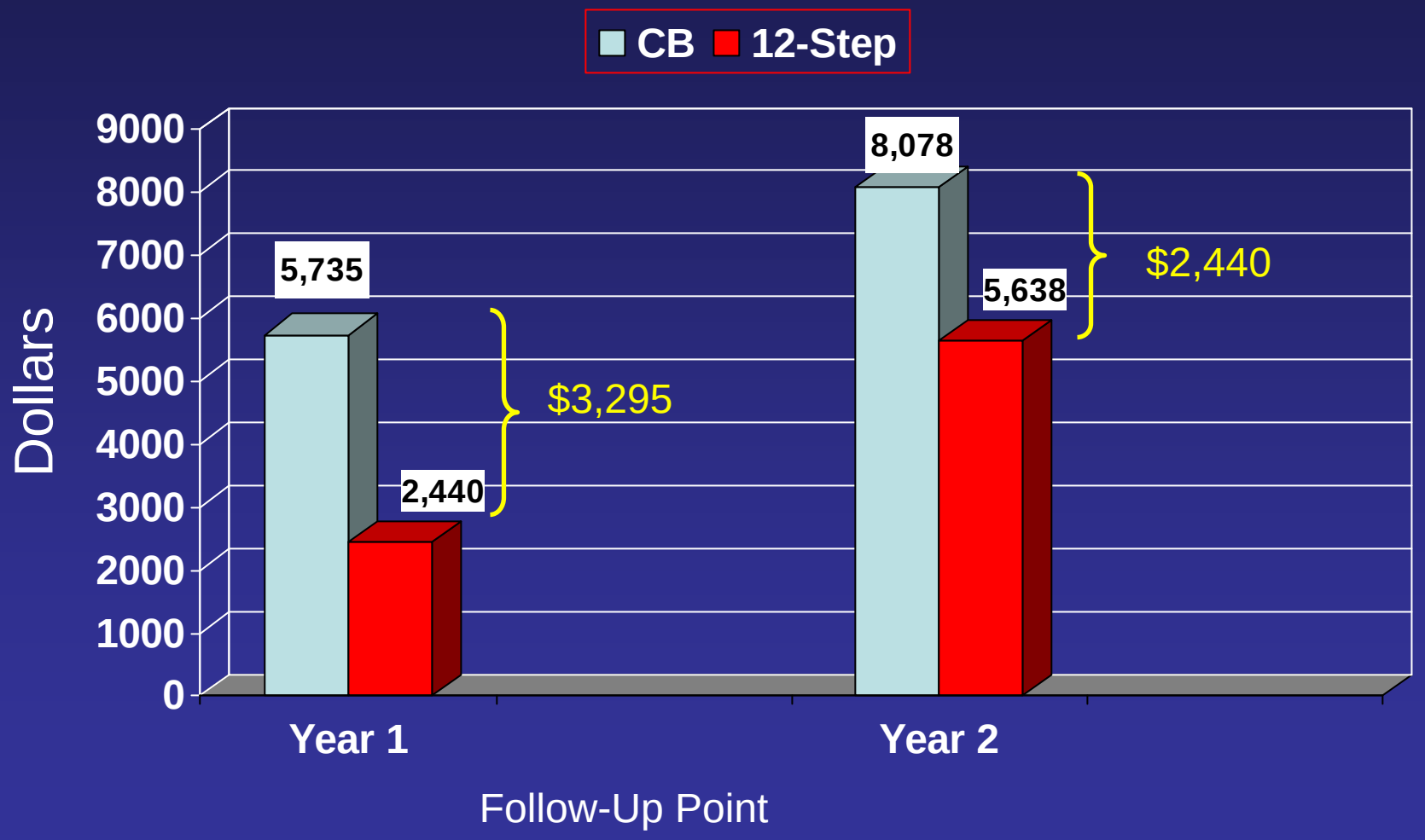
Influence of General Program Treatment Orientation

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



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

Average Per-Patient Costs for Substance Abuse and Psychiatric Services During Follow-Up Periods



Humphreys & Moos, 2007

Why Focus on Facilitating 12-Step Involvement?

Don't We Already Do 12-Step Facilitation?

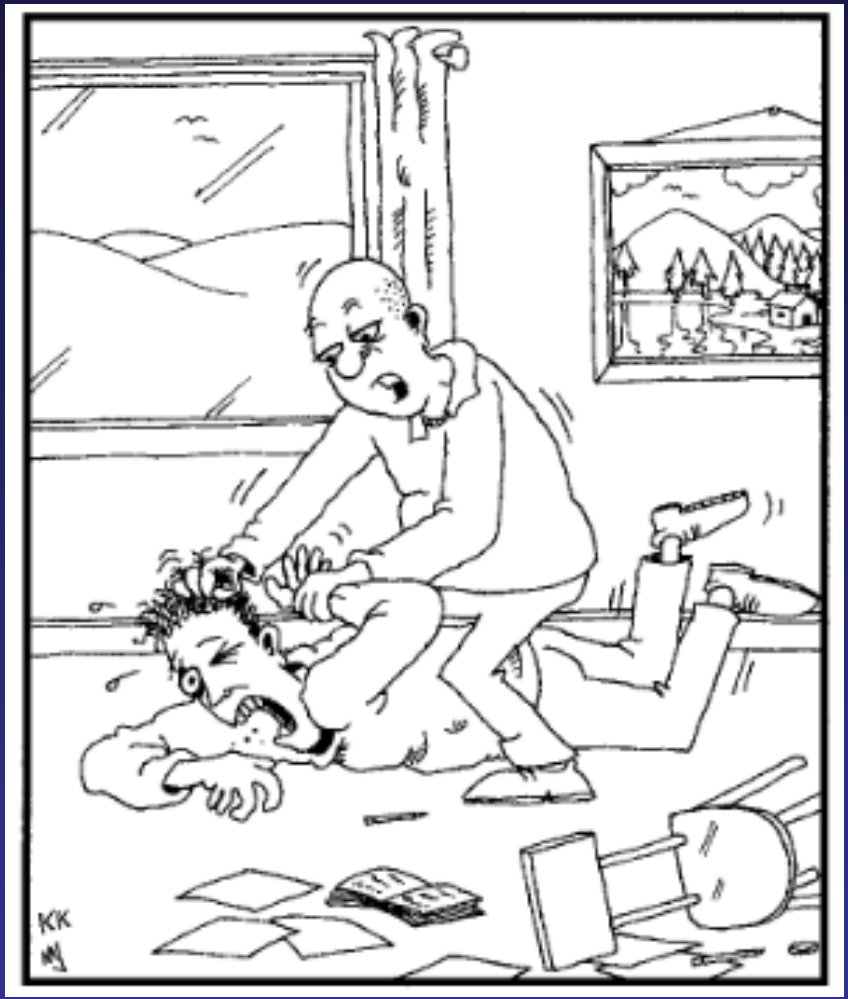
- "Making the case that treatment programs should prioritize self-help group involvement can be difficult because many treatment providers believe they 'do this already'; indeed, that every program does."
- "In practice, however, what this often means is that at some point during treatment a counselor gives the patient a list of local self-help groups and suggests that the patient attend a meeting, which is a minimally effective clinical practice."

Humphreys & Moos, 2007

Don't We Already Do 12-Step Facilitation?

- *"We therefore encourage treatment providers to use the more intensive methods of promoting self-help group involvement empirically demonstrated to be effective* ...such efforts will maximize the maintenance of treatment gains."

Humphreys & Moos, 2007



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

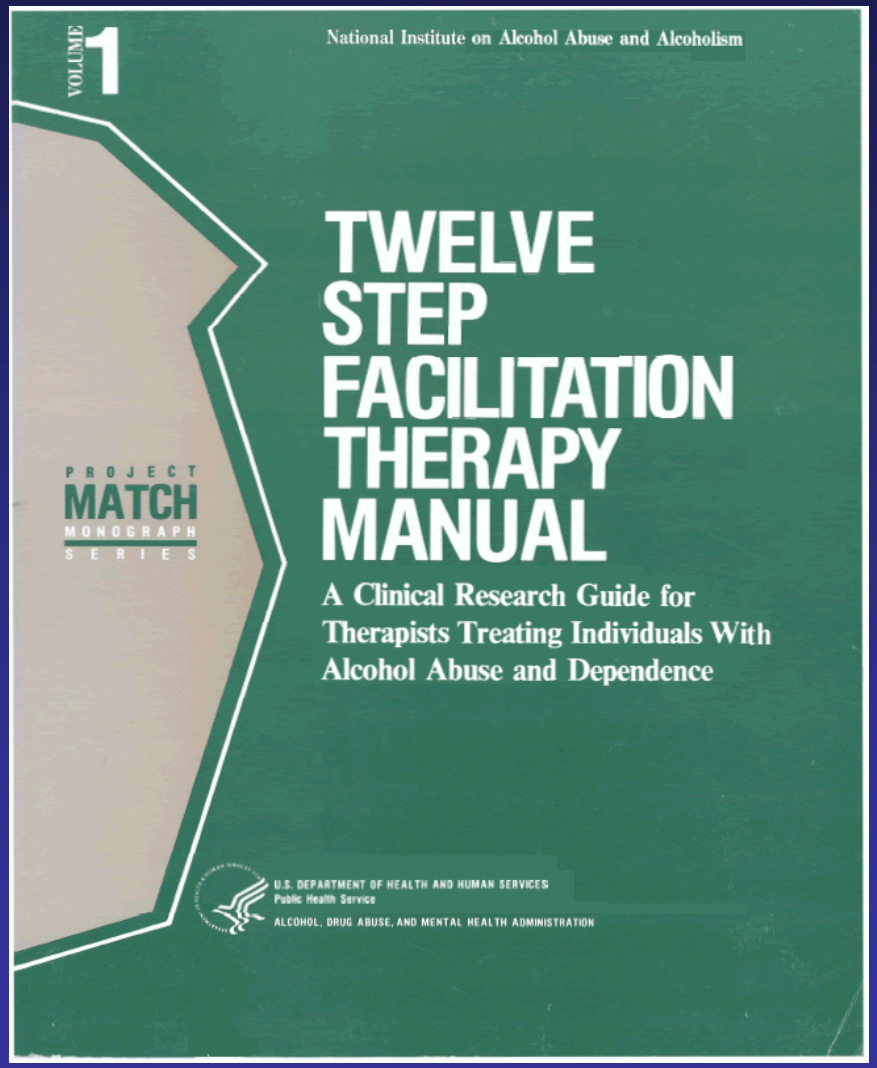
http://recoveryjonescartoons.com/more_cartoons!.htm

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

- **TSF** – Twelve Step Facilitation (Project Match)
- **GDC + IDC** – Group Drug Counseling plus Individual Drug Counseling (NIDA Collaborative Cocaine Study)
- **SECA** – Systematic Encouragement and Community Access / Intensive Referral (Sisson and Mallams, 1981; Timko, et al., 2006, 2007)

Project MATCH

Supported by NIAAA

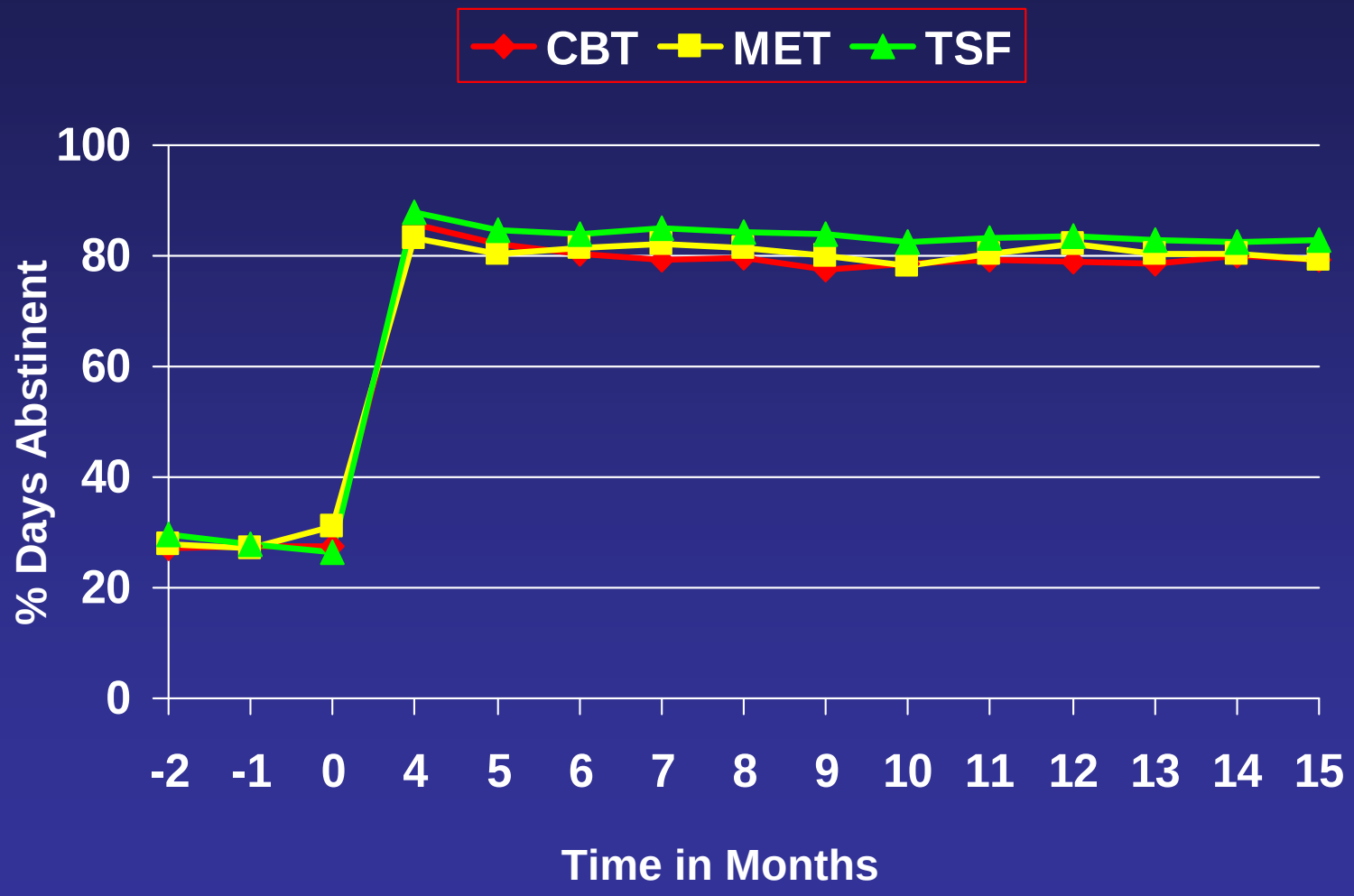


http://pubs.niaaa.nih.gov/publications/match.htm

Overview of TSF

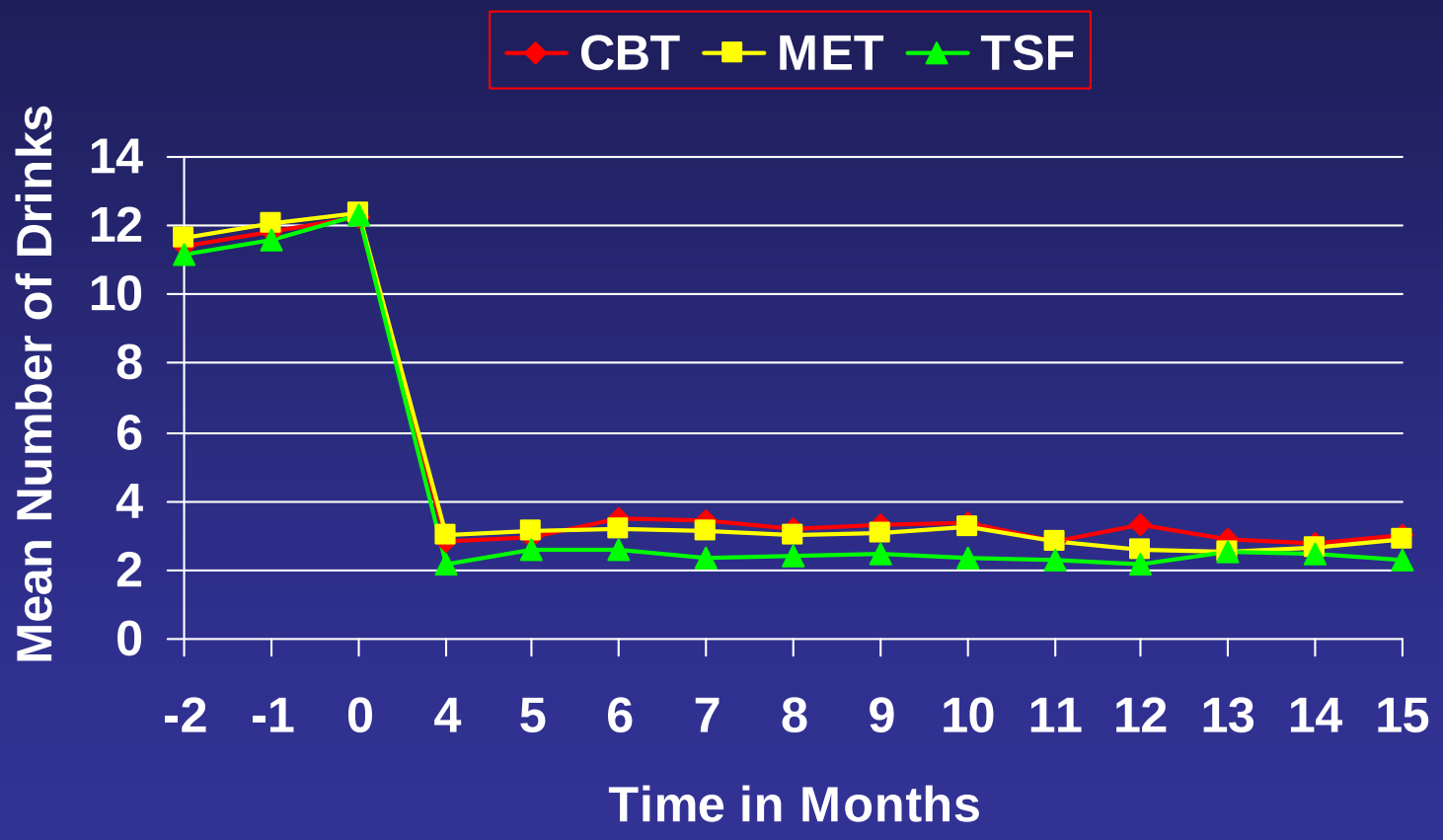
- *Not* 12-Step support group
- Written down in a *manual* (Project Match reviewed and approved by Hazelden)
- About twelve sessions (Individual in most studies)
- Facilitated by a drug counselor or therapist
- 3 Goals
  - (1) facilitate "acceptance"
  - (2) facilitate "surrender"
  - (3) facilitate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

Mean Percent Days Abstinent as a Function of Time (Outpatient)



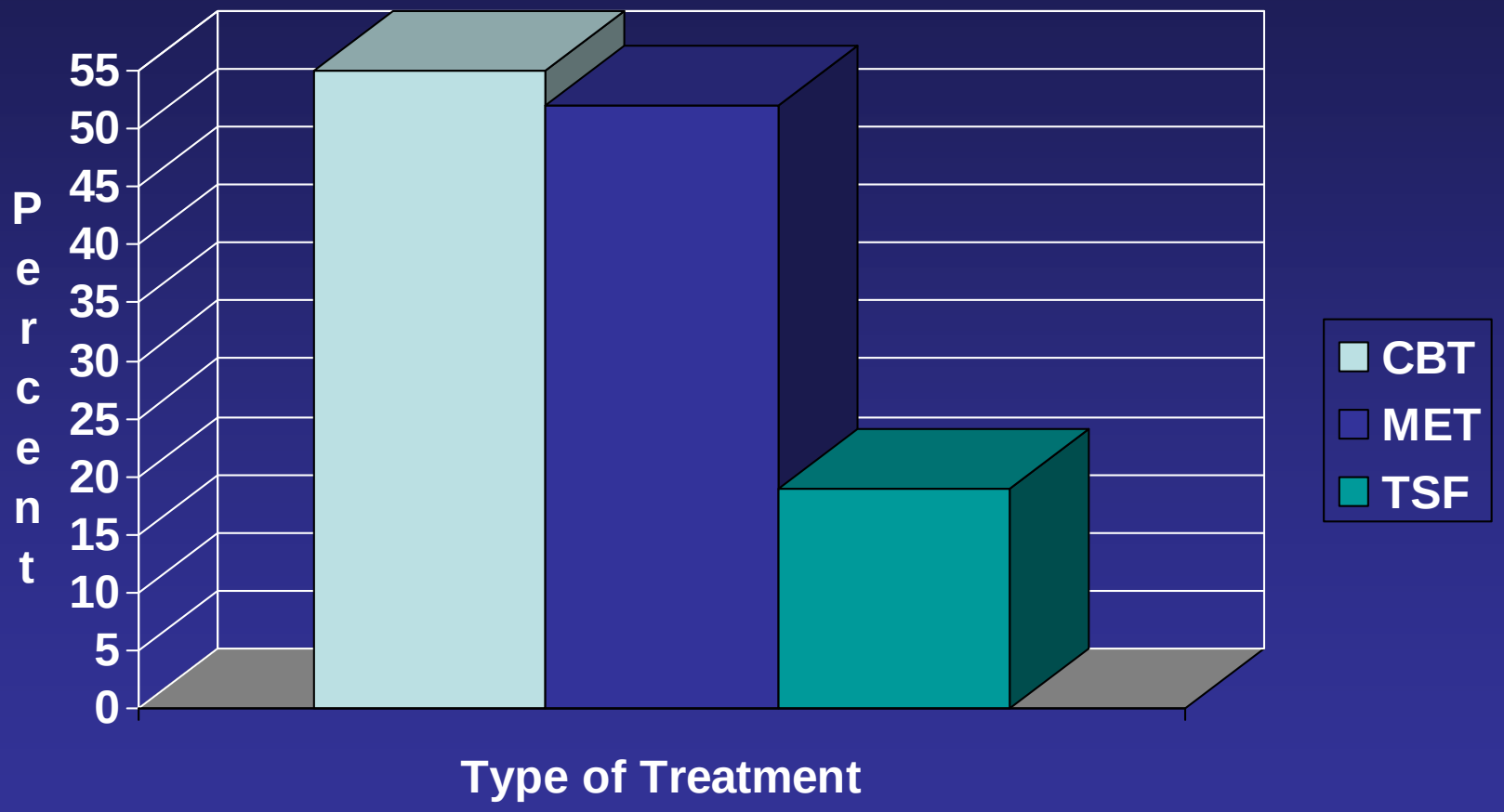
Project MATCH Research Group, 1997

Mean Drinks per Drinking Day as a Function of Time (Outpatient)

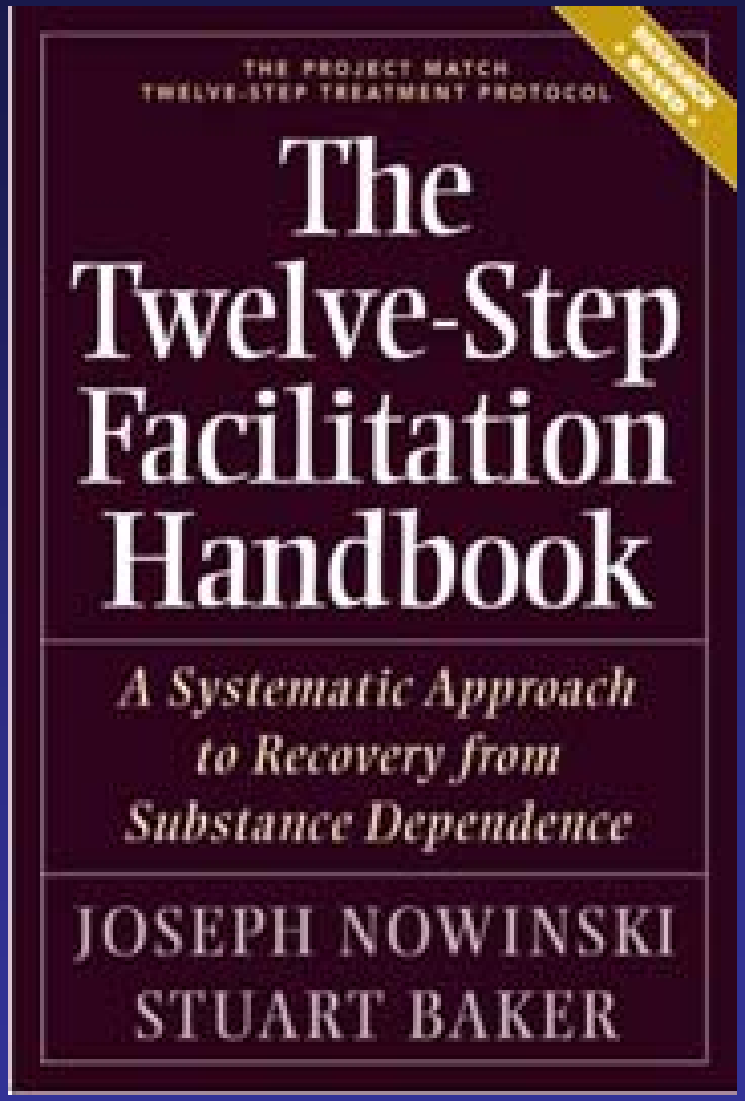


Project MATCH Research Group, 1997

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



Connors et al. 2001



"Millions of people put their faith in the Twelve Steps every day. As a treatment provider, however, you need more than faith: you need proof to show accountability. *The Twelve-Step Facilitation Handbook* documents the efficacy of Twelve Step Facilitation (TSF) as proven in Project MATCH, a nationwide study that found TSF as effective as motivational enhancement and cognitive-behavioral treatment.
Suitable for group or individual treatment programs."

Yale University Psychotherapy Development Center
Training Series No. 3

Sponsored by NIDA P5O DA 09241

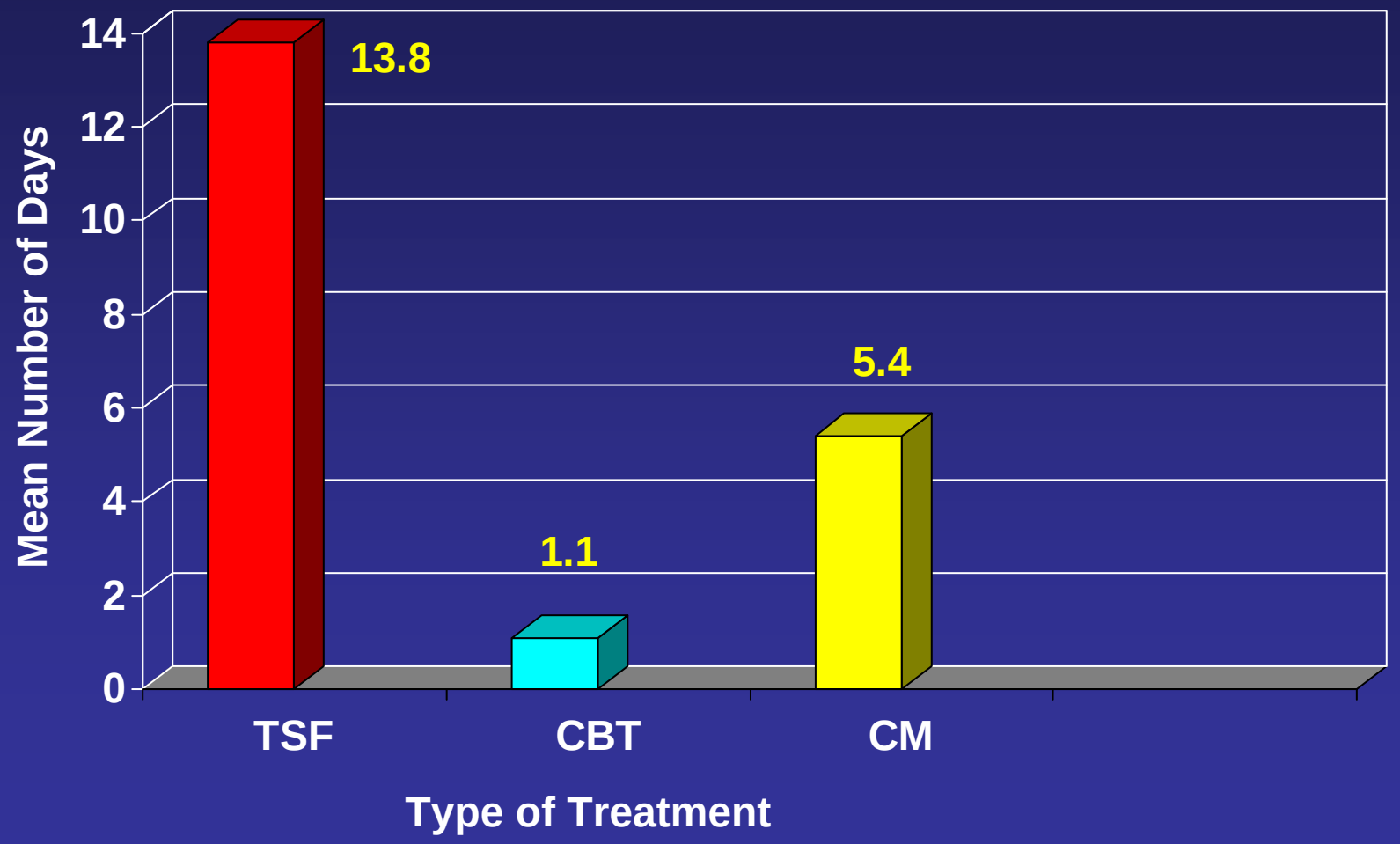
Twelve Step Facilitation Therapy for Drug Abuse and Dependence

Stuart M. Baker, M.A., C.A.D.C.

Yale University Psychotherapy Development Center
Substance Abuse Center
34 Park Street
New Haven, Connecticut 06519

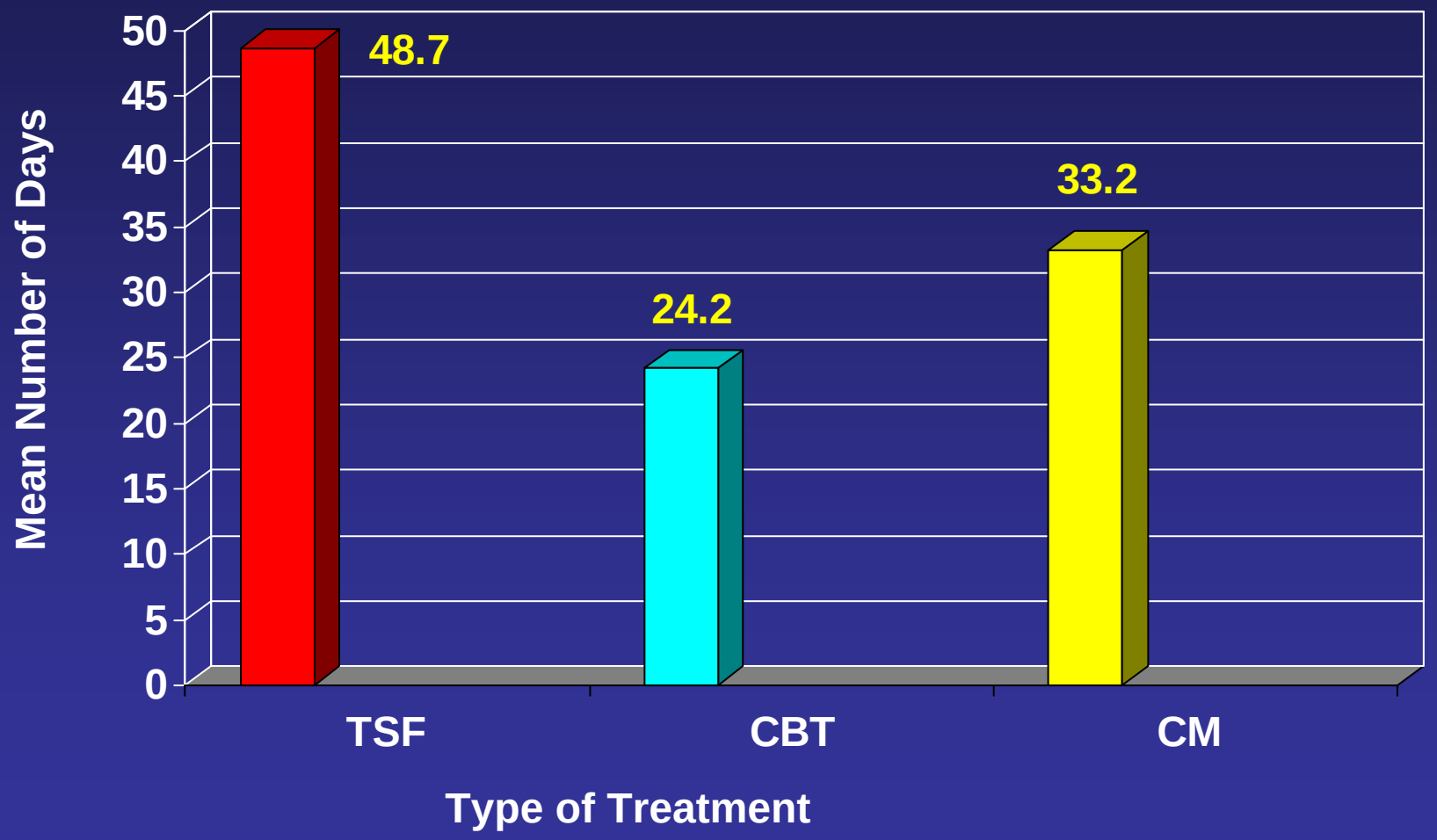
Adapted from: Nowinski, J., Baker, S., & Carroll, K.M. (1992). Twelve Step Facilitation Therapy Manual: A Clinical Research Guide for Therapists Treating Individuals with Alcohol Abuse and Dependence. NIAAA Project MATCH Monograph Series, Volume 1, DHHS Publication No. (ADM) 92-1893. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

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



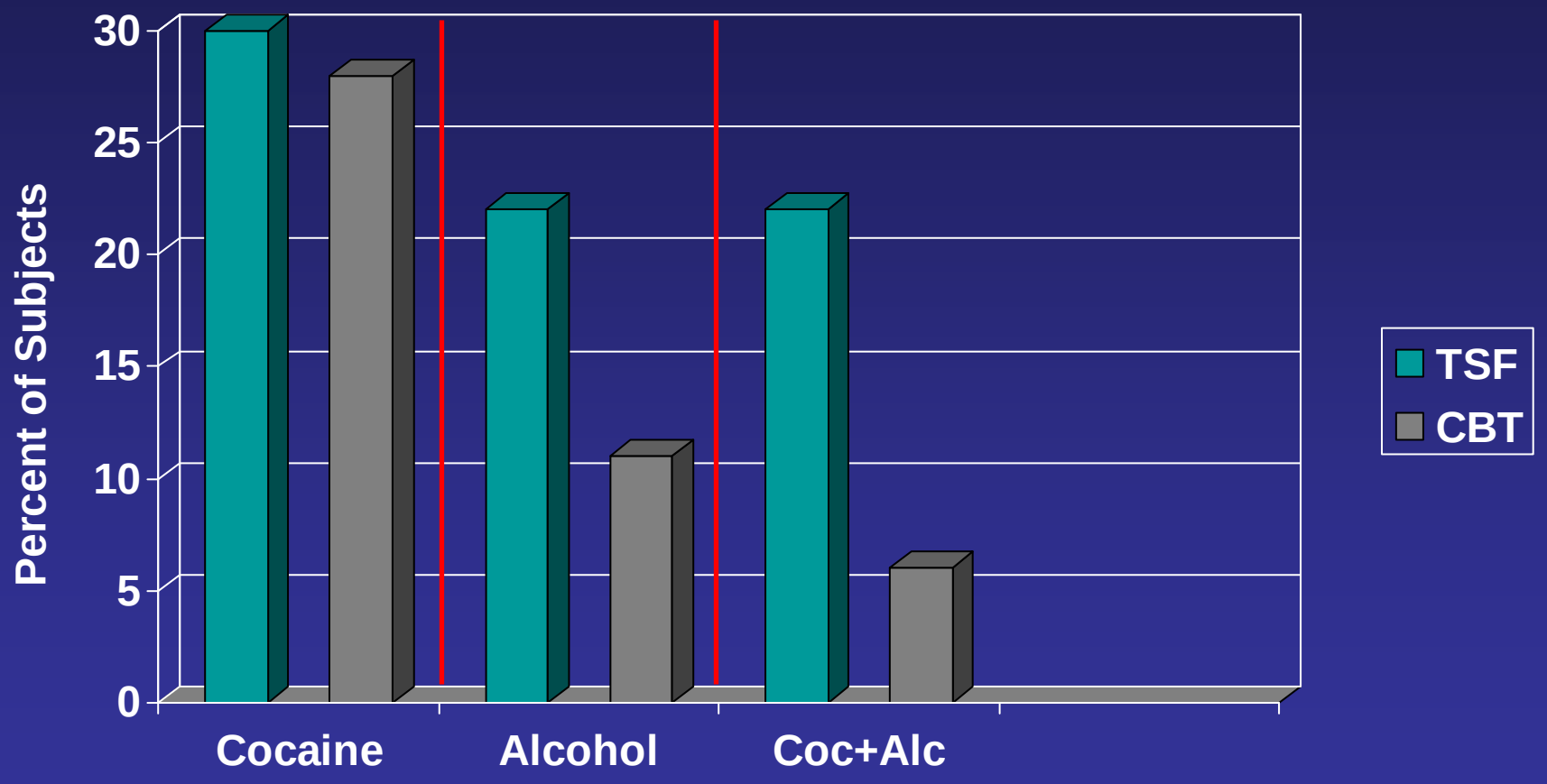
Carroll, Nich, et al., 1998

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



Carroll, Nich, et al., 1998

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



Carroll, Nich, et al., 1998

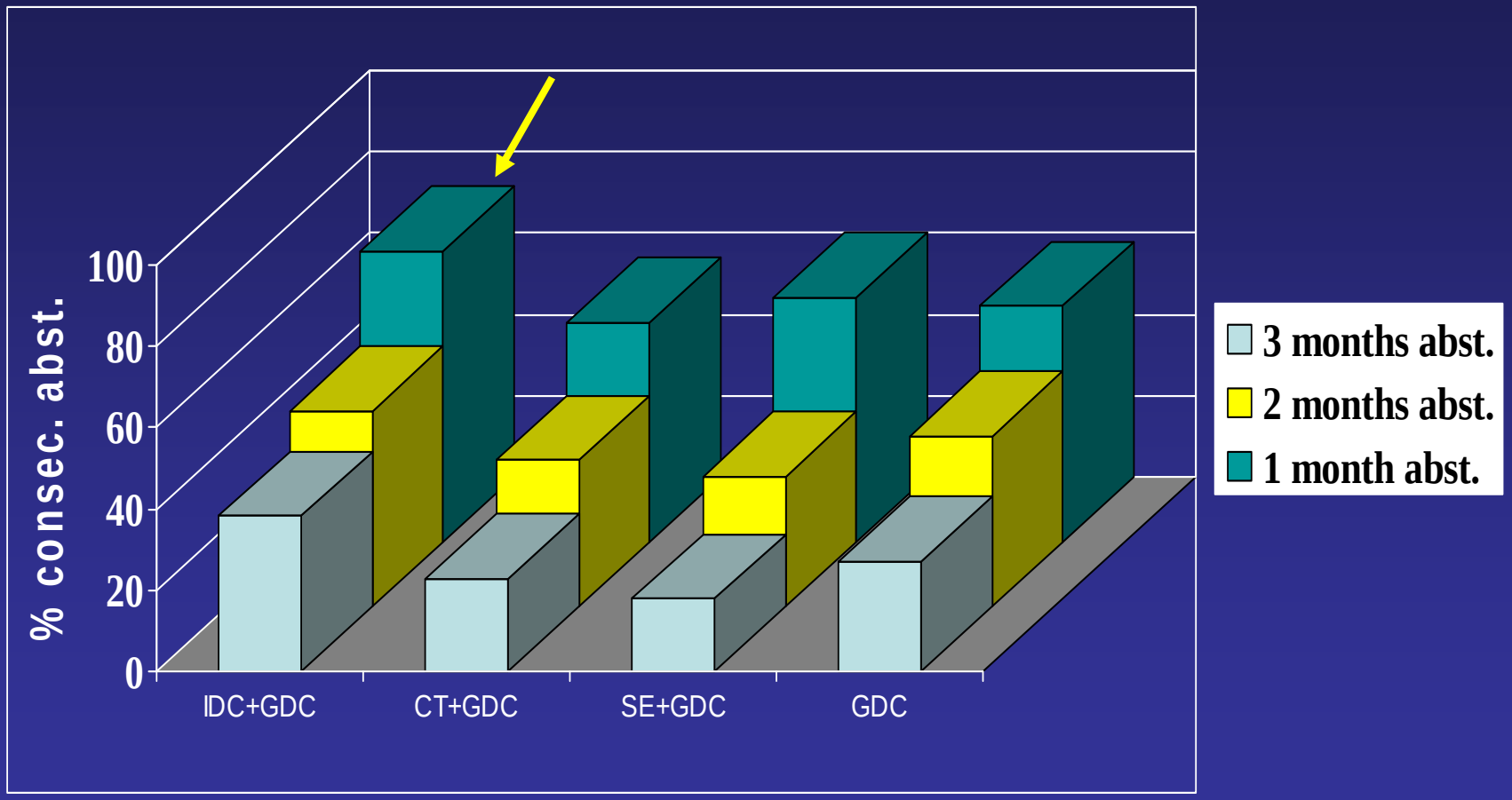
What is GDC + IDC?

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

NIDA Collaborative Cocaine Group Drug Counseling

The GDC model strongly encourages participation in 12-Step self-help recovery programs such as Cocaine Anonymous (CA), Narcotics Anonymous (NA), and Alcoholics Anonymous (AA). The importance of actively participating in these programs is emphasized in group sessions

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



Crits-Christoph et al.,1999

Systematic Encouragement and Community Access (SECA) – A "Buddy System"

- Counselor suggests that patient attend AA or Al-Anon
- Counselor provides a printed list of meeting times and locations

---

- In-session telephone call to current member of AA, NA or CA, who talks to the patient briefly and arranges to attend a meeting with him or her
- Reminder telephone call from the 12-step group member the night before the meeting
- 12-step group member drives the patient to or arranges to meet the patient at the meeting

Sisson & Mallams, 1981

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

Sample: 20 alcohol dependent outpatients and spouses

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

Intervention:

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

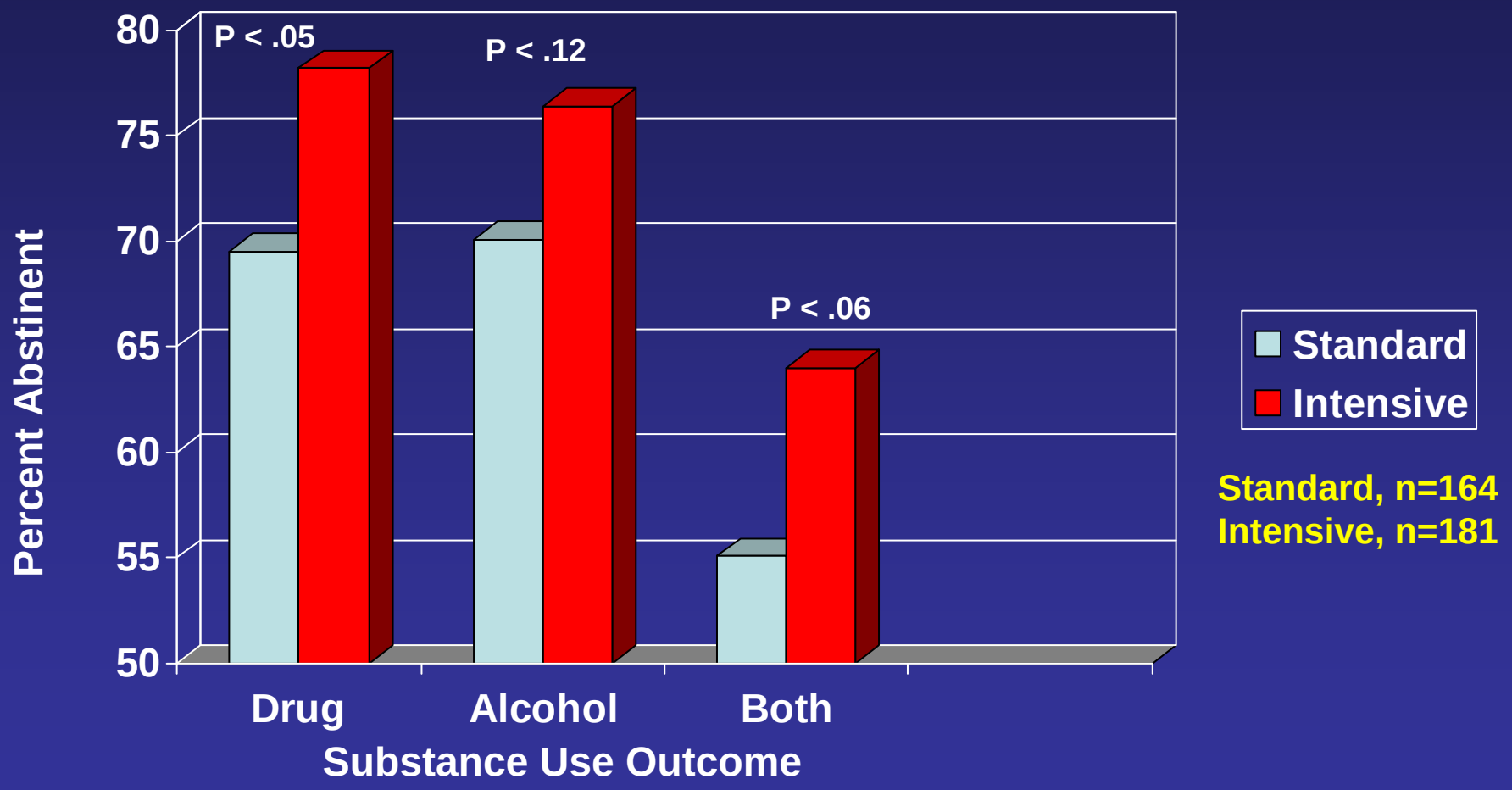
Intensive - as above plus in-session phone call to active group member to arrange to go to a meeting together

Results: Attendance rate at AA or Al-Anon meetings over

after intensive referral: 100%
after standard referral: 0%

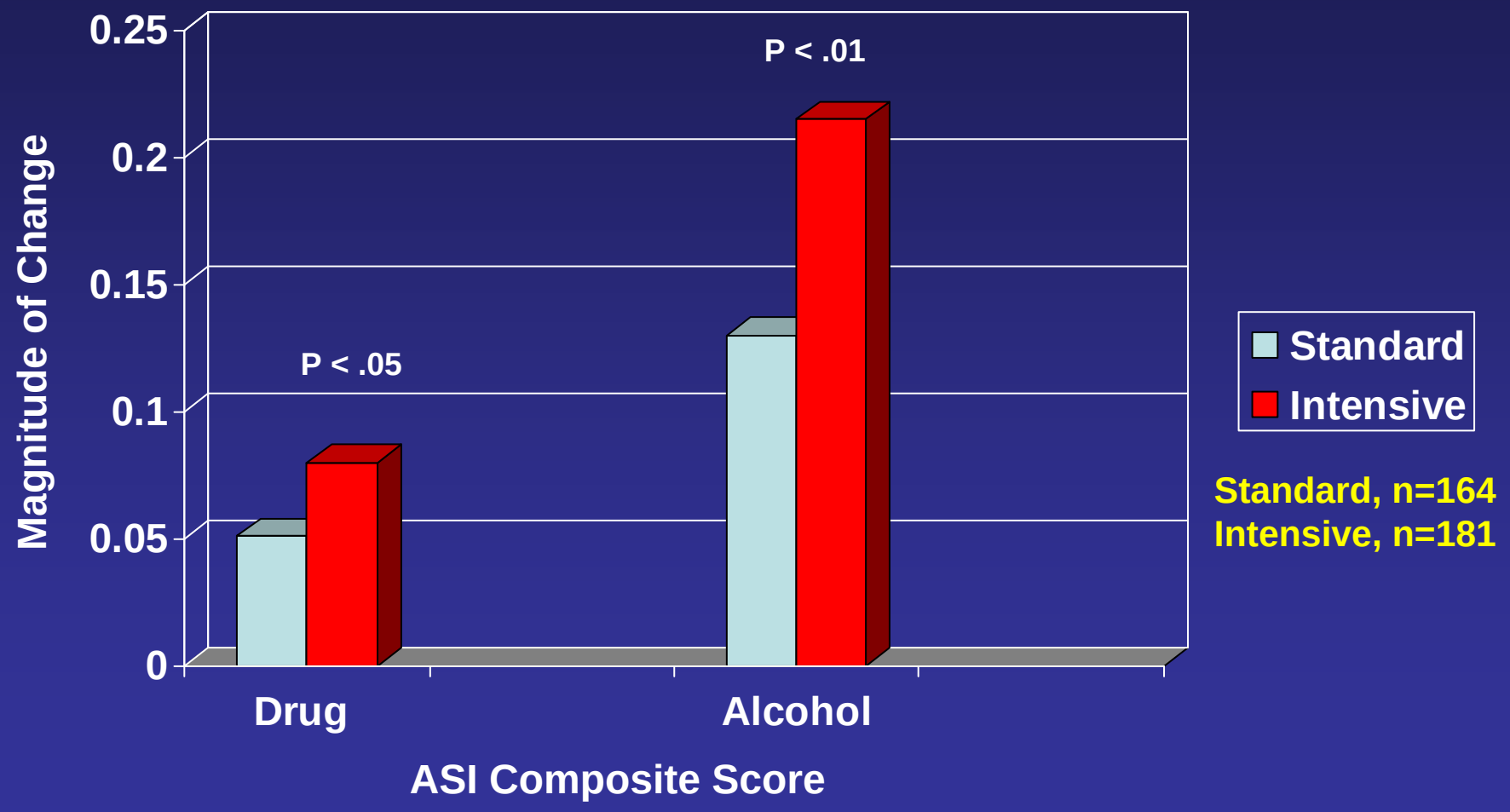
Sisson & Mallams, 1981

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



Timko, et al., 2006

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



Timko, et al., 2006

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

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

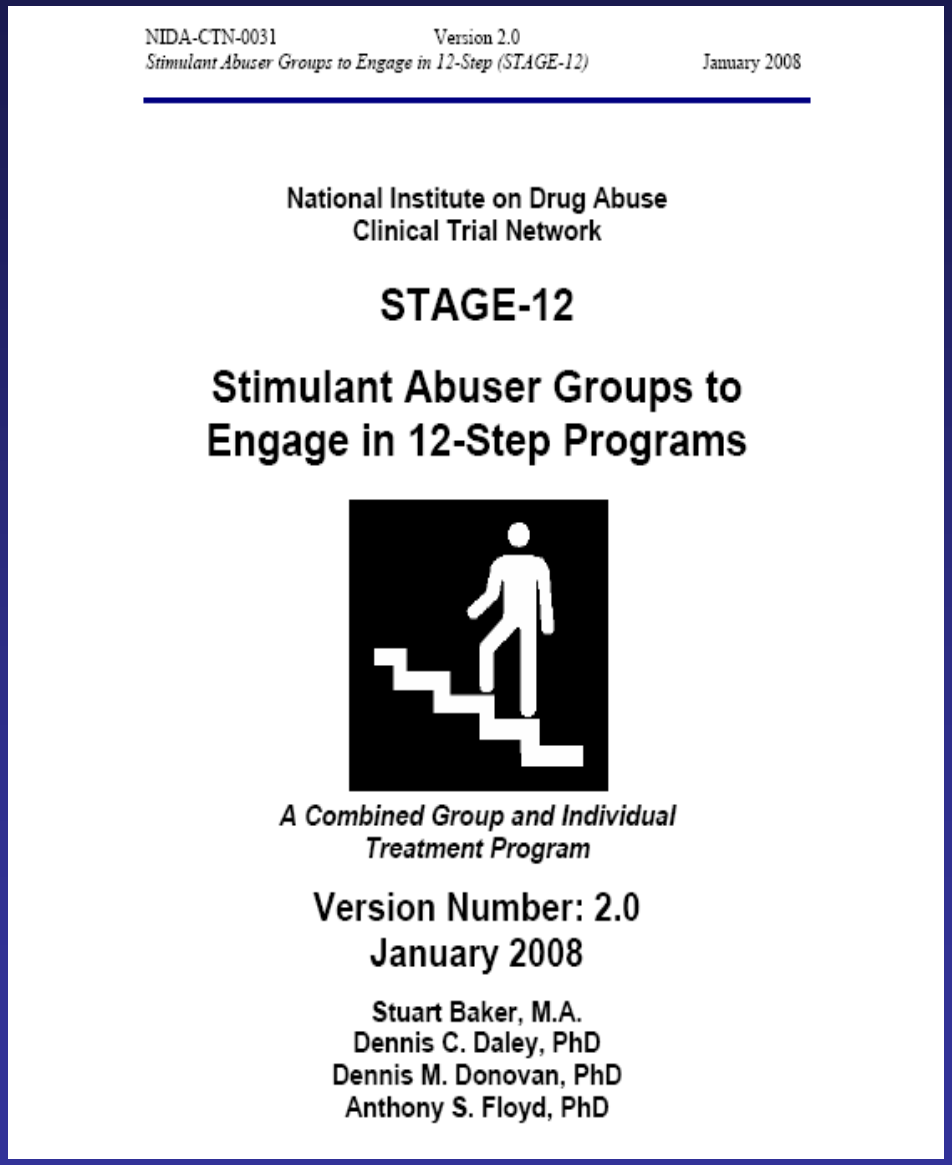
- did not differ on 12-step meeting attendance
- had greater engagement in 12-step activities
  - doing service work
  - having experienced a spiritual awakening
  - and overall involvement

Timko, et al., 2006

TSF Research to Practice: Issues to Consider

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

STAGE-12 Therapy Manual



NIDA-CTN-0031 Version 2.0
Stimulant Abuser Groups to Engage in 12-Step (STAGE-12) January 2008

National Institute on Drug Abuse
Clinical Trial Network

STAGE-12

Stimulant Abuser Groups to Engage in 12-Step Programs

A Combined Group and Individual Treatment Program

Version Number: 2.0
January 2008

Stuart Baker, M.A.
Dennis C. Daley, PhD
Dennis M. Donovan, PhD
Anthony S. Floyd, PhD

- Based on and adapted from *Twelve Step Facilitation Therapy for Drug Abuse and Dependence*
- Adapted for use in group delivery format from Brown, et al. 2002
- Integrated with Intensive Referral procedures developed by Timko, et al., 2006

What Is STAGE-12?

- Combined group- and individual-based intervention
- Combines elements of Twelve-Step Facilitation Therapy and Intensive Referral
- Introduces participants to concepts and principles involved in 12-Step groups
- Actively attempts to get participants involved in 12-Step meetings

http://www.recoverygreetings.com/cards/threads003.html

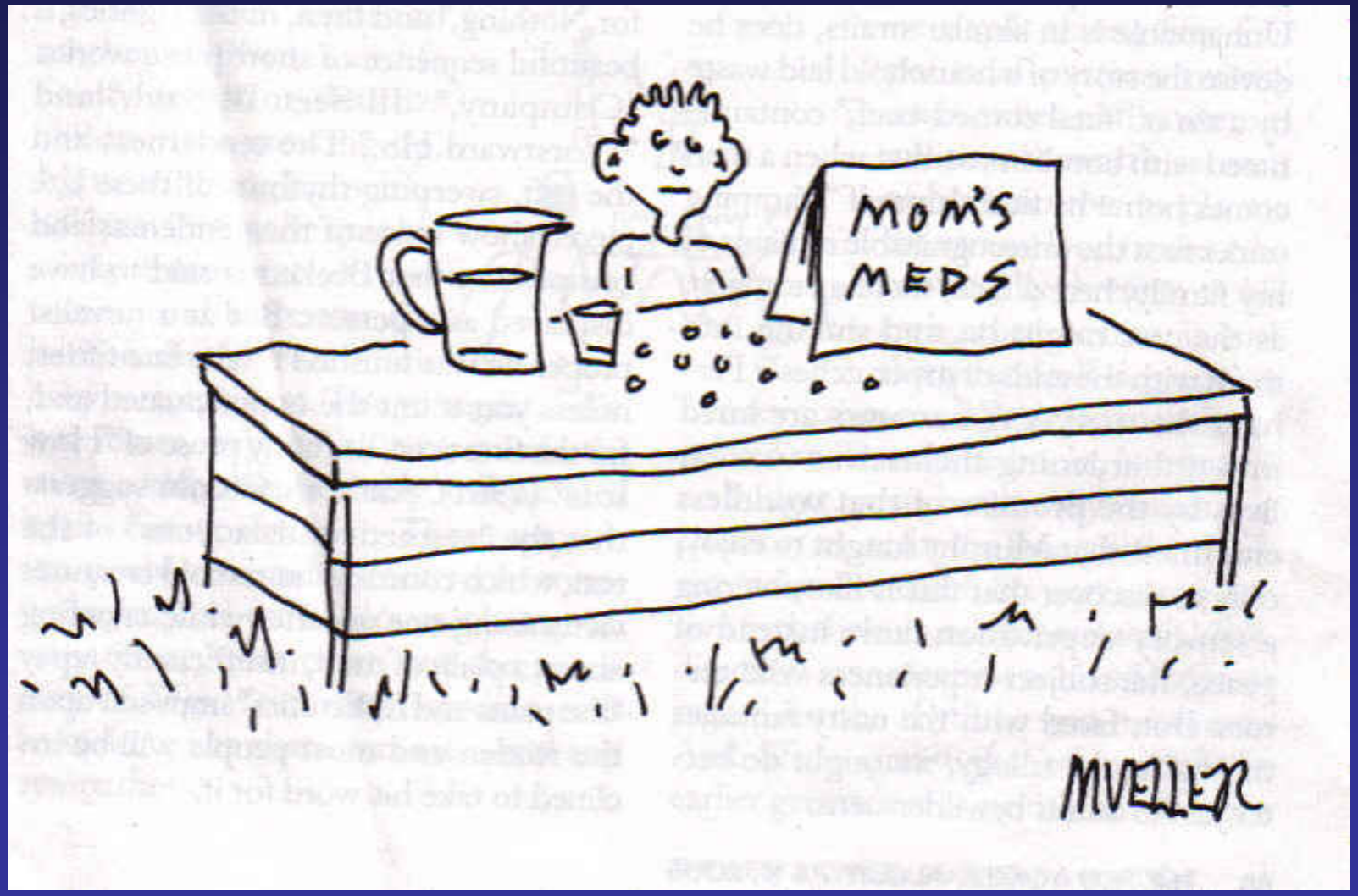
Combining Evidence Based Therapies: Use of TSF with Suboxone Treatment

Mimmie Byrne LICSW
Associate Professor
West Virginia University
Department of Behavioral Medicine
Chestnut Ridge Hospital
Morgantown, West Virginia

Deciding to Use TSF

- Changing trend in profile of addict
- Increase in emphasis on EBT's
- Demand for cost effective tx
  - Use of groups
  - Reliance on minimal therapy time with significant use of self help groups

Changing Profile of Drug Abuse



SPECIAL REPORT

PRESCRIPTION FOR AN EPIDEMIC

Painkillers

West Virginia leads the nation in overdose deaths… and the deadly drugs are probably in your medicine cabinet

November 4, 2007 -- Sunday Gazette-Mail, Charleston, WV

Objectives of TSF

- Cognitive - thinking has been affected and contribute to use and resistance
- Emotional – certain emotional states can contribute to use; learn practical ways of dealing with these emotions
- Behavioral – learn to “get active”
- Social – participate and relate to sponsor; turn to in need and reevaluate old relationship
- Spiritual – experience hope, develop trust and acknowledge character defects
- Relationship – change disease of isolation to skill practice in meaningful relationships

Chestnut Ridge Suboxone Clinic Model

- **Weekly group**
  - Goal – get abstinent, create habits that includes meetings and other recovery activities, home group and sponsor
  - Requirements – weekly attendance at clinic (medical and therapy components), meetings (4 signed), random urines
  - Requirements for the graduation to next level – 90 days clean, sponsor

- **Stabilization group**
  - Goal – routinize recovery habits, advance step work with sponsor
  - Requirements– monthly attendance at clinic (medical component), 4 meetings, random screens
  - Requirements for graduation to next level – advanced step work (4&5), ready to begin taper

- **Advanced group**
  - Goal - Identify and tackle impediments to successful taper
  - Requirements – Monthly attendance at monthly clinic (medical and therapy components), random screens

TSF Topics

- **4 Core**
  - **Intro orientation, evaluate & motivate**
  - **Step 1: Acceptance**
  - **Step 2 & 3: Surrender**
  - **Step 4: Getting Active**
- **6 Elective**
  - » **Genograms**
  - » **Enabling**
  - » **People, Places, Things**
  - » **HALT**
  - » **Step 4 & 5**
  - » **Sober Living**

Adaptations to Standard TSF

- Individual model to use in group
  - Intro of new member
  - Open ended – creativity in repeat of topics
  - Modeling and specific sharing re “getting started”
- ETOH to other drugs of choice
- Journaling in later stage
- Use of treatment group to increase comfort with sharing in self help

TSF Group Protocol

½ hour with physician

- Report on meeting attendance, sponsor
- Review problems/etc. with medication
- Hand in meeting list
- Random urine screens

1 hour with therapist

- 20/20/20
- Make commitment for week

20/20/20 Rule

- **1st third: review**
  - **Assess use, cravings, risks**
  - **Elicit current concerns**
  - **Review tasks from last week**
- **2nd third: new material**
  - **Introduce and relate to current concerns**
- **3rd third: recovery tasks and wrap up**

Examples of Recovery Tasks

People, places, things

- Introduce self to 1 new person in 12 step meeting
- Remove “x” phone #’s from cell phone
- Get 3 new phone #’s
- Use 3 new phone #s
- Write a goodbye letter to one thing you need to eliminate

Emotions (HALT)

- Discuss 1 resentment with sponsor
- Use serenity prayer in response to negative emotion
- Read Living Sober Chap 13, 15,17,19 or 22
- Use slogans “easy does it” or “turn it over” in response to emotion

Other Topics

- Slogans
- Getting/using a sponsor
- Dealing with issue of suboxone in
  - 12 step meetings
- Cross addiction/brain disease
- Anger/Resentments

Journal

- **Meetings – times; titles; places**
- **Reactions to meetings and readings**
- **Slips or Relapses**
- **Reactions to Recovery Tasks**
- **Cravings and actions taken**

Clinic Demographics

Males/females

- 18-24 yrs 24% 20%
- 26-35 yrs 14% 13%
- 36-45% yrs 6% 12%
- 46-55 yrs 6% 5%

Payor Mix

- Medicaid/medicare 51%
- Commercial ins 15%
- Private pay 34%

Clinic Data

- Average time to 90 days clean – 5.4 months
- Treatment course
  - No shows after assignment to clinic 43%
    - Never showed 11%
    - No showed after 1 visit 10%
    - No showed after 2 visits 10%
    - No showed after 3-4 visits 9%
    - No showed after >1 month 3%
  - Graduated to Stabilization 35%
  - Other: 9% non-compliance, 5% dropped, 5% patient request, 1%incarcerated, 1% higher level of care, 1% other