



THE 12 STEP PROGRAMS

CORE COMPETENCIES FOR THE CLINICIAN TREATING ADDICTIVE DISORDERS



Why the 12-Step Programs?

- They really work!
- The spiritual approach of AA and NA has helped millions of alcoholics and other drug addicts.
- Most effective way of staying sober.
- Essential source for clinicians.
- Know how to refer and support.
- 12-Steps adapted to deal with over 200 human problem behaviors .



History of AA

- **1935:** Two hopeless drunks, Bill W. and Dr. Bob S., managed to stay sober by talking to each other.
- Bill W. and Dr Bob decided to share their experience, strength and hope with other alcoholics, beginning in June 1935.
- 6/36 5 recovered
- 6/37 15 recovered
- 6/38 40 recovered
- 6/39 100 recovered (99 men, 1 woman)
- **1939** Big Book written by Bill W. with help of 3 groups. Separated from Oxford group, 1938



12-STEP PROGRAMS

Best Known:

- Alcoholics Anonymous (AA)
- Alanon
- Narcotics Anonymous (NA)
- Cocaine Anonymous (CA)
- Gamblers Anonymous (GA)
- Overeaters Anonymous (OA)
- Debtors Anonymous (DA)
- Sex and Love Addicts Anonymous (SLAA)



AA: CULT OR CURE?

- Alcoholics Anonymous: Cult or Cure?, Australian and New Zealand Journal of Psychiatry. 39:431-436,2005.
- Objective: To discuss the mechanism of action, the efficacy and the safety of Alcoholics Anonymous in the treatment of alcoholism.



MEDICAL AND PSYCHOLOGICAL TREATMENT

- Often is at best a placebo
- 26 alcoholics, followed 50 years received 5000 hours (average 200 hours per man). Only one recovered while in therapy.
- Life saving detoxification is not effective for long. Waiting for treatment is almost as effective.

MEDICAL AND PSYCHOLOGICAL TREATMENT (CONT)

- Training alcoholics to drink in a controlled way was no better than controls in 10 year followup.
 - Sobell & Sobell: Behav Research and Therapy. 14:195-215,1976.
 - Pendery etal: Science. 217:169-175, 1982.
- Medications: disulfiram, naltrexone, and acamprosate lack long term studies of efficacy.

BRAIN CIRCUITRY

"THE BRAIN CIRCUITRY UNDERLYING ADDICTION MAY HAVE EVOLVED ORIGINALLY TO FACILITATE HUMAN ATTACHMENT, SOCIAL COHESION, AND SPIRITUAL COMMUNITY. BRAIN OPIATES ARE RELEASED DURING THE ATTACHMENT BEHAVIORS OF SOCIAL GROOMING AND DURING THE SOCIAL BONDING OF MOTHER RAT-PUP REUNIONS." (p432)

1. DEVELOPING A RATIONALE BASED ON KNOWLEDGE

- Move from the arrogance of ignorance to direct experience.
 - Remember how we were trained:
 - Direct experience in the operating room, labor and delivery, emergency department, ICU, etc.
- The knowledge and skill embodied in the 12 step programs consists of learning how to maintain and eventually enjoy comfortable sobriety:
 - An unnatural state for the addicted brain (ask Garret O'Connor)



RATIONALE (cont)

- Visit the Central Office of AA
 - Contains AA literature, meeting schedules, and information on other 12 step organizations which do not have a central office.
 - Ask to meet someone from the CPC committee.
- Go to meetings to see where the action begins.
 - Non-addicted professionals are welcome to ALL open meetings.
 - Tell the secretary who you are and that you would like to speak to one or more members after the meeting.
 - TSF recommends a minimum of 10 meetings



Alcoholics Anonymous

"The Preamble"

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.



Alcoholics Anonymous (cont'd)

The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions. A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.



12 STEP LITERATURE

- Most 12 step programs have an equivalent of the Big Book and other literature.
 - TSF recommended the AA Big Book (The Doctor's Opinion, chapters 5&6 are to our medical students), The 12 Steps and 12 Traditions, and Living Sober)
 - The AA Member, Medications and Other Drugs is especially helpful for physicians and their patients in working with prescription drugs



"ATTENDANCE AT AA MEETINGS IS NOT USUALLY A HEDONISTIC PRESCRIPTION. SITTING ON HARD CHAIRS IN SMOKE-FILLED CHURCH BASEMENTS, DRINKING BAD COFFEE, AND LISTENING TO POOR SOUND SYSTEMS AND OFTEN POORER SPEAKERS SEVERAL EVENINGS A WEEK CAN FEEL MORE LIKE TREATING ONE'S WOUNDS WITH IODINE OR MAJOR SURGERY THAN WITH OPIATES."

- Vaillant GE. Natural History of Alcoholism. Harvard Univ. Press, Cambridge MA, 1983.



SHARING AT MEETINGS (A BIG EARLY STEP)

- Members share their experience, strength, and hope. Listening skills are needed:
 - Experience, starting with a "drunkalog" or "drugalog" often poses a problem for the newly sober person, but is essential for purposes of identification and qualification.
 - Strength outlines the sources of help the person has received and the skills which have been developed.
 - Hope focuses on what is working now and how that will be continued.

2. REFERRING PATIENTS TO 12 STEP PROGRAMS

- Telling a patient to go is seldom successful.
- Put the patient in direct contact with an AA member, eg. Central Office, and ask for a **temporary contact** to introduce your patient to other 12 step members, take him/her to meetings and any 12 step club houses (sober places which are open before and after work with meetings through the day and evening).

3. CHOOSING A SPONSOR AND A HOME GROUP

- Key steps which an individual must make
 - A physician can be very helpful in the process
 - I ask on every visit until a selection has been made
- Introduces the person to service
 - Erickson's 7th stage of human growth and development
 - GENERATIVITY vs STAGNATION
- 12 step service is facilitated by a committee system. The important ones for health care professionals are: CPC (Cooperation with the Professional Community), TF (Treatment Facilities –sometimes combined in Hospitals and Institutions – H&I committees)

4. WORKING THE STEPS

- The heart of the 12 step program
- The health care professional can be both knowledgeable and helpful:
 - Be aware of the 12 step waltz – 123, 123, ad infinitum
 - Steps 4 & 5 can trigger relapse if done without a sponsor and home group
 - It can be tempting not to follow the sequence eg. Dr. Bob started his recovery by ninth stepping the hospital staff. Later experience put the Promises after working the first 9 steps.



DIFFERENTIATE SPIRITUALITY FROM RELIGION

- **THE 12 STEP PROGRAMS ARE SPIRITUAL, NOT RELIGIOUS**
 - Atheists and agnostics are welcome and do well, if they stay.
 - There is no catechism, doctrine or creed.
 - Each individual is encouraged to have and share whatever experience they have.
 - **IN OVER 70 YEARS THERE HAS BEEN NO VIOLENCE IN AA OVER DIFFERENCES IN SPIRITUAL EXPERIENCE OR BELIEF.**



SPIRITUALITY

- Spirituality has no hierarchical leadership or authority. The playing field is level.
- AA number 3 said: "All the other people that had talked to me wanted to help me, and my pride prevented me from listening to them ...But I felt as if I would be a real stinker if I didn't listen to a couple of fellows for a short time, if it would cure them." (Alcoholics Anonymous, p185)



IS AA A RELIGION OR A CULT?

- **BOTH CAN LEAD TO DEMAGOGUERY, EXPLOITATION, EXCLUSION, BIGOTRY AND EVEN WAR.**
- **AA IS NOT A RELIGION. THE ONLY REQUIREMENT FOR MEMBERSHIP IS A DESIRE TO STOP DRINKING.**
- **"...SPIRITUALITY, I BELIEVE, USUALLY LEADS ONLY TO LOVE, TOLERANCE, HUMILITY, AND AWE TOWARD THE UNIVERSE. THESE QUALITIES DEEPEN HUMAN RELATIONSHIPS." (P434)**



5. CLINICAL PRACTICE

- TIME MATTERS
- Detox –daily visits
- Unstable sobriety
 - Request 12th step visits
 - Weekly for 3 months – highest rate of relapse
- Stabilizing sobriety
 - Monthly for up to 5 years
 - Vaillant (1995) – only after 5 years did relapse rate fall below 10%
 - AA Triennial Survey – average length of time 5 years
 - MD state programs all monitor for 5 years



CLINICAL PRACTICE

- PRESCRIPTIONS MATTER
 - Only an aid to prevent or attenuate severity of relapse.
 - No guarantee of sobriety
 - May trigger a relapse



Addicting Medication: Expect Addictive Behavior

"This nurse had been sober for 10 years when she went for surgery. After medication she was a different person. It was like she'd never heard of AA or recovery. She was yelling to get out of there...she didn't want to go to AA or to do anything she'd been doing in recovery."

(Mooney, et al: Recovery Book, p 248, 1992)

RELAPSE PREVENTION:

THE KEY TO CHANGE IN THE CLINICAL COURSE OF THE ADDICTIONS

FOUR FACTORS:

- 1. EXTERNAL SUPERVISION.
- 2. RITUAL DEPENDENCY ON COMPETING BEHAVIORS.
- 3. NEW LOVE RELATIONSHIPS.
- 4. DEEPENED SPIRITUALITY.

"LIKE INSULIN IN DIABETES, THEY MUST BE USED FOR A VERY LONG TIME."

- Vaillant GE: Alcoholics Anonymous: Cult or Cure?, Australian and New Zealand Journal of Psychiatry. 39:431-436,2005.

EXTERNAL SUPERVISION

"NECESSARY BECAUSE, IN PROSPECTIVE STUDIES, CONSCIOUS MOTIVATION TO STOP DRINKING AT ADMISSION IS NOT ASSOCIATED WITH OUTCOME."

- Vaillant GE. Natural History of Alcoholism Revisited. Harvard Univ. Press, Cambridge MA, 1995. A 50 year prospective study.

1. EXTERNAL SUPERVISION

- | | |
|----------------------|---------------|
| ■ Counselor | ALL |
| ■ Therapist | ADDICTION |
| ■ Physician | RELATED |
| ■ AA/NA sponsor | "Compulsory |
| ■ Telephone contacts | supervision |
| ■ Home group | works best if |
| ■ Working the steps | it is from |
| ■ Service | choice." |

2. COMPETING BEHAVIORS (ALTERNATE DEPENDENCIES)

"Bad habits need substitutes."

Social: meetings, coffee before and after, meals, parties, roundups, festivals, assemblies, etc.

Service: setting up, cleaning up, chairing meetings, carrying the message through sharing at meetings, doing 12th step visits, sponsoring other members, committee work, standing for service positions, etc.

Work, Exercise, Nutrition, Music, Art, etc.

All done "in the presence of supportive and now-healed alcoholics." (p432)

3. NEW LOVE RELATIONSHIPS

- AN IMPORTANT PART OF RECOVERY APPEARS TO BE BONDING WITH PEOPLE ADDICTS HAVE NOT HURT IN THE PAST AND WHO THEY CAN ACTIVELY HELP.
 - "AN AA SPONSOR, ANALOGOUS TO A NEW SPOUSE, CAN PROMOTE RELAPSE PREVENTION BETTER THAN SOME LONG SUFFERING FAMILY MEMBER WHOM THEY HAVE TORTURED FOR YEARS."

4. SPIRITUALITY

- CONTROVERSIAL, but "Inspirational, altruistic group membership and belief in a power greater than 'me' seems important to recovery from addiction."



CORE COMPETENCIES

- 1. A RATIONALE BASED ON KNOWLEDGE
- 2. REFERRING PATIENTS TO 12 STEP PROGRAMS
- 3. CHOOSING A SPONSOR AND A HOME GROUP
- 4. WORKING THE STEPS
- 5. CLINICAL PRACTICE – Time
 - Prescriptions



CONCLUSION

- "A REVIEW OF THE WORLD LITERATURE SUGGESTS THAT PROFESSIONAL MEDICINE CAN DO LITTLE TO HALT ALCOHOLISM LONG TERM. IN CONTRAST, AVAILABLE RESEARCH SUGGESTS THAT AA IS THE MOST EFFECTIVE MEANS OF LONG TERM RELAPSE PREVENTION IN THE PHYSICIAN'S ARMAMENTARIUM. (P435)
