

A photograph of the Golden Gate Bridge at night, with the bridge's towers and suspension cables silhouetted against a dark blue sky and water. The bridge spans across the frame from the left side towards the center.

Research update on enhancing 12-step participation

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Objective

- To understand the different evidence-based practices that are available for facilitating 12-step involvement

What we will cover

- Is 12-step facilitation the same as 12-step-oriented treatment?
- What is the content of evidence-based 12-step facilitation?
- Why should you use a 12-step facilitation intervention?
- Are they effective?
- Are some more effective for particular clients?

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Is 12-step facilitation the same as 12-step-oriented treatment?

NO! Not the way the term is used in the literature...

- **12-step-oriented treatment** means that the treatment approach is based on the 12-step philosophy.
 - Clients get introduced to 12-step groups during treatment
 - But how this is done is not consistent across programs & counselors

Is 12-step facilitation the same as 12-step-oriented treatment?

In 12-step-oriented treatment:

- Introduction to 12-steps might include:
 - Use of Hazelden or other 12-step materials
 - Readings from the Big Book
 - Helping clients work steps 1-3
 - Lots of talk about how the counselor used AA/NA/CA
- Meeting attendance is required during treatment
- 12-step philosophy is woven into other groups
 - feelings, family, process groups, etc.

12-step facilitation vs. 12-step-oriented treatment (continued)

12-step facilitation only focuses on introducing clients to 12-step groups.

- It is time-limited
 - Usually no more than 12 sessions (1 hour each)
- Counselors use manuals that specify the content of these sessions
 - Ensures consistent approach to AA/NA/CA
- It can be delivered within the context of 12-step-oriented treatment, Therapeutic Communities, outpatient counseling, etc.
 - Or it can be stand-alone

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What is the content of evidence-based 12-step facilitation?

Content varies widely, including:

- Helping clients to “buy into” the 1st three steps
 - acceptance of powerlessness; surrender
- Motivating clients to go to meetings
 - using motivational interviewing techniques
- Arranging for an AA/NA/CA member to meet client at a meeting
 - requires a current list of local and willing AA/NA/CA members whom counselor calls with client during session
- Helping clients to connect with the people in AA/NA/CA
 - involves homework: talking to someone after a meeting, asking for phone numbers, calling someone, getting temporary sponsor

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Why should you use a 12-step facilitation intervention?

A study of all clients entering 12-step-oriented treatment in a California county found:

- Males:
 - **33%** drop out year 1 post-treatment
 - **54%** dropped out by year 3
 - **62%** dropped-out by year 5
- Females:
 - **37%** drop out year 1 post-treatment
 - **53%** dropped out by year 3
 - **60%** dropped-out by year 5

Why should you facilitate AA/NA/CA?

Involvement in 12-step groups is associated with better outcomes:

- Studies on AA/NA/CA effectiveness meet most criteria for establishing effectiveness
 - About twice the rate of abstinence if attend AA
 - Stronger effect if more involved in the program
 - Effect is consistent across lots of studies
- Experimental evidence is lacking
 - Difficult to randomize people to AA/NA/CA
 - That's where randomizing to 12-step facilitation interventions comes in

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Are 12-step facilitation interventions effective?

Three types of approaches have been tested, in which:

1. focus is on the AA/NA/CA philosophy
2. focus is on motivation to go to AA/NA/CA
3. focus is on the AA/NA/CA fellowship

Individual-format Project MATCH TSF

- Delivered 1-on-1 by licensed therapist
- 12 manualized sessions
 - focused on 1st three steps: acceptance, surrender
 - clients told to go to meetings, keep a journal, do reading assignments
- Studied two types of alcohol-dependent patients
 - outpatients
 - aftercare patients who had been to residential tx first
- Compared rates of alcohol abstinence in TSF to CBT & MET

Findings from Project MATCH TSF

- No main effects for TSF aftercare patients
- More abstinence at 1 and 3 years for TSF outpatients
 - TSF: **36%** abstinent at year 3
 - Motivational Interviewing: **27%** abstinent at year 3
 - Cognitive Behav. Therapy: **24%** abstinent at year 3

Project MATCH-based TSF

- Delivered 1-on-1 by licensed therapist
- 12 manualized sessions
 - focused on the 12 steps of AA and CA
 - encouraged working the first four steps: acceptance, surrender, personal inventory
 - clients told to go to meetings
- Studied crack cocaine-dependent VA patients
 - compared rates of cocaine abstinence in TSF vs. CBT at 6 months.

Findings from Project MATCH-based TSF

- MORE ABSTINENCE FOR CBT PATIENTS:
 - Cog Behav. Therapy : 44% abstinent at 6 mos.
 - TSF : 32% abstinent at 6 mos.

Group-format Project MATCH TSF

- Delivered in closed-enrollment groups
 - TSF delivered by recovering AA members
 - Relapse Prevention (RP) delivered by clinical psychology PhD students
- 10 manualized sessions
 - explored all 12 steps but emphasized steps 1-4
 - acceptance, surrender, belief in higher power, personal inventory
 - clients told to go to meetings

Findings from Group-format Project MATCH TSF

- Studied inpatients and outpatients in Quebec
 - compared rates of alcohol and drug abstinence in TSF vs. RP at 6 months

→ NO MAIN EFFECTS

12-step Motivational Enhancement Treatment

- Delivered 1-on-1 by licensed therapists
- 1 manualized session of either Brief Advice or 12-step-oriented Motivational Enhancement Treatment
 - Brief Advice (BA)
 - 5 minute session: need to abstain, described & recommended AA/NA, gave meeting directory
 - Motivational Enhancement Interview for 12-step involvement (12-step MET)
 - 60-minute session: decisional-balance exercise of pros & cons of AA/NA

Findings from 12-step Motivational Enhancement Treatment

- Studied alcohol-dependent detox patients
 - BA vs. 12-step MET at 6 months
 - compared % days abstinent, and # drinks/drinking day

→ NO MAIN EFFECTS

TSF vs. 12-step MET

- Delivered 1-on-1 by licensed therapists
- 12 manualized sessions of TSF, 12-step MET, or usual care
 - Project Match-based TSF
 - focused on first three steps: acceptance, surrender
 - clients told to go to meetings, keep a journal, do reading assignments
 - Motivational Enhancement for 12-step involvement (12-step MET)
 - used Motivational Interviewing principles
 - discussed prior experience with AA, benefits of AA, cost-benefit of attending AA
 - clients not *told* to go to meetings: “it’s up to you”
 - Usual care
 - Problem solving, drink refusal skills, anger mgt, coping

Findings comparing TSF to 12-step MET

- Studied alcoholic outpatients
 - compared % days abstinent for TSF vs. 12-step MET or usual care at 6 & 12 months
- More percentage days abstinent in TSF than usual care at 6 and 12 months
 - No difference between 12-step MET and usual care

Intensive Referral to 12-step groups

- Delivered 1-on-1 by licensed therapists
- 3 manualized sessions
 - Intensive Referral
 - presented a list of patient-recommended meetings w/ directions
 - called a 12-step volunteer during session & arranged client to meet volunteer at meeting
 - recommended keeping journal of meeting attendance & reactions
 - recommended a temporary sponsor
 - Standard referral
 - presented AA/NA meeting schedules, encouraged meeting attendance

Findings from Intensive Referral to 12-step groups

- Studied VA outpatients entering treatment
 - compared ASI's, and alcohol and drug abstinence rates
- More improvement on ASI scores in Intensive Referral
- More abstinence in Intensive Referral than Standard Referral:
 - Intensive Referral: **78%** abstinent from drugs at 6 mos.
 - Standard Referral: **70%** abstinent from drugs at 6 mos.
 - Intensive Referral: **51%** abstinent from both alcohol & drugs at both 6&12 mos.
 - Standard Referral: **41%** abstinent from both alcohol & drugs at both 6&12 mos.

Making AA Easier: MAAEZ

- Implemented in groups with rolling admission
 - Delivered by individuals involved in AA/NA/CA who are experienced in running groups
- 6-week intervention
 - Goal is to prepare clients to engage in AA/NA/CA culture
 - make it easier to connect with members
 - help clients fulfill a purposeful role early on
 - 5 manualized sessions with weekly homework to reach out to an AA/NA/CA member
 - Intro session: 1st & last session attended
 - Core sessions: *Spirituality, Sponsorship, Principles not Personalities, Living Sober*

Findings from Making AA Easier: MAAEZ

- Studied outpatient and residential clients in modified Therapeutic Community
 - compared alcohol and drug abstinence rates at 6 & 12 mos. for MAAEZ vs. usual care
- More 12-month abstinence in MAAEZ than usual care
 - MAAEZ: **92%** abstinent from alcohol
 - Usual care: **83%** abstinent from alcohol

 - MAAEZ: **79%** abstinent from drugs
 - Usual care: **71%** abstinent from drugs

 - MAAEZ: **82%** abstinent from both alcohol & drugs
 - Usual care: **72%** abstinent from both alcohol & drugs

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Are some 12-step facilitation interventions more effective for particular clients?

Several client groupings respond differently to 12-step facilitation interventions, based on:

- Psychiatric problems
- High prior AA involvement
- Religious beliefs
- Drinking behaviors of the social network
- Dependence diagnoses

Psychiatric Problems

Some studies suggest 12-step facilitation is *not good* if clients have psychiatric problems:

- Project MATCH outpatients at 1 year
 - TSF effect disappeared among those without psychiatric problems
 - Only those with low psych severity did better in TSF
- Project MATCH-based TSF in crack cocaine-dependent VA patients
 - Depressed patients did worse in TSF than CBT

Psychiatric Problems (cont'd)

Some studies suggest *strong* effects in 12-step facilitation for clients w/ psychiatric problems:

- Group format Project MATCH TSF
 - No main effects, but those with high levels of psychiatric severity did better in TSF than RP
- MAAEZ
 - Odds of abstinence at 1 year in high psych severity group better in MAAEZ than usual care:
 - MAAEZ OR = 1.24

Prior AA Involvement

Some studies suggest *strong* effects for clients with *less* experience in 12-step programs:

- Intensive Referral was more effective for those with *less* prior AA/NA/CA exposure
- 12-step MET was more effective for those with *less* prior AA/NA exposure
 - But Brief Advice was more effective for those with *more* prior AA exposure

Prior AA Involvement

Another study suggests *strong* effects for clients with *more* experience in 12-step programs:

- MAAEZ was more effective for those who had already attended *more* than 90 meetings
 - Odds of abstinence were higher in MAAEZ vs. usual care in that group: OR=1.30

Religious Beliefs

Two studies have different findings:

- Project MATCH-based TSF worked well for African American cocaine dependent individuals with strong religious beliefs
- MAAEZ was more effective for those who were atheist, agnostic, or unsure of their religious beliefs
 - Odds of abstinence were higher in MAAEZ vs. usual care in that group: $OR=1.35$

Social Networks

Two studies had conflicting findings:

- Project MATCH TSF found that TSF inoculated outpatients from the negative influence of a social network that was supportive of the patient's drinking
 - effect only seen at 3 years
- MAAEZ was especially helpful for those with no heavy drinkers or drug users in their social network
 - Odds of abstinence were higher in MAAEZ vs. usual care in that group: $OR=1.24$

Drug Dependence

- Group format Project MATCH found those who were dependent on both alcohol and drugs did better in TSF than in RP
- MAAEZ found those who were only dependent on drugs did especially well in MAAEZ
 - Odds of abstinence were higher in MAAEZ vs. usual care in that group: OR=1.27

Why do we see these conflicting effects?

- Easiest to explain is prior AA exposure:
 - MAAEZ does not focus on the AA philosophy, it focuses on the AA fellowship
 - MAAEZ probably is helping those with 90+ prior meetings to finally get support from the people in AA, which they did not know how to take advantage of in the past
 - Intensive Referral focused on making it easy to get to a meeting
 - Arranging to have an AA/NA/CA member meet someone relatively new to the program probably helped them get to a meeting, which they would never have gone to on their own

Next Steps

- We need more research on mechanisms of action underlying these effects
- We need treatment programs to try out these evidence-based interventions, and share their experience with them
 - In different types of programs
 - Among different types of clients

THANK YOU!

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