12-step Recovery Groups and Therapy

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An Oasis of Christ's Faith, Hope and Healing in the Desert".

- **Background on AA**
- *****1990's - 1 million individuals treated each year within the U.S. alcohol and drug treatment system. Adolescents - approximately 12% (Substance Abuse and Mental Health Services Administration, 1993, 1999(Kelly, Myers, and Brown).
- *****In the United States, AA is the most commonly accessed source of help for an alcohol-related problem, with an estimated 9% of the U.S. population having attended an AA meeting. Three percent attended for help with their own problems (Room and Greenfield, 1993).
- *12-step philosophy has been incorporated into the vast majority of substance-use disorder treatment programs in the U.S. (Humphreys, 1997; Roman and Blum, 1998). *From 1953-1990 there was an 18-fold increase in AA world membership (Makeal 25). Currently, there are over 2 million AA members in 150 countries around the world (AA.org).. 1.
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- The history of 12-step groups began as William G. Wilson (Bill W.) and Dr Robert Holbrook (Dr. Bob) adapted the principles of the Oxford Group, an evangelical protestant reforming organization, and other temperance movements such as the Washingtonians. They developed the concept o the 12-steps of recovery in order to help themselves and in the process helped millions around the world achieve victory over a host of addictions through launching the 12-step movement.
- *The basic program consists of the 12-steps written in 1938 and several core literature items: Big Book, 12 and 12 1953, Grape Vine (1944) AA Comes of Age (1957), The Service Manual, and 12 Concepts for World Service. All literature of AA is approved and labeled as conference approved by the General Service Conference of AA. 2.
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- *There are three basic types of meetings: sharing/discussion, speaker, and step-study. A speaker meeting is where the recovering person attends and listens to someone with significant recovery tell his/her story. In a discussion meeting, members share their thoughts and feelings about a specific topic, program literature or whatever is going on for them that day. A step-study meeting is where members discuss how to work the 12-steps (Parker, and Guest 92).
- *Anonymity AA believes that "anonymity is the spiritual foundation", (AA Tradition 12), of the program and exists at the level of press, radio films. It was originally developed when members realized they could not personally respond the overwhelming amount of request for help when the program first started. Individuals do not get credited for their success in helping others and that their identities are confidential.
- *The only requirement for membership in most 12-step groups is a desire to stop drinking or using their addiction (Tradition 3 of AA). *Open meetings - anyone can attend regardless if they want to stop drinking or practicing an addiction or not.   *Reading meetings and step meetings usually focus on the recovery literature or talking about talking specifically about a step from the 12-steps. *Birthday meetings are meetings where a member's yearly sobriety is recognized and the person who is celebrating the birthday usually gives a short talk on their recovery journey.4.

- *Get in contact with a 12-step group: answering service that is usually hosted by a district office, or the answering service contacts a person in AA to come to the new persons home and speak with them, (a 12-step call). Also, treatment centers counselors or the courts may put people in contact with a meeting.
- *Most 12 -step groups areas not affiliated with and sect, denomination or outside cause. They usually practice a generic form of spirituality rather then embracing sectarian religion.   However, they do often close meetings with the Lord's Prayer or the Serenity Prayer.5.
- *A sponsor is someone who helps the new comer by serving as a sounding board, instructs the new comer in the steps and ins and out of the program. They guide the beginner in the literature and serve as someone to turn to for "encouragement, discipline, praise and guidance in working the program" (Parker and Guest 166). Sponsors are someone who the new comer typically works frequently with and practice the fifth step with to share their most intimate facets of their personal story with. 6.
- *****is an integral part of 12-step programs. It entails one member of the recovery program sharing their own learning experiences with a new comer and helping them to work through the 12-steps. The therapist can offer support and prompting to assist the client in finding the right sponsor. Some sponsors are very directive and do not tolerate variance from their beliefs about what works in recovery. Others are more flexible and help the new member find his/her own way. (Parker, and Guest 99) 21
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- **Traditional 12-Step Treatment**
- *In counseling and psychotherapy practice, 12-step treatment combines the 12-step approach of various support groups with the disease model of addiction. 7It assumes that, as a result of a biological and/or psychological vulnerability, patients have lost control over use of the abused substance. Treatment attempts to bring about the patient's acceptance of the disease model of addiction, of an "alcoholic" or "addict" identity, and of abstinence as a treatment goal, as well as involvement in 12-step activities (e.g., attending meetings, getting a sponsor, and working the steps). 7. (Finney, Noyes, Coutts, and Moos).
- *Steps 1-3 have been called the foundation steps where members come to understand their powerlessness over addiction and come to believe there is some “power” that can restore their sanity and give the ability to live without the addictive process. Step three asks the recovering person to turn their will over to God, as they understand him. This is not primarily a religious understanding but rather a spiritual one. The founders of the program found it important not to embrace any one religion or political alliance but to get give members the opportunity to embrace their own spiritual path. 8.
- *In Step Four; the recovering person is asked to write a history of actions and feelings associated with the addictive behavior that has caused harm to self and/or others. Often, the 4th step contains and inventory of resentments, fears, shame and possible abuse issues.
- *(Step Five) is to share the written history with a carefully selected person and with the individual's concept of a higher power. Most ommonly utilized.
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- *Steps 6 and 7 deal with coming to a deeper awareness of one's character and personality traits which contribute to their addictive process. Steps Eight and Nine help to resolve the guilt and shame associated with past behavior. Parker explains:
- An important part of the healing process is to take responsibility for actions that have damaged another person in some way. Apologizing for hurtful behavior can be the first step in repairing relationships that have been impacted by the addiction. (Parker, and Guest 20). *The other party's response to the amends is not as important as the recovering person's work in healing their own past.
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- * Steps 10-12 -practice daily inventory, prayer, meditation and service work to maintain their sobriety on a daily basis. Many continue to repeat taking the steps from the first –twelfth step. Critical to this process is a connection to God, as one understands him, and carrying the message of recovery to others in need.
- * According to the spiritual philosophy and practice of most 12- step recovery groups, every member is free to define for themselves their own conception of what his/her "Higher Power" is. "Many people use "God" but others use the power of the
- group or other concepts" (Parker, and Guest 20).

- **Outcomes**
- *Although studies on 12- step treatment have shown some changes on outcome variables during the course of 12-step treatment, there does not appear to have been a study which has examined whether changes on such variables occur to a greater extent in 12-step versus some other form of treatment.
- * Hollen et. al. point out that "it is crucial to examine the therapeutic processes in more than one type of treatment if processes specific to a particular treatment approach are to be differentiated from more general processes (1987).
- *Finney et. al. researched whether patients exposed to traditional 12-step treatment change more than patients in Cognitive Behavioral (C-B) programs on disease model beliefs. They examined several facets of recovery, including: acceptance of alcoholic or addict identity, acceptance of abstinence as a treatment goal, attendance at 12-step meetings, having a sponsor, having friends in 12-step groups, reading 12-step materials and taking the 12-steps (Finney, Noyes, Coutts, and Moos 1998).
- *Moreover, we see certain shortcomings when examining the outcomes of 12-step therapy studies. McCrady points out, "variables that have been conceptualized as proximal outcomes of C-B treatment also may be proximal outcomes of other types of treatment, including traditional 12-step treatment (1994)". As Finney et. al. Show, patients in 12-step treatment may change their substance use and outcome expectancies and may acquire cognitive and/or behavioral practices (Finney, Noyes, Coutts, and Moos)

- *Wells et. al. (1994) found no difference in coping-skills acquisition among patients who used cocaine and were exposed to either relapse prevention or 12-step treatment; and Snow et. al. (1994) observed that persons currently involved in AA indicated that they used stimulus control and behavior management coping processes to a greater extent than did persons who had never been in AA or had been involved only in the past. Finney et. al. concluded that, overall, the proximal outcomes focused on in C-B treatment are more general proximal outcomes of substance abuse treatment, including 12-step treatment (Finney, Noyes, Coutts, and Moos).
- *Moreover, further research from Finney et. al. concludes, "Patients in 12-step programs likewise exhibited significant changes over time on almost all of the proximal outcomes commonly implicated in C-B treatment". These changes include significantly increased sense of self-efficacy, decreased positive expectancies for substance use and acquired more substance-specific and general coping skills, as indicated by increased scores on all the Processes of Change subscales. They also show increases in positive reappraisal and problem-solving and decreases in cognitive avoidance and emotional discharge coping **(Finney, Noyes, Coutts, and Moos). 11**
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- *C-B patients (n = 1,185-1,186 for the analyses reported here) who had longer in-patient stays scored significantly higher on the Processes of Change scale (r = .15), and its stimulus control (r = .11), self-reevaluation (r = 10) and reinforcement management (r = .20) subscales. Surprisingly, C-B patients who stayed longer tended to have higher positive substance use expectancies (r = .10) than patients with shorter stays. They concluded that there was no relationship between length of stay and the other C-B/general proximal outcomes (self-efficacy, outcome expectancies and general coping responses).
- *Patients who remained in C-B treatment longer showed significant increases on some of the 12-step proximal outcomes, specifically, disease model beliefs (r = .17), attendance at 12-step meetings (r = .56), and number of steps taken (r = .21) (Finney, Noyes, Coutts, and Moos):12
- Overall, patients in the 12-step and eclectic programs show significant increases on both the cognitive and behavioral (activity) 12-step proximal outcomes. In contrast, patients in the C-B programs exhibited modest decreases or no change on the cognitive 12-step outcomes (disease model beliefs, adherence to an abstinence goal and acceptance of an alcoholic or addict identity), even though they showed increases in attending 12-step meetings, having a sponsor, having close friends involved in 12-step groups, reading more 12-step materials and taking the steps. The changes reflect some 12-step participation among patients in C-B programs, but suggest that their participation did not result in an internalization of 12-step beliefs. (Finney, Noyes, Coutts, and Moos)

- Furthermore, they offer this criticism about their study**:**
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- **Had we assessed C-B treatment activities (e.g., "performed a functional analysis," "didhomework assignments") as proximal outcomes, it is likely that C-B patients would have shown significantly more change on such measures than would 12-step or eclectic program patients. (Finney, Noyes, Coutts, and Moos)13**
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- *Project MATCH by Keith Humphreys, TSF (12-step facilitation) intervention were compared with cognitive-behavioral (CB) therapy and motivational enhancement therapy (MET) among 1,726 patients, (76 percent male), diagnosed with either alcohol abuse or dependence, including 774 inpatients who were beginning outpatient aftercare and 952 patients receiving outpatient care as their primary treatment (Project MATCH Research Group 1997, 1998). CB therapy focuses on teaching coping skills to reduce alcohol use (i.e., patients who use alcohol to cope with stress learn and practice alternative coping methods). In contrast, MET employs motivational strategies to mobilize patients' internal resources for change (Humphreys 93) The study concluded:
- Project MATCH consisted of one-on-one professional counseling which embraced the philosophizes AA and other 12-step groups (Nowinski et al. 1992. Consistent with AA's approach, patients were strongly urged, but neither ordered nor forced, to attend AA meetings and to maintain a journal describing their reactions to the meetings. At both 1- and 3-year follow-ups, patients in all three conditions (i.e., GB therapy, MET, and TSF therapy) had improved significantly on drinking-related (e.g., number of drinks per day and drinking consequences), psychological (e.g., depressive symptoms), and life functioning (e.g., days of employment) outcomes. As predicted, TSF therapy was significantly more effective than either CB therapy or MET in increasing AA involvement, as indicated by the frequency of such patient behaviors as attending meetings, having and serving as a sponsor, following the 12-steps, and considering oneself an AA member (Tonigan et al. in press). In addition, TSF therapy was more effective than the other two treatments in promoting abstinence. For example, at the 3-year follow-up, 36 percent of TSF patients in the outpatient group reported being abstinent for the previous 3 months, compared with about 25 percent of outpatients in the CB therapy and MET treatment conditions. This result is consistent with the goals of TSF therapy and with AA, neither, of which view moderate drinking as an acceptable or attainable goal for alcohol dependent people.14
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- *(Moos et al. 1999) Although both 12-step-oriented and CB treatment patients experienced substantial reductions in substance use, substance abuse-related problems, psychological problems, criminal behavior, and unemployment, the 12-step-oriented treatment was more effective in promoting abstinence. 1 year after treatment, 45 percent of patients treated in 12-step-oriented programs reported abstinence from alcohol and other drugs during the previous 3 months, compared with 36 percent of patients treated in CB programs.15
- *Gilbert (1991) found that working the 12-steps predicted abstinence, whereas a simple measure of attendance at meetings did not. A meta-analytic review of 107 studies on AA (Emrick et al., 1993) evinced better outcomes for "more active members". Having a sponsor, for example, had the largest favorable impact on drinking outcomes. Snow and colleagues (1994) revealed that the perceived importance of attendance to recovery and social aspects of attending recovery meetings was related more to behavioral change processes than a simple measure of attendance; and Montgomery et. al. (1995) revealed that the frequency of 12-step attendance did not predict outcome, but involvement (i.e., working the steps) did (Kelly, Myers, and Brown).
- *Findings, overall, supported the role of 12-step cognitions in mediating outcomes in 12-step treatment. However, as Moos et. al. show, much of the change in cognitions appeared to occur prior to patients entering treatment and that most of the variance in outcome was not explained. They conclude that post treatment events are likely to be critical factors, especially with regard to maintaining a core set of beliefs over time. (Moos et. al., 1990). 14

The new sobriety tests are *tough*.

- **Therapy Approaches**
- *Although 12-step recovery programs are not considered psychological treatment, there are proven therapeutical approaches contained within the 12-steps. All 12-step programs also embrace the central tenets of client centered therapy: unconditional positive regard, empathy, and genuineness. Twelve-step programs utilize all three of these concepts. (Parker, and Guest 26).
- *All of the aspects of **psychodynamic theory** that are incorporated into 12-step programs are related to object relations theory. This model includes concepts of how the self is developed in relationship to the primary attachment object, resulting in the achievement of object constancy. Object Relations further explains how object constancy allows for the ability to use the image of the caretaker to self-soothe. Parker asserts that here-in lies the main problems of the addict-their ability to self soothe. Through the concept of the "Higher Power", 12-step programs help members achieve a higher level of object constancy (Parker, and Guest 28).
- *Parker asserts that no client with an addiction has enough capacity to self-soothe or s/he would not be addicted in the first place. People who have well-developed object constancy do not need to alter their moods with addictive behavior. They also use higher-level defense mechanisms so they are not as prone to denial or rationalization as clients with an addictive process are. Members are encouraged to develop the ability to use their sense of spirituality to self-soothe. The new member is not expected to do so right away; therefore it is suggested that s/he go to meetings frequently in order to develop a concept of higher power (Parker, and Guest 28) .

- *__Reinforcement in behavior change__: Twelve-step programs use both positive and negative types of reinforcement. For example, when a person has a certain amount of time being free from the addictive behavior their progress is celebrated and they receive a coin marking the amount of years or months that they have been clean and sober. The person is also seen as a role model for others who have not abstained from chemicals for as long as s/he has. When a person uses a mood-altering substance, other than for a true medical problem, they have to start their sobriety count over. This includes identifying him/herself as a "newcomer" in meetings, which means that the member can't hide the relapse from the group (Parker, and Guest 32). 15

- Morgenstern et. al. (1997) and Kelly et. al., (2000) examined models based in **social-cognitive learning theory** (Bandura, 1986) for the effects of 12-step meeting attendance on substance use outcome following inpatient substance use disorder treatment. Both studies supported the use of social-learning-based constructs, (e.g., self-efficacy, motivation and coping), to help explain therapeutic effects of 12-step involvement. The study tested a multivariate process model of adolescent 12-step affiliation and its influence on substance use during the initial 6 months following treatment for alcohol and drug problems. Using social-cognitive learning theory, (i.e., self-efficacy, coping and motivation), summarized in Marlatt and Gordon (1985), it was found that more severe users affiliated more readily with 12-step groups. It was also concluded that creating an environment with social activities as part of the meetings helped create a greater sense of affiliation to the groups and sponsors (Kelly, Myers, and Brown).
- *Attendance at 12-step and other recovery meetings can help to break the sense of alienation and isolation that addicts usually exhibit. They learn to develop relationships with others that attend the same meeting consistently. They are able to from deepening bonds from the experience of connection, which can facilitate their progress in recovery (Parker, and Guest 36). This sense of common bond stems from the various types of 12-step groups extending their experience, strength and hope with each other. This is why it is beneficial for many addicts to have groups narrowly focused on particular addiction and problems.

Pardon My Planet

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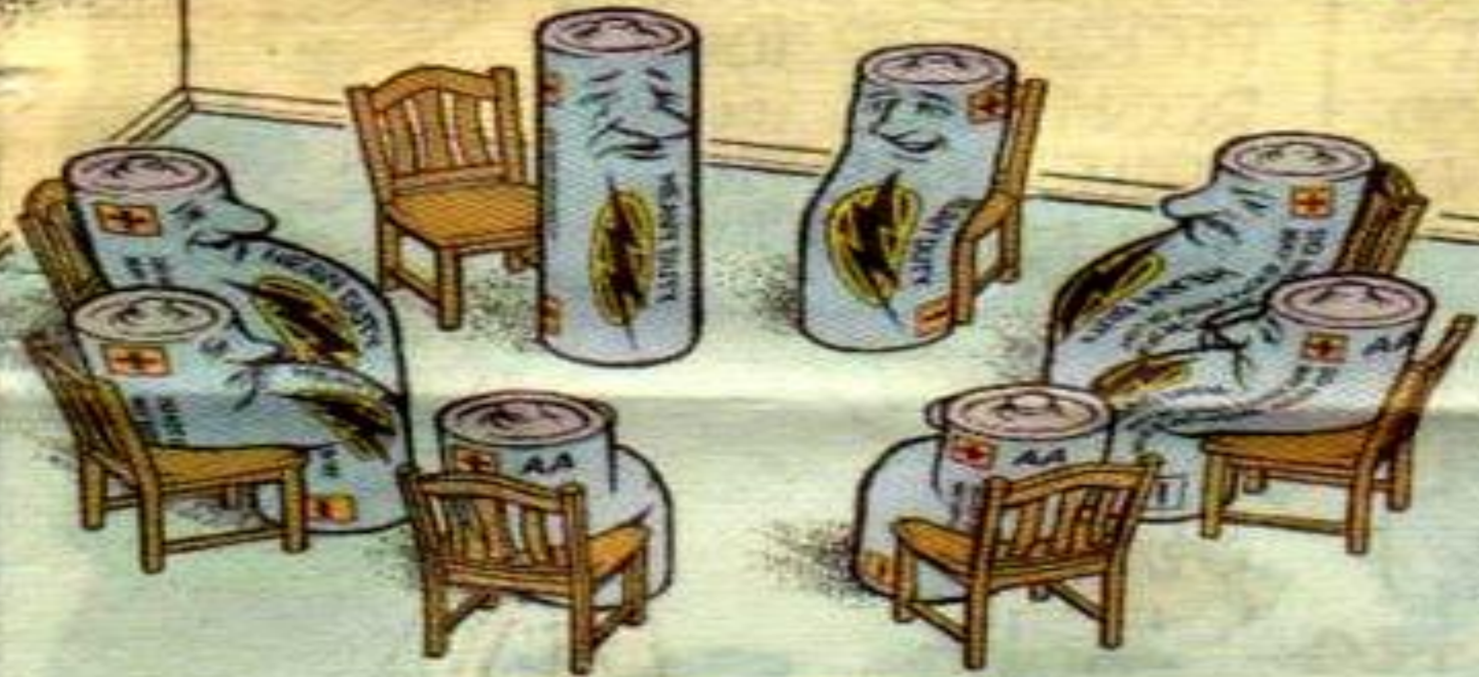

- **Addiction Specific Programs**
- The list of such groups appear endless. All subsequent 12-step programs, developed out of the AA model, are similarly structured. Al-Anon began in 1951, and Narcotics Anonymous (NA) in 1953. Additional programs, such as Adult Children Anonymous (ACA), Overeaters Anonymous (OA), and Gamblers Anonymous (GA), were founded during the last twenty years. While the programs developed in the 1980s and 1990s have subtle differences, the core principles remain the same (Parker, and Guest 2)

- **Over Eaters Anonymous** is a program centered on the process addiction of over eating. The original definition of sobriety in OA was to eat three meals a day and to abstain from certain foods. These foods were listed on what became known as the "gray sheet" and included sugar, white flour, caffeine, and salt. In some regions the gray sheet is still used. In Southern California a new definition of abstinence evolved and has been accepted in other geographical areas. Parker and Guest show that:
- This definition of abstinence is refraining from eating in between planned meals, with a minimum of three meals a day. The focus is on eliminating the compulsion, whether it is not eating as in anorexia, bingeing and purging as in bulimia (Parker, and Guest 47).

- *There are several types of groups dealing with process addictions such **as sexual addiction.** Sexaholics Anonymous is one such recovery group focused abstaining from problematic sexual behaviors and compulsions. In SA, sobriety is defined as abstaining from any sexual activity with self or anyone other than a spouse. SA has the strongest encouragement for a period of celibacy, and even states that celibacy may be a long-term lifestyle. When making a decision to refer to SA it is essential that the clinician determine that the client's values and belief system is in alignment with this program, as there is less tolerance for diversity. 17
- *Sexual Compulsives Anonymous (SCA) is another sex addiction recovery group founded in 1982. It was developed primarily to address the specific issues of sexually addicted gay men. The program is open to all sexual orientations but the majority of members are homosexual males. There are an increasing number of women and heterosexual men in the program. Sexual sobriety is individually defined by developing a "personal sexual recovery plan" and is modeled on the work of Patrick Carnes, one of the best-known writers in the sexual addiction field (Parker, and Guest 55). 18
- *Gamblers Anonymous (GA) is the only 12-step program for compulsive gambling founded in 1957. The primary philosophy of GA is helping gamblers stop any form of gambling, changing addictive behaviors, and developing a new philosophy of life as described in the 12-steps.
- Sobriety is defined as abstaining from any behavior where money or bets of any kind are involved. This includes obvious activities such as betting on horse races or going to gambling casinos, but also covers activities such as playing poker for matchsticks rather than money, or discussing the "odds" on anything. The actual addiction is usually believed to be to the adrenaline that is released when these activities occur. Therefore the compulsive gambler is very susceptible to transferring the addiction to any other behavior that stimulates adrenaline. Examples of this would be driving fast, skydiving, rock climbing or any other activity where there is a sense of danger or being on the edge (Parker, and Guest 56) 19

- **Co-addiction**
- . * In 1986 Adult Children of Alcoholics (ACA) began to attract many members who grew up in a dysfunctional family system that was not chemically dependent. Therefore, in some areas the title of the program was changed to Adult Children Anonymous. Co-Dependents Anonymous (CoDA) emerged in 1986 as a program that focuses on current relationship issues rather than family addiction.20
- * These groups began to change the focus from the alcoholic's behavior to one's own needs and behavior. It is important for the co-addicts to develop the ability to detach from the chaos resulting from living with an alcoholic. Through this detachment, family members will be better able to view their dynamics in a more realistic and objective manner. Furthermore, Al-Anon focuses on learning to identify one's needs, fulfill those needs in a healthy manner, identify behavior designed to control and/or manipulate the alcoholic, change the controlling/manipulative behavior, identify one's emotions, and learn to express those feelings appropriately (Parker, and Guest 60).

- **Defenses**
- *There are clients who may experience defenses that prevent them from experiencing the relational support may become threatened, anxious, and/or dissociative related to attendance at meetings. The probability is that these clients, if they try to comply with the therapist's recommendation to attend a 12-step program, may increase their addictive behavior and/or leave therapy. Therefore, the first therapeutic task is to address the distancing defense before referring the client to a 12-step program (Parker, and Guest 66).
- In one specific case it took five years of therapy before the client was able to even begin attending meetings. The client reported being paralyzed with anxiety when 12-step program involvement was discussed early in the therapeutic relationship. When the therapist accepted the client's inability to become part of a 12-step program, and focused on building the therapeutic relationship, working from an egostructure orientation, the client began to make progress. It is important to note that in this case the addiction was egodystonic and not life-threatening (Parker, and Guest 66).
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- *"It is imperative to do a thorough assessment of the client's developmental issues and/or relational abilities prior to referring to a 12-step program" (66). For example, in the case of a midlevel functioning borderline addict with a distancing defense, until there is a strong positive interject of the therapist, the client may be unable to form any attachment with others, thereby making it impossible to obtain any benefit from attending the program. This may be true for clients with a severe anxiety disorder such as Agoraphobia or Post-Traumatic Stress Disorder (PTSD) who will have extreme difficulty in a group setting (Parker, and Guest 66).

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"Don't mind Ken, he's a bit shy around new people."

- **Interventions**
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- *Considerations when utilizing drug treatment interventions. These include: the dangerousness of the drug, age distinction, i.e. if it is child or very young adolescent there is sufficient criteria for early intervention or treatment, third. prolonged use of or acute ingestion of large quantities of drugs at any age is sufficiently risky. Fourth, use in particularly inappropriate settings (e.g., prior to driving, or during school hours). As Wagner asserts, "It makes no sense to delay intervention until the person advances to more serious consequences such as getting arrested or involved in a disastrous automobile accident (Wagner and Waldron 4) .
- Fifth, intervention is warranted when the individual has experienced negative social or psychological effects of use. Sixth, the presence of several drug use risk factors, such as history of family drug addiction or alcoholism, drug involvement by older siblings, presence of conduct disorder or ADHD, positive expectancy effects for future drug use, etc. (Wagner and Waldron 4).

Bong replaces lollipops for this little girl

Starting young . . . five-year-old with a bottle of sherry handy fires up her bong

www.StrangeCosmos.com

She's a drug addict aged 5

Children aged 9 and 13 smoke pot and drink alcohol

A GIRL aged five is a regular cannabis user, it has been revealed.

Her nine and 13-year-old sisters also smoke drugs and drink alcohol.

The case is being investigated by the Northern Territory Family and Children's Services department.

A former FACS officer said: "The child's case has been referred to an assessment team.

"There have been no reports of physical violence towards the child — just drug abuse."

The Daily Telegraph has obtained photographs of the five-year-old about to light a bong in a house in the Darwin suburb of Palmerston.

Her 13-year-old sister is pictured lighting a bong while her 13-year-old friend pours herself a glass of sherry.

A neighbour, who admits to being a drug user, said the five-year-old girl helped herself to the bong.

"She lit it and correctly breathed the smoke in without any adult help," she said.

The girl also smokes cigarettes.

"This is serious stuff — she acts like an addict," the neighbour said.

"If she doesn't get that ganja or tobacco then she chucks a tantrum — she throws herself on the ground and screams until she can get her hit.

"I've worked with addicts my whole life but I've never seen a 5-year-old addict.

"I've seen teenagers and adult addicts and their stages of aggression — the behaviour that this child is displaying is exactly like that.

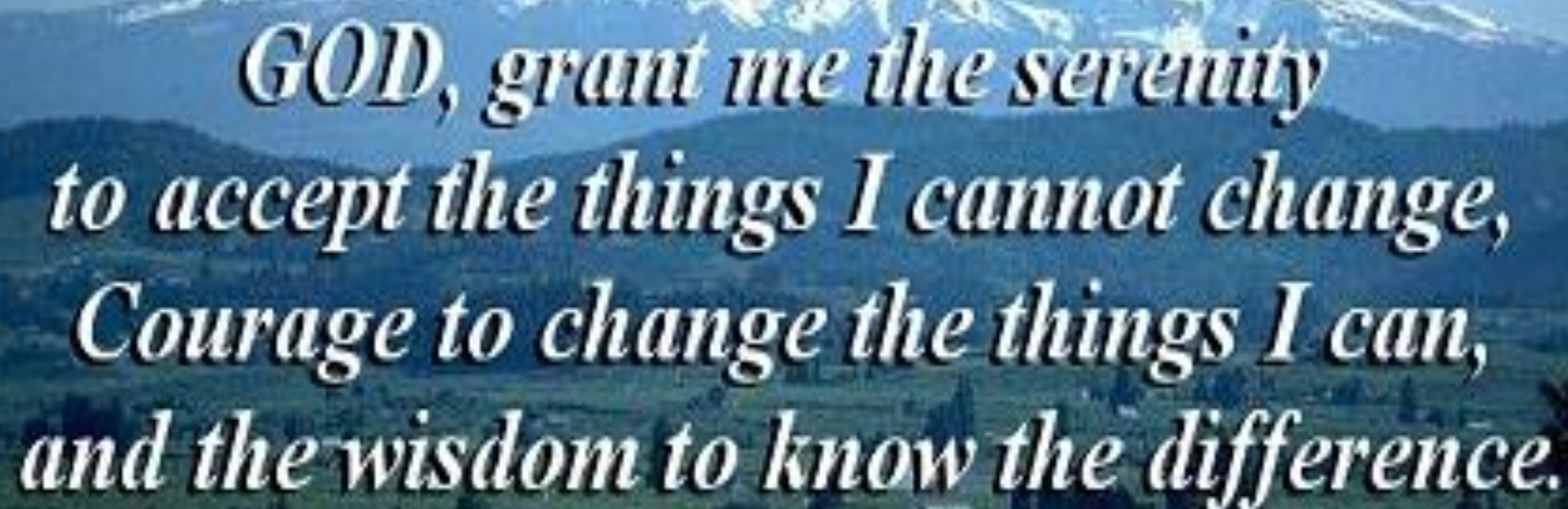
"We're not talking about a one-off. It's not an accident.

"If FACS tested that child tomorrow, she'd have cannabis in her blood."

- **Alternatives To 12 Step Groups**
- *SMART recovery's goal is to empower substance abusers by teaching them to identify and counter negative thought patterns that contribute to their substance use. By doing this, people in SMART recovery can learn to abstain and develop a positive lifestyle during their course of recovery. SMART believes that addiction begin in the mind. It relies primarily on a cognitive approach and helps offenders take control of their lives by targeting their thought patterns in very specific ways. 22
- *Unlike AA and NA, SMART's goals are accomplished in groups led by volunteer coordinators, who are trained to guide the group process and assist participants in recognizing irrational thought patterns. SMART recovery consists of a 4-point program, which helps participants build personal skills in: enhancing and maintaining motivation to change, coping with urges, problem-solving, and maintaining lifestyle balance. Because SMART defines addiction in broad terms that include alcohol, prescription and illegal drugs, nicotine and caffeine, as well as behaviors such as gambling, compulsive eating and violent activity, it potentially could help a broad range of offenders (Konopa, Chiauzzi, Portnoy, and Litwicki).22

- **Conclusion**
- *Studies have generally found that 12-step approaches yield equivalent or superior outcomes to such science-based treatments as cognitive behavioral treatment (CBT). A significantly greater percentage of alcohol dependent patients were abstinent at 12 and 36 months, for example, following treatment in the 12-step condition compared to other conditions (Ouimette et al., 1997; Project MATCH Research Group, 1997, 1998). In a large multisite trial of cocaine dependence (Crits-Christoph et. al., 1999), 12-step treatment also yielded superior outcomes when compared to other treatment approaches. Overall, findings indicate that 12-step treatment is one of several effective interventions for alcohol and cocaine dependence (Morgenstern et. al.). 23
- *The studies demonstrated that participants showed a significant and dramatic increase in abstinence days following 12-step treatment. Prior to treatment, participants, on average, were abstinent only 1 out of 3 days. After completing treatment, participants, on average, were abstinent 85%-90% of days. These gains were maintained across the 12-month outcome period. Outcomes in terms of percent days abstinent are similar to those reported in other studies of 12-step treatments (Morgenstern et al., 2001; Project MATCH Research Group, 1997). 24

- ***The statistics on AA success** rates have a large discrepancy based on various biases and difficulty accurately measuring the success of those whom have actually tried working the 12-steps. Moreover, it is important to distinguish AA from clinical treatment modalities. AA is a spiritual path to recovery and not a scientific treatment approach. As such, traditional outcomes studies must factor in the conditions of using a higher power and working the steps to obtain recovery.
- *Twelve step support meeting help individuals by allowing them to share their issues and experiences in meetings and continuing relationships outside in the group in social settings. They also found strength in writing about feelings, reading program literature, meditating or praying, and learning relaxation techniques. In addition, the therapist may incorporate techniques such as role-plays, guided imagery, identification of body sensations, bibliotherapy.25
- *Twelve-step therapy has been shown as highly effective in treating substance abuse more so then any other techniques available alone. It's success hinges on incorporating the proven benefits of 12-step support and mutual aid groups with effective therapeutic approaches. Perhaps, most importantly of all these techniques are the use of the therapeutic relationship to assist the client in this process (Parker, and Guest 119).
- The essential beliefs of all 12-step programs include:
- 1.
- Addiction is a disease.
- 2.
- Individuals with an addiction require support from other recovering, addicted members.
- 3.
- Reliance on a "power greater than self" is necessary for recovery.
- 4.
- Abstinence from the addictive behavior is the foundation of recovery.
- 5.
- Recovery is a lifelong process.
- 6.
- Helping other addicted people is essential to long-term stable abstinence from addictive behavior.
- 7.
- Acceptance of the realistic limits of being human is imperative.
- .


GOD, grant me the serenity
to accept the things I cannot change,
Courage to change the things I can,
and the wisdom to know the difference.
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