



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Self-Help and Related Clinical Interventions

John F. Kelly, Ph.D.



Disclosures

Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.

Overview

1. **Background and Rationale**: Why “self-help” (“mutual-help”)?
2. **Efficacy and Mechanisms**: Do groups like AA confer real benefits? If so, how?
3. **Clinical Interventions**: What can we do clinically to enhance “self-help” participation and enhance outcomes?

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1. Why “Self-help”?

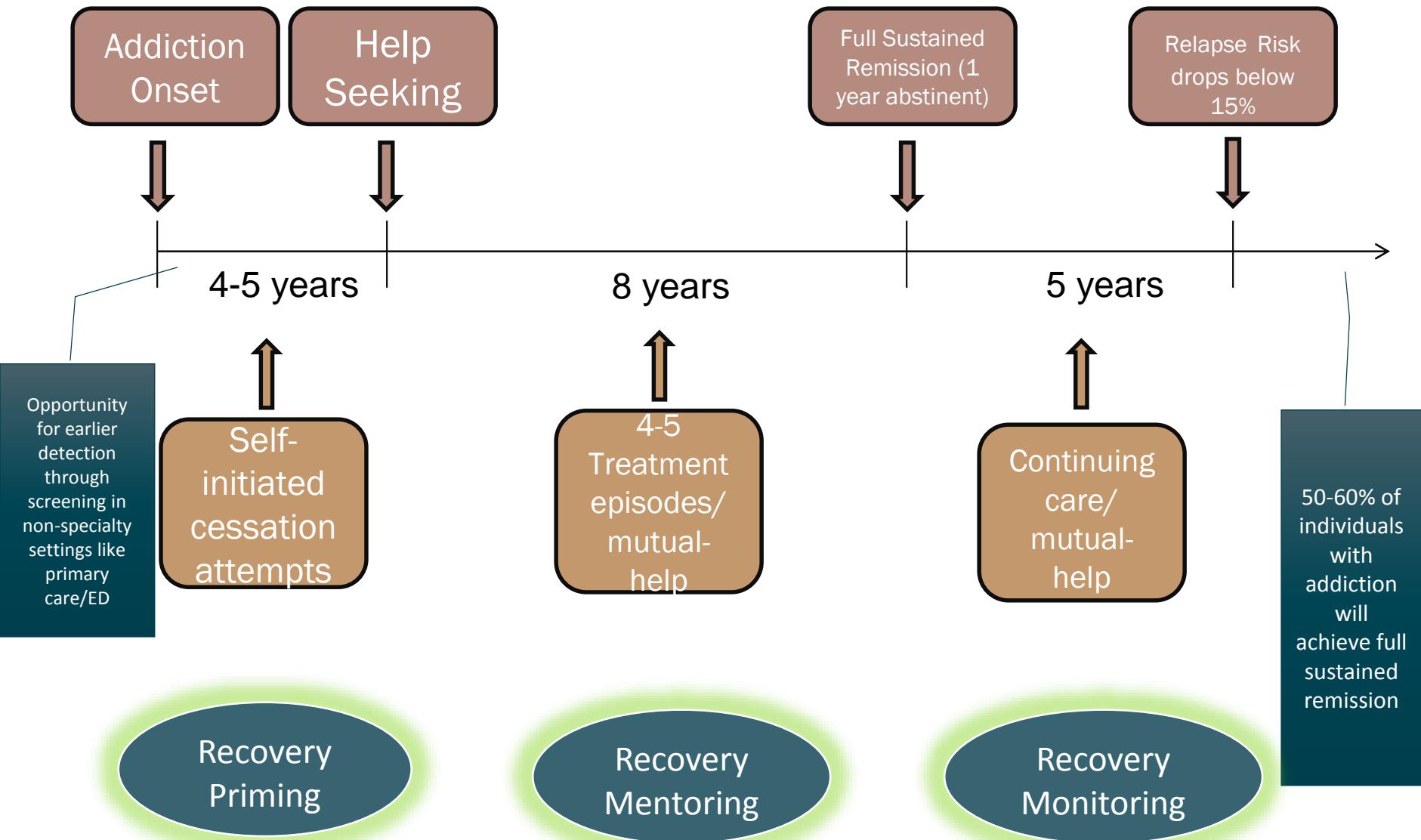
- Key Points
 - Achieving stabilization and recovery is demanding
 - Addiction is susceptible to relapse over the long-term
 - MHOs like AA are widely available - provide adaptive long-term indigenous community recovery support for free

STAGES OF CHANGE:

RELATED TREATMENT & RECOVERY SUPPORT SERVICES

PRECONTEMPLATIVE	CONTEMPLATIVE	PREPARATION	ACTION	MAINTENANCE
<p>In this stage, individuals are not even thinking about changing their behavior. They do not see their addiction as a problem: they often think others who point out the problem are exaggerating.</p> 	<p>In this stage people are more aware of the personal consequences of their addiction & spend time thinking about their problem. Although they are able to consider the possibility of changing, they tend to be ambivalent about it.</p> 	<p>In this stage, people have made a commitment to make a change. This stage involves information gathering about what they will need to change their behavior.</p> 	<p>In this stage, individuals believe they have the ability to change their behavior & actively take steps to change their behavior.</p> 	<p>In this stage, individuals maintain their sobriety, successfully avoiding temptations & relapse.</p>
HARM REDUCTION <ul style="list-style-type: none"> * Emergency Services (i.e. Narcan) * Needle Exchanges * Supervised Injection Sites 	SCREENING & FEEDBACK <ul style="list-style-type: none"> * Brief Advice * Motivational Interventions 	CLINICAL INTERVENTION <ul style="list-style-type: none"> * Phases/Levels (e.g., inpatient, residential, outpatient) * Intervention Types <ul style="list-style-type: none"> - Psychosocial (e.g. Cognitive Behavioral Therapy) - Medications: Agonists (e.g. Buprenorphine, Methadone) & Antagonists (Naltrexone) 	NON-CLINICAL INTERVENTION <ul style="list-style-type: none"> * Self-Management/Natural Recovery (e.g. self-help books, online resources) * Mutual Help Organizations (e.g. Alcoholics Anonymous, SMART Recovery, Lifeling Secular Recovery) 	CONTINUING CARE (3m- 1 year) <ul style="list-style-type: none"> Recovery Management Checkups, Telephone Counseling, Mobile Applications, Text Message Interventions
SCREENING, BRIEF INTERVENTION, & REFERRAL TO TREATMENT (SBIRT)		CBT		RECOVERY MONITORING (1-5+ yrs) <ul style="list-style-type: none"> Continued Recovery Management Checkups, therapy visits, Primary Care Provider Visits
MI				TSF

The clinical course of addiction and achievement of stable recovery can take a long time ...



Potential Advantages of Community Mutual-help

- Cost-effective -free; attend as intensively, as long as desired
- Focused on addiction recovery over the long haul
- Widely available, easily accessible, flexible
- Access to fellowship/broad support network
- Entry threshold (no paperwork, insurance); anonymous (stigma)
- Adaptive community based system that is responsive to undulating relapse risk

Substance Focused Mutual-help Groups

Name	Year of Origin	Number of groups in U.S.	Location of groups in U.S.	Evidence base* (0-3)
Alcoholics Anonymous (AA)	1935	52,651	all 50 States	1, 2, 3
Narcotics Anonymous (NA)	1940s	Approx. 15,000	all 50 States	1, 2
Cocaine Anonymous (CA)	1982	Approx. 2000 groups	most States; 6 online meetings at www.ca-online.org	0
Methadone Anonymous (MA)	1990s	Approx. 100 groups	25 States; online meetings at http://methadone-anonymous.org/chat.html	1, 2
Marijuana Anonymous (MA)	1989	Approx. 200 groups	24 States; online meetings at www.ma-online.org	0
Rational Recovery (RR)	1988	No group meetings or mutual helping; emphasis is on <i>individual</i> control and responsibility	-----	1, 2
Self-Management and Recovery Training (S.M.A.R.T. Recovery)	1994	Approx. 250 groups	40 States; 19 online meetings at www.smartrecovery.org/meetings/olschedule.htm	1, 3
Secular Organization for Sobriety, a.k.a. Save Ourselves (SOS)	1986	Approx. 480 groups	all 50 States; Online chat at www.sossoberity.org/sos/chat.htm	1
Women for Sobriety (WFS)	1976	150-300 groups	Online meetings at http://groups.msn.com/WomenforSobriety	1
Moderation Management (MM)	1994	Approx. 16 face-to-face meetings	12 States; Most meetings are online at www.angelfire.com/trek/mmchat/	1

*0= None 1=Descriptive studies only 2 = Observational (correlational, longitudinal) 3= Experimental (random assignment, controlled).

Source: Kelly & Yeterian, 2008

Broadening the Base of Addiction Mutual-Help Organizations

JOHN F. KELLY

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WILLIAM L. WHITE

Research Division, Chestnut Health Systems, Punta Gorda, Florida, USA

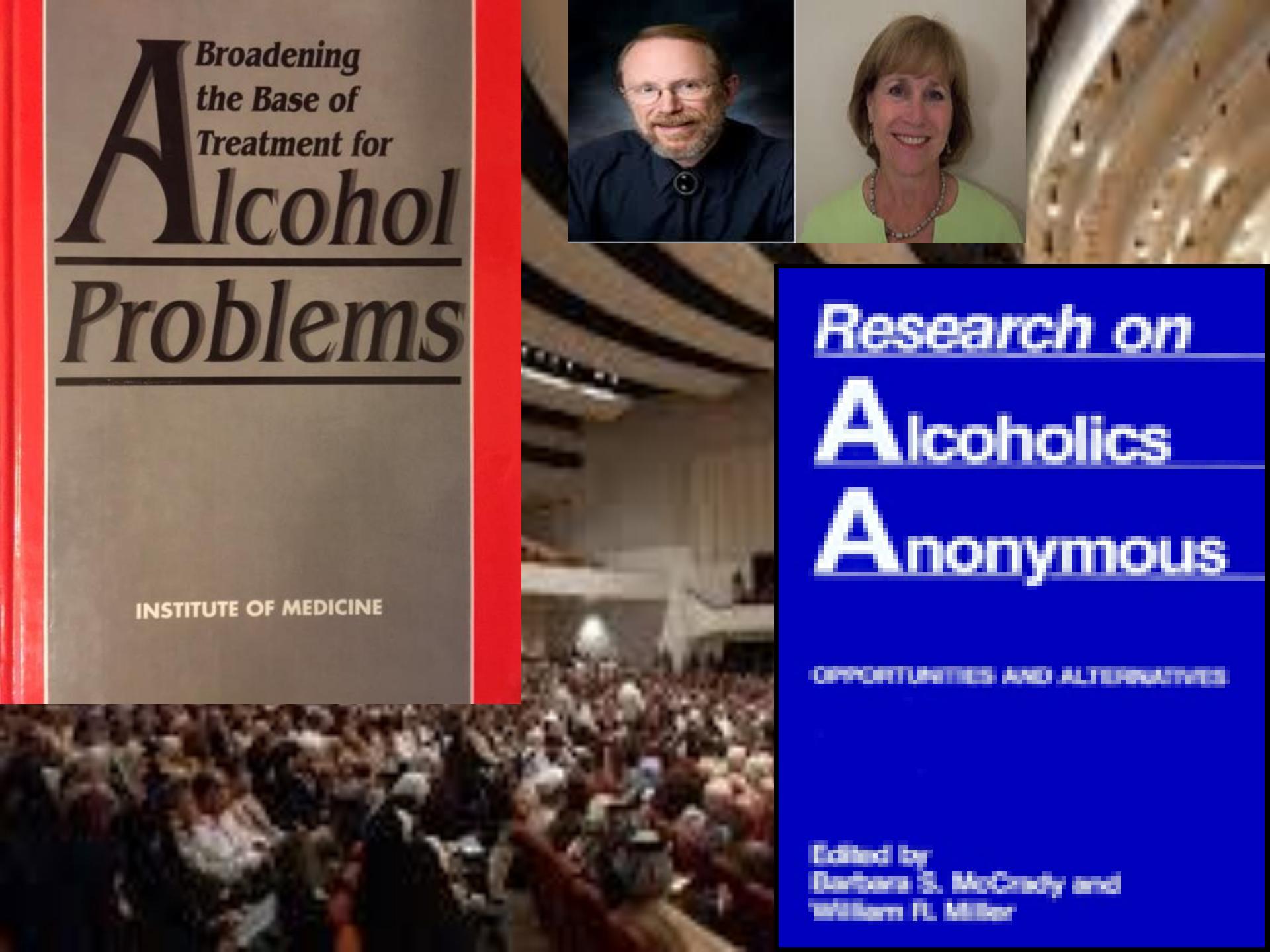
Peer-led mutual-help organizations addressing substance use disorder (SUD) and related problems have had a long history in the United States. The modern epoch of addiction mutual help began in the postprohibition era of the 1930s with the birth of Alcoholics Anonymous (AA). Growing from 2 members to 2 million members, AA's reach and influence has drawn much public health attention as well as increasingly rigorous scientific investigation into its benefits and mechanisms. In turn, AA's growth and success have spurred the development of myriad additional mutual-help organizations. These alternatives may confer similar benefits to those found in studies of AA but have received only peripheral attention. Due to the prodigious economic, social, and medical burden attributable to substance-related problems and the diverse experiences and preferences of those attempting to recover from SUD, there is potentially immense value in societies maintaining and supporting the growth of a diverse array of mutual-help options. This article presents a concise overview of the origins, size, and state of the science on several of the largest of these alternative additional mutual-help organizations in an attempt to raise further awareness and help broaden the base of addiction mutual help.

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2. Do groups like AA actually confer real benefits? If so, how?

- Key Points
 - MHOs, like AA, confer benefits that are on par in magnitude with professional interventions
 - Interventions that promote MHO participation (i.e., TSF) often produce superior outcomes and higher rates of FSR
 - Participation in MHOs reduces reliance on professional care, reduces health costs and enhances remission
 - TSF/MHOs produce these better outcomes because they mobilize mechanisms mobilized by formal treatment (e.g., coping skills/motivation/abstinence self-efficacy)



Broadening the Base of Treatment for Alcohol Problems

INSTITUTE OF MEDICINE



Research on **Alcoholics Anonymous**

OPPORTUNITIES AND ALTERNATIVES

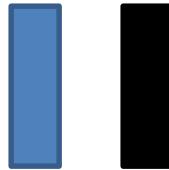
Edited by:
Barbara S. McCloskey and
William F. Miller

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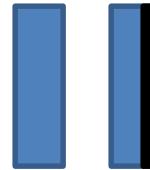
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TSF Delivery Modes

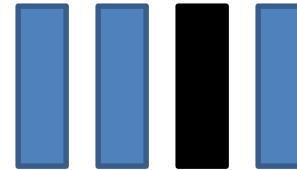
Stand alone
Independent therapy



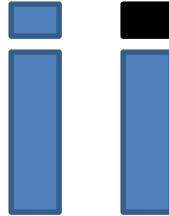
Integrated into an existing
therapy



Component of a treatment
package (e.g., an
additional group)



As Modular appendage
linkage component



In past 25 years, AA research has
gone from contemporaneous
correlational research to rigorous
RCTs and ...



**Cochrane
Library**

Cochrane Database of Systematic Reviews

Alcoholics Anonymous and other 12-step programs for alcohol use disorder (Review)

Kelly JF, Humphreys K, Ferri M

Cochrane Systematic
Review on AA/TSF
(2020)

- Kelly, JF
- Humphreys, K
- Ferri, M

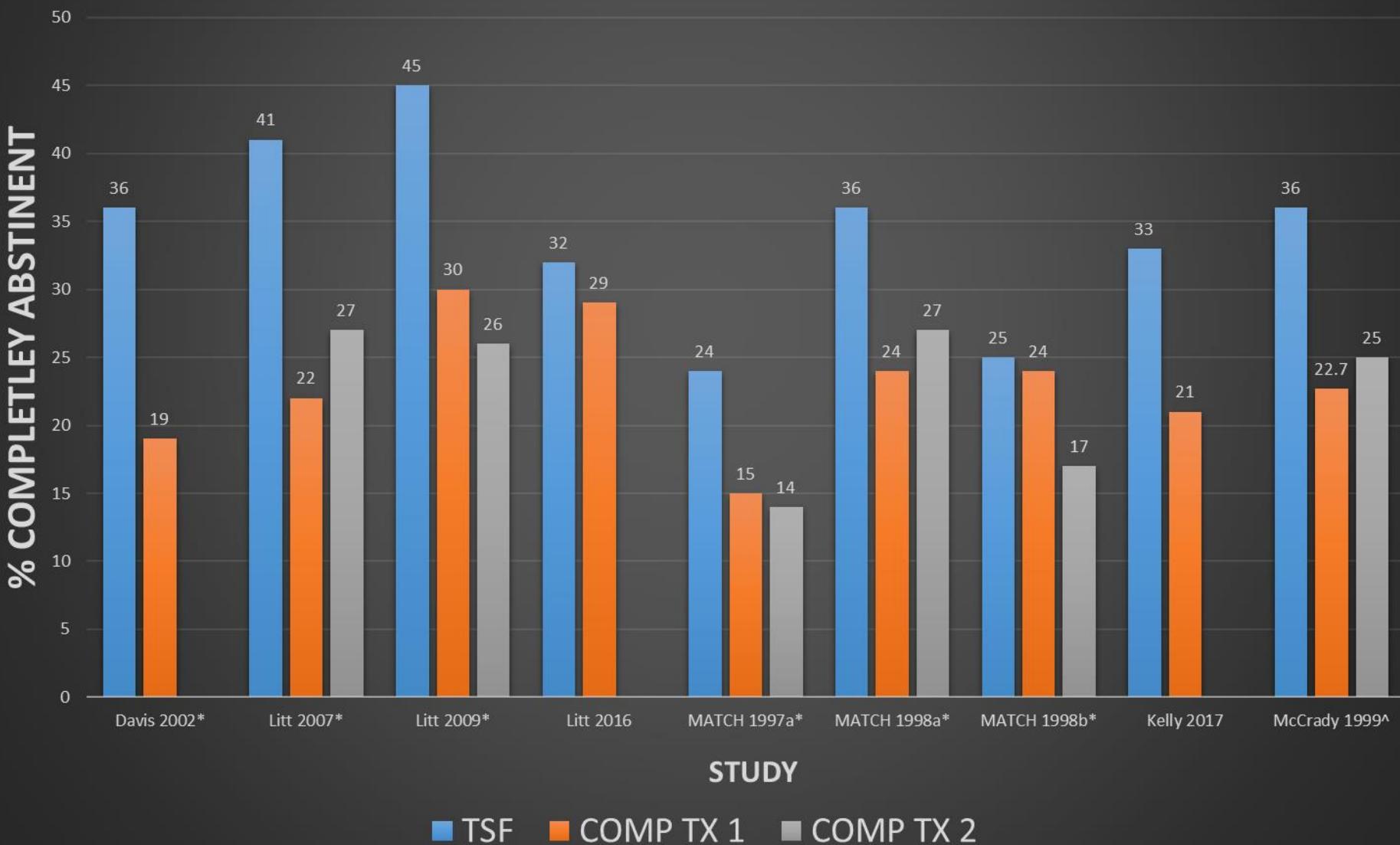
Kelly JF, Humphreys K, Ferri M.
Alcoholics Anonymous and other 12-step programs for alcohol use disorder.
Cochrane Database of Systematic Reviews 2020, Issue 3. Art. No.: CD012880.
DOI: [10.1002/14651858.CD012880.pub2](https://doi.org/10.1002/14651858.CD012880.pub2).

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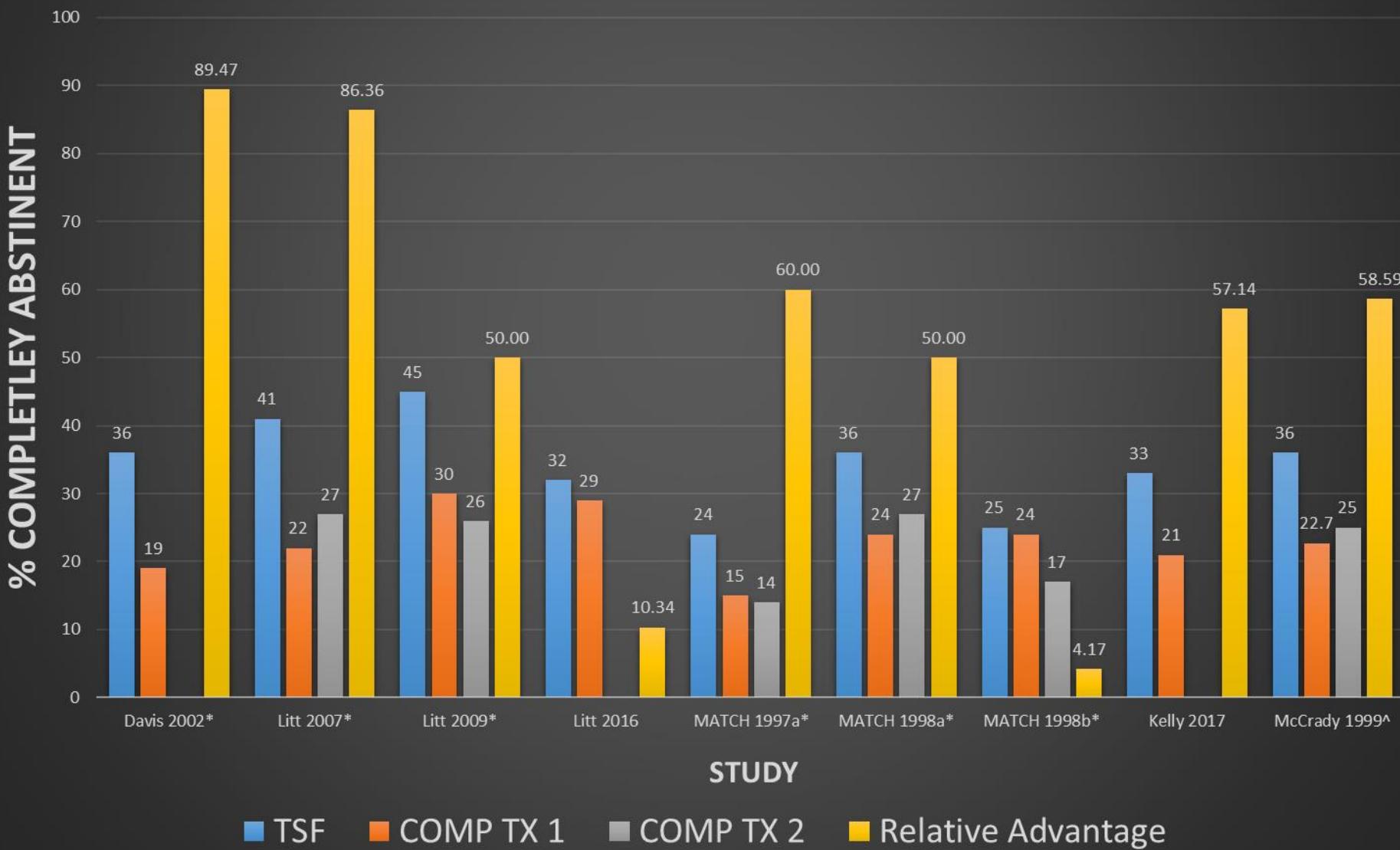
Alcoholics Anonymous and other 12-step programs for alcohol use disorder (Review)
Copyright © 2020 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

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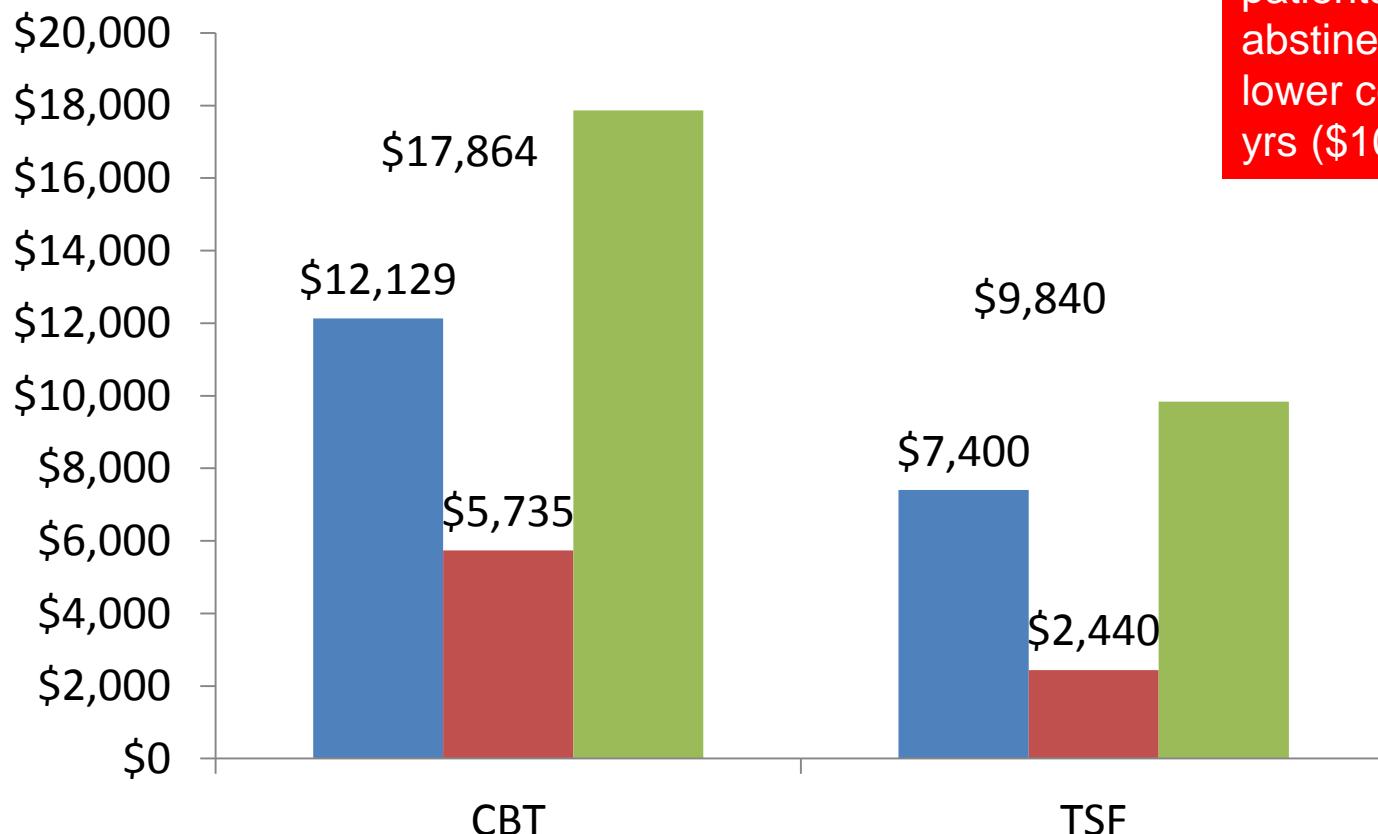
TSF Compared to Different Theoretical Orientation Treatments (RCTs all Manualized)



TSF Compared to Different Theoretical Orientation Treatments (RCTs all Manualized)



HEALTH CARE COST OFFSET CBT VS 12-STEP RESIDENTIAL TREATMENT



Compared to CBT-treated patients, 12-step treated patients more likely to be abstinent, at a \$10,000 lower cost per pt over 2 yrs (\$10M total savings)

■ Year 1
■ Year 2
■ Total

Also, higher remission rates, means decreased disease and deaths, increased quality of life for sufferers and their families

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Curative factors of group therapy and... of MHOs?

- **Universality**
- **Altruism**
- **Instillation of hope**
- **Imparting information**
- **Recapitulation of the primary family experience**
- **Development of socializing techniques**
- **Imitative behavior**
- **Cohesiveness**
- **Existential factors**
- **Catharsis**
- **Interpersonal learning**
- **Self-understanding**

(Yalom, 1995)

Facilitating involvement in Alcoholics Anonymous during out-patient treatment: a randomized clinical trial

Kimberly S. Walitzer, Kurt H. Dermen & Christopher Barrick

Research Institute on Addictions/University at Buffalo, The State University of New York, Buffalo, NY, USA

Addiction (1998) 93(9), 1313–1333

RESEARCH REPORT

Network support for drinking Anonymous and long-term

TSF often produces significantly better outcomes relative to active comparison conditions (e.g., CBT)

Although TSF is not “AA”, its beneficial effect is explained by AA involvement post-treatment.

**RICHARD LONGABAUGH¹, PHILIP W. WIRTZ²,
ALLEN ZWEBEN³ & ROBERT L. STOUT⁴**

¹*Brown University, Center for Alcohol & Addiction Studies, Providence, RI,*

²*George Washington University, Washington, DC, ³University of Wisconsin-Milwaukee,*

*Center for Addiction & Behavioral Health Research, Milwaukee, WI, ⁴Brown University and
Butler Hospital, Center for Alcohol & Addiction Studies, Providence, RI, USA*

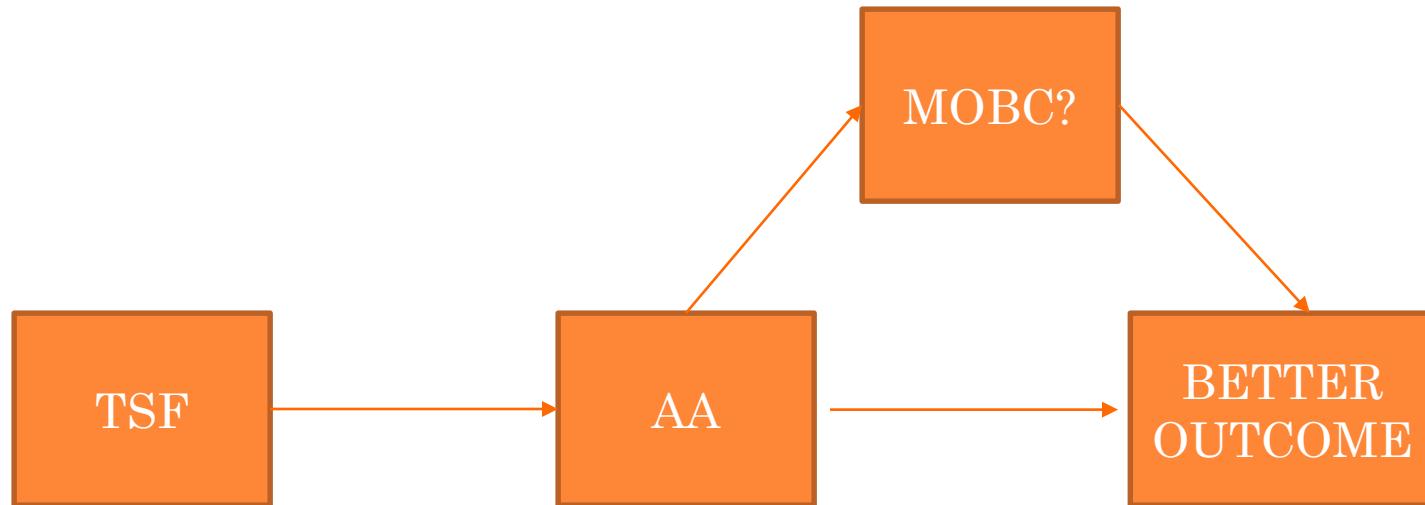
Abstract

Aims. (1) To examine the matching hypothesis that Twelve Step Facilitation Therapy (TSF) is more

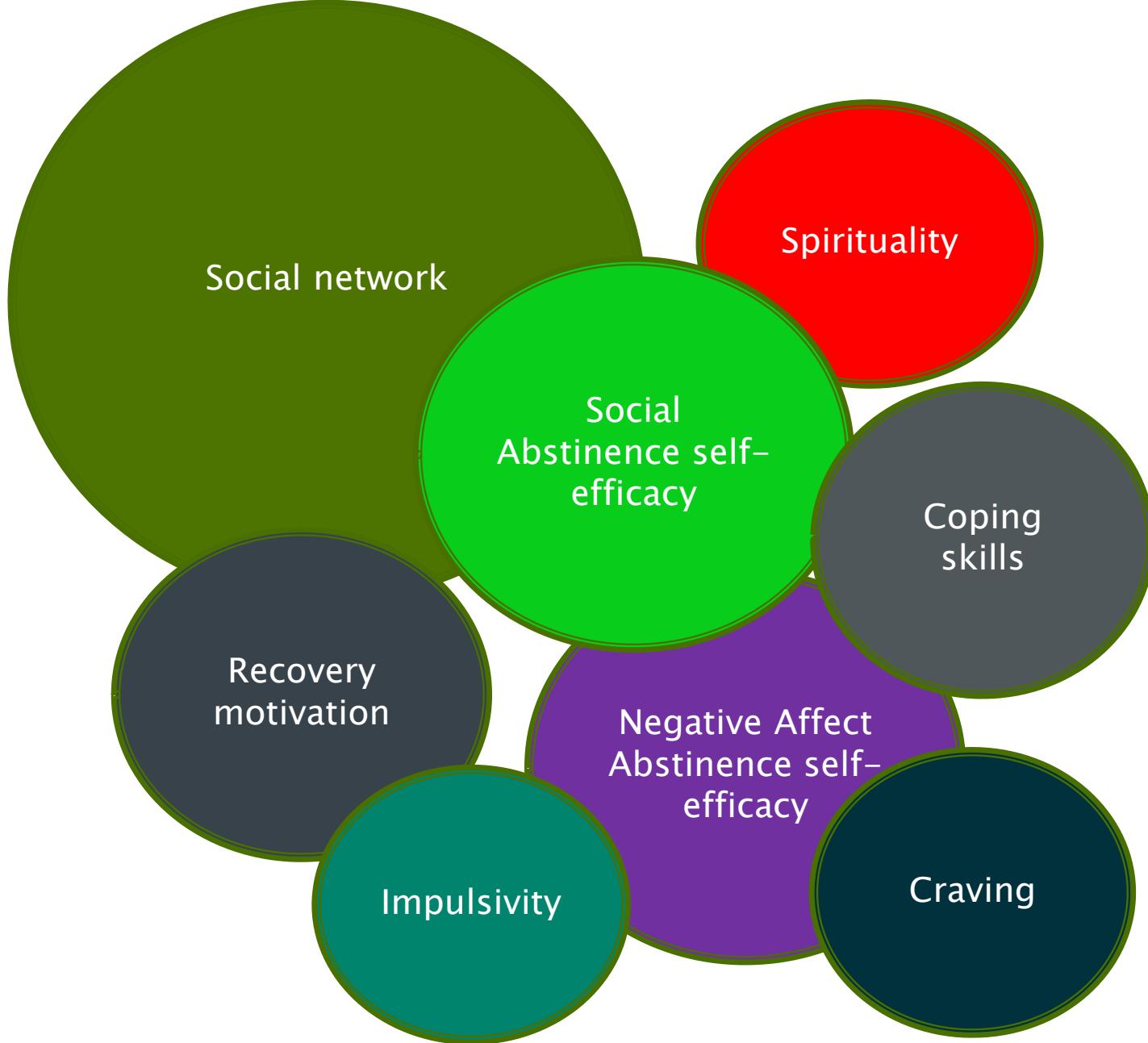
TSF-AA-OUTCOME CAUSAL CHAIN SUPPORTED...



WHAT ABOUT SUPPORT FOR CAUSAL CHAIN OF PURPORTED MOBC OF AA ON OUTCOMES?



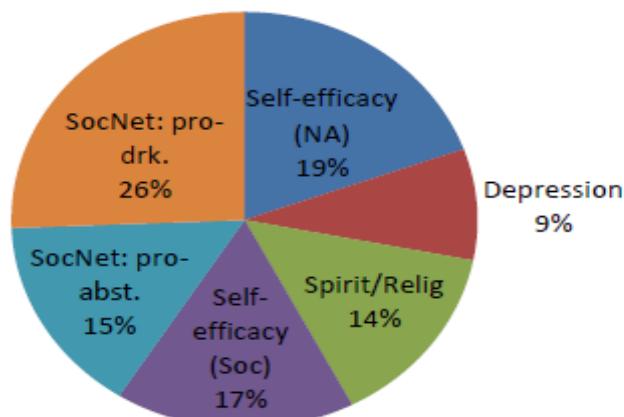
Empirically-supported MOBCs through which AA confers benefit



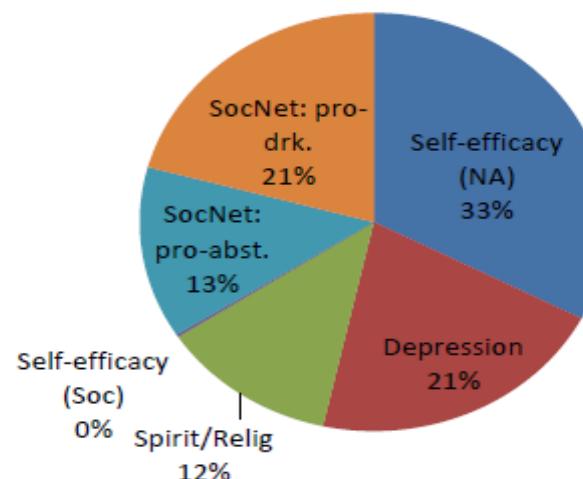
AA participation in turn is explained by these factors which are similar to the mechanisms operating in formal treatment, and probably other MHOs as well....

Similar to psychotherapy outcomes research, AA works differently for different people/people make AA work for them in different ways

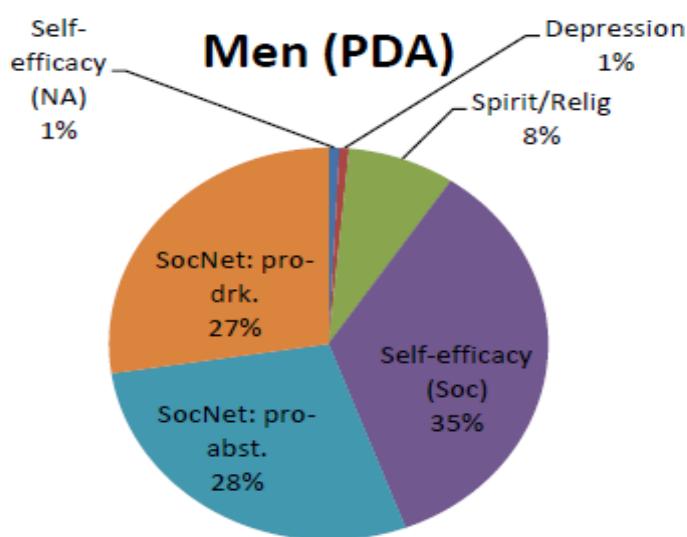
Women (PDA)



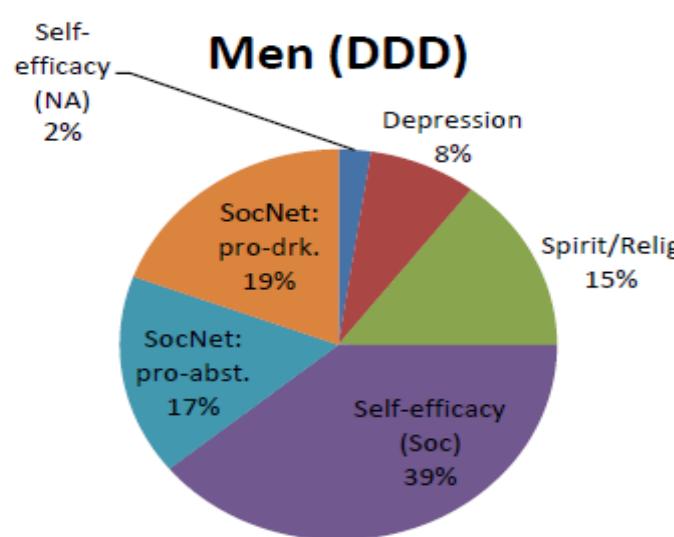
Women (DDD)



Men (PDA)



Men (DDD)



12-Step Alternatives

Main Findings

SMART RECOVERY RCT

- One study found no difference between SR meetings only and SR meetings + an online SR intervention^[23]

PEER ALTERNATIVES COMPARATIVE EFFICACY STUDY

- Adults with AUD who were members of WFS, LifeRing, SMART, or 12-step^[24]
 - Overall, primary group affiliation and involvement did not predict substance use outcomes over the 1-year period
 - SMART Recovery and LifeRing members were less likely than 12-step members to be abstinent at 1-year follow-up; however, these effects were negated when controlling for baseline abstinence goal

Alternatives to 12-step are likely to be as helpful as 12-step involvement at helping people manage SUDs. However, more research is needed on alternatives to 12-step, including research on facilitation to these groups.



12-step programs for reducing illicit drug use

Martin Bøg, Trine Filges, Lars Brännström, Anne-Marie Klint Jørgensen and
Maja Karrman Fredriksson

A Campbell Systematic Review
2017:2

Published: February 2017
Search executed: September 2016



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3. What can we do clinically to enhance “self-help” participation and thereby enhance clinical outcomes?

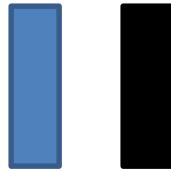
- Key points
 - Broach the topic of MHO participation
 - Discuss what to expect (if patient never been)
 - Actively prescribe participation
 - Link with active members whenever possible
 - Monitor attendance and reaction

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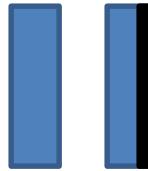
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TSF Delivery Modes

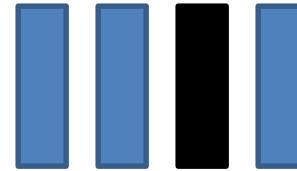
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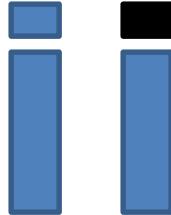
Integrated into an existing
therapy



Component of a treatment
package (e.g., an
additional group)



As Modular add-on
linkage component



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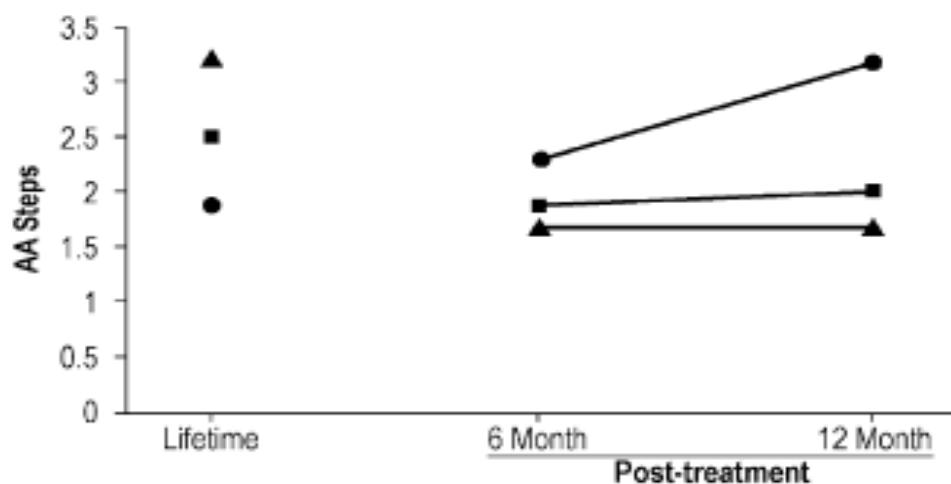
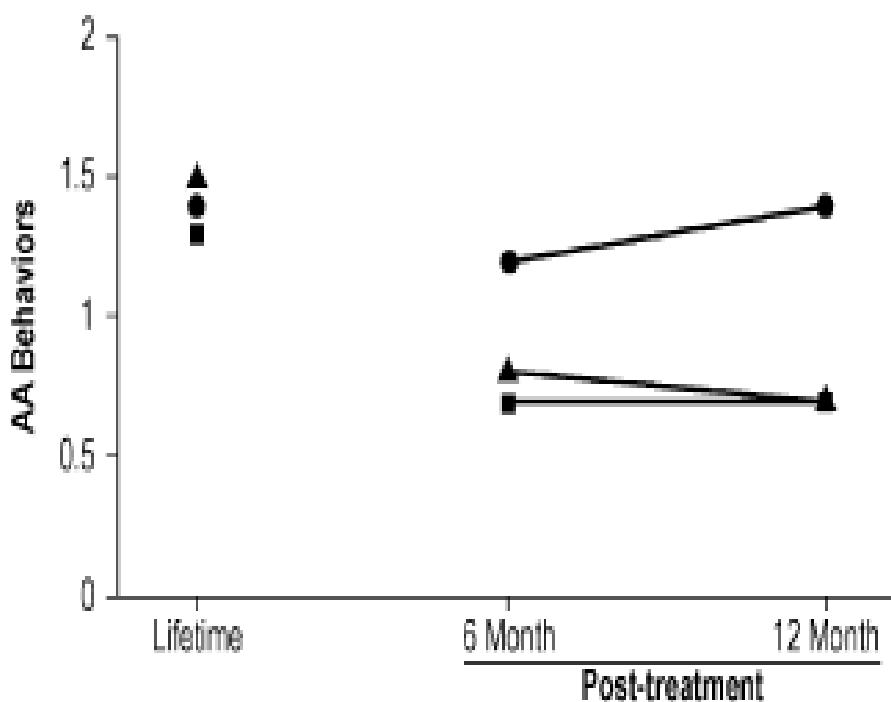
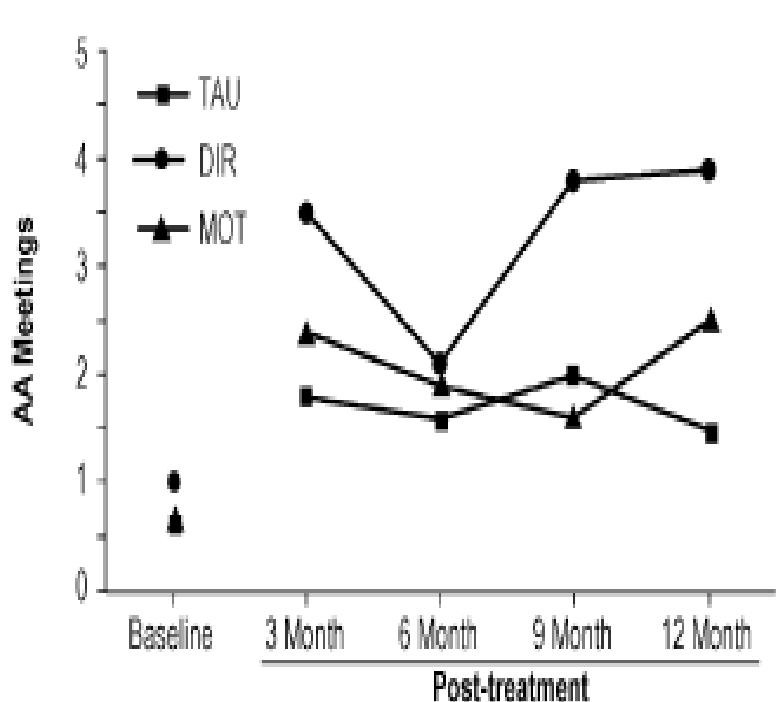
Strategies for Facilitating Outpatient Attendance of AA (Wallitzer et al, 2008)

- Approaches to assist in involvement in AA
- 169 adult alcoholic outpatients randomly assigned to one of three treatment conditions
- All clients received treatment that included:
 - 12 sessions
 - Focus on problem-solving, drink refusal, relaxation
 - Recommendation to attend AA meetings

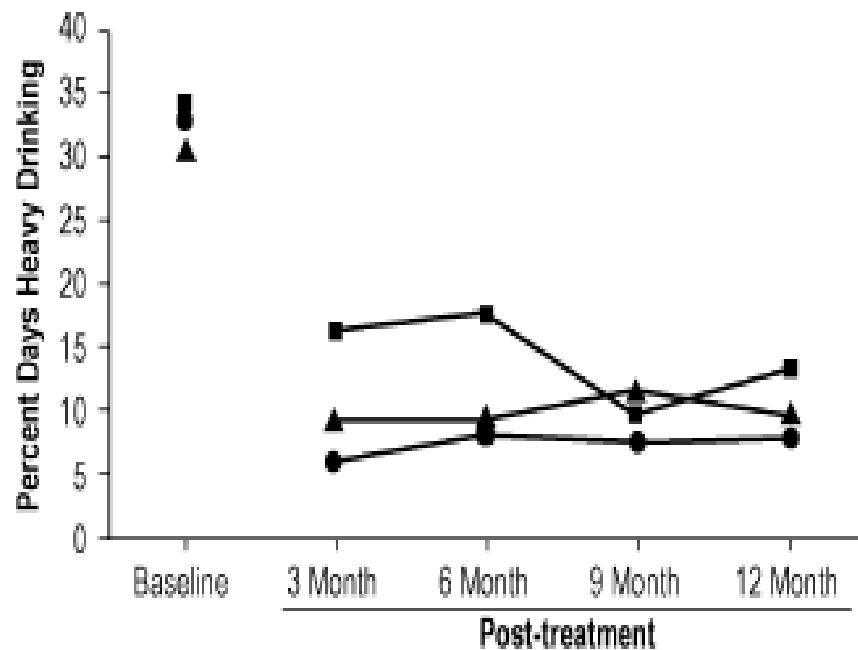
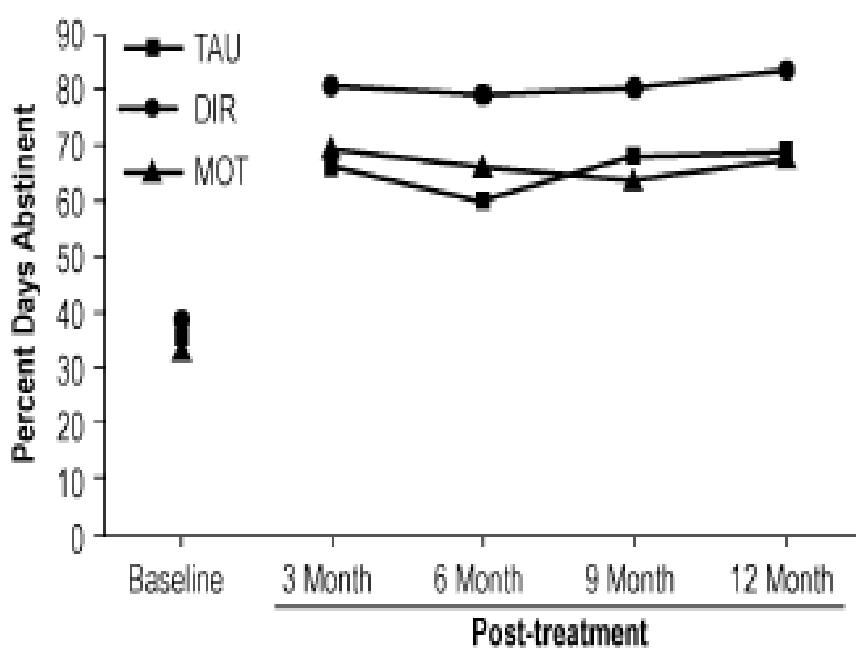
Strategies for Facilitating Outpatient Attendance of AA

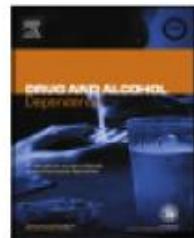
- Treatment varied between 3 conditions in terms of how the therapist discussed AA and how much information about AA was shared
 - **Condition 1: Directive approach**
 - “I’d like you to attend 3 meetings this week and keep a diary of your experience....”
 - **Condition 2: motivational enhancement approach (more client centered)**
 - “How do you think groups like AA might help you in your change attempts/recovery?”
 - **Condition 3: CBT treatment as usual, no special emphasis on AA**
 - Throughout treatment, therapist briefly inquires about AA and encourages client to attend AA

Strategies for Facilitating AA Attendance during Outpatient Treatment



Strategies for Facilitating AA Attendance during Outpatient Treatment





Does active referral by a doctor or 12-Step peer improve 12-Step meeting attendance? Results from a pilot randomised control trial[☆]

Victoria Manning^a, David Best^b, Nathan Faulkner^a, Emily Titherington^a, Alun Morinan^a, Francis Keaney^a, Michael Gossop^a, John Strang^{a,*}

^a Kings College London, National Addiction Centre, Maudsley Hospital/Institute of Psychiatry, 4 Windsor Walk, London SE5 8BB, UK

^b Turning Point Alcohol and Drug Centre/Monash University, 54–62 Gertrude Street, Fitzroy, Melbourne, 3065, Australia

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ABSTRACT

Background: Active engagement in 12-Step self-help groups (SHG) is associated with improvements in substance use outcomes during and after treatment, yet levels of participation in SHG meetings in the UK remain low.

Method: An RCT investigating the impact of active referral to SHG, delivered by doctors or 12-Step peers during inpatient treatment on both inpatient and post-treatment meeting attendance was conducted. 151

ACTIVE REFERRAL TO 12-STEP GROUPS (MANNING ET A, 2012)

- Active linkages (Peer [PI] or doctor [DI]) produced higher attendance rates than no intervention (NI) (**88% vs 73%**; $p < .05$); although NI was still high
- Those attending during tx sig more likely to attend post-tx (**59% versus 20%**; $\chi^2 = 9.9$, $p < .01$).
- Sig group differences in post-discharge attendance rates (**PI = 64%**, **DI = 48%**, **NI = 33%** $p < .05$)
- **Among those without prior 12-Step experience, 33% of PI, 73% of DI, and 0% of NI, group, attended meetings post-tx ($p < .01$).**

Summary

- Mutual-help organizations, like AA, are effective public health resources helping to mitigate relapse risk, and reduce health care costs.
- Research demonstrates AA works by mobilizing similar therapeutic mechanisms as those mobilized by professional interventions, but does so over the long-term for free in the communities in which people live.
- Number of empirically-supported manualized interventions exist shown to stimulate mutual-help participation during and following treatment and thereby improve outcomes and reduce health costs over long-term.



Enhancing Recovery Through Science



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