

# Chapter 8. Self help programs



## 8. Self-help programs

**This chapter provides an overview of self-help approaches for patients, including Alcoholics Anonymous and Smart Recovery®, and their families, and how they can be incorporated into treatment.**

### Alcoholics Anonymous

Alcoholics Anonymous (AA) is a peer-based self-help organisation that aims to help members achieve and maintain sobriety. Although not intrinsically a form of treatment, it is readily available in Australia, cost-effective and easily accessible, and may play a useful role in an extended care plan.

Research suggests that patients who attend AA as part of a structured treatment program, in addition to individual outpatient sessions, and who begin attendance early in their treatment, demonstrate better outcomes than people attending either AA or treatment alone.

Established in the United States in 1935, over 100,000 AA groups exist worldwide with a total membership of approximately two million. In Australia, about 1700 groups operate in all states and territories, making AA the most widely available program for alcohol-dependent people in Australia. For those unable to access physical groups, a number of groups run online at <<http://www.aa.org.au>>.

### How Alcoholics Anonymous works

AA is founded on the assumption that shared experience and mutual support are necessary for recovery from addiction. In particular, AA proposes that sobriety is only possible by first acknowledging one's inability to control the drinking habit, committing to a comprehensive overhaul of one's identity and lifestyle, and assisting new members in their recovery. AA, as the prototype for many self-help groups, uses a core program based around 12 steps (see box) that promote increased self-awareness and heighten a sense of meaning in life. Several studies have also suggested that AA-facilitated abstinence is partly due to an increase in self-efficacy, which arises from its recovery.

## THE 12 STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God, as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

AA encourages new members to attend 90 meetings in 90 days, and many long-time members (10 years or more) still attend daily. Such meetings form the core of recovery by providing a non-judgemental environment that facilitates the open discussion of members' difficulties and vulnerabilities. Generally, after attending several meetings the new AA member is assigned a sponsor (mentor) who helps them work through the 12 steps. The sponsor has been through the AA recovery program and maintained sobriety for at least one year (usually much longer); the new member is also encouraged to contact their sponsor whenever necessary if additional support is needed between meetings.

The program itself can be broken down into three main stages, namely:

- First, the member must recognise that they are unable to control their addiction, and that they require help from a source greater than themselves to overcome the problem (Steps 1 to 3). It is important to note that the concept of God or a 'higher power' includes anything of a transpersonal nature that can be drawn on for strength, including the AA group.

- The second phase develops self-awareness by asking the member to conduct an in-depth 'moral inventory', which is then used as the basis for 'making amends' (Step 8). This helps the member work through situations that could potentially trigger a relapse (Steps 4 to 10).
- Finally, the member is encouraged to develop a sense of spirituality (Step 11) and purpose by assisting others achieve sobriety (Step 12).

### Evidence for Alcoholics Anonymous' effectiveness

Over the past 50 years, hundreds of studies have examined the effectiveness of AA, however the evidence base is difficult to interpret: very few randomised controlled trials exist, most participants have had exposure to other treatment programs in addition to AA, and naturalistic studies only include participants who have elected to attend treatment (suggesting a higher degree of motivation to change). Nevertheless, there is sufficient evidence to indicate:

- involvement in AA plays a major role in improving a variety of long-term physiological and psychological outcomes, including abstinence rates, employment status, interpersonal functioning and overall wellbeing
- members who engage more fully with the AA program tend to benefit more than those who simply attend meetings; there is a clear association between the level of involvement in AA and better patient outcomes
- clinicians using assertive referral practices (such as twelve-step facilitation therapy) to encourage AA involvement deepen their patient's commitment to using AA as part of an extended care plan, resulting in improved abstinence rates and greater treatment retention
- patients who attend AA alongside outpatient treatment show better long-term outcomes than those who attend either treatment or AA alone.

Recommendation	Strength of recommendation	Level of evidence
8.1 Long-term participation in Alcoholics Anonymous can be an effective strategy to maintain abstinence from alcohol for some patients.	B	II

### For whom is Alcoholics Anonymous appropriate?

The only requirement for membership of AA is a desire to stop drinking. Members are able to attend as many meetings as they wish, at no cost. Patients who demonstrate a higher level of symptom severity are more likely to affiliate with AA. It is probable that AA's adherence to the disease model of alcoholism enables the dependent individual to relinquish the belief that controlled drinking is possible in their situation.

AA also provides a new social network supportive of abstinence; for the patient who lacks such support in their home environment, this aspect of AA involvement plays an important role in relapse prevention.

A common misconception concerning AA is that members need to be religious to benefit from the program. In a large-scale study, people involved with AA demonstrated improved outcomes whether or not they identified with a particular religious or spiritual belief system.

The efficacy of AA for patients with mental health comorbidities depends on the type of comorbidity they are suffering. For example, depressed patients require more intensive outpatient support, particularly in the early stages of aftercare treatment, to facilitate the social elements of AA involvement (including finding an appropriate sponsor) and to reduce the likelihood of dropping out of the program.

A longer duration of AA attendance in the first year of treatment and sustained involvement across 2 to 8 years has been linked to better long-term outcomes, so continued AA participation should form part of any extended care plan. This will ensure the patient maintains a social network supportive of abstinence once formal treatment is over, and is particularly important for patients who have severe symptoms or have high levels of support for drinking outside the therapeutic environment.

### Referring to Alcoholics Anonymous

Assertive referral practices can improve AA meeting attendance and involvement, and is associated with better long-term outcomes. Strategies clinicians can practice include:

- providing meeting schedules and public transport timetables
- organising AA volunteers to accompany the patient to meetings
- using a 'meeting journal' (signed off by the AA meeting convener) to record attendance and reactions to the meeting
- organising a temporary sponsor.

Recommendation	Strength of recommendation	Level of evidence
8.2 Assertive referral practices to Alcoholics Anonymous increase participation and improves outcome.	A	I

### SMART Recovery®

An alternative to the AA self-help approach is Self Management and Recovery Training (SMART), a not-for-profit mutual-aid group aimed at facilitating recovery from any addictive behaviour. Although relatively new to Australia, over 50 groups are currently operating across most states.

SMART Recovery® adopts a cognitive behavioural therapy framework, and diverges from AA in that it eliminates the focus on spirituality inherent to the AA 12-step approach.

It uses a four-point recovery program (see Table 8.1) designed to enhance members' motivation and teach techniques that help manage lifestyle and behavioural difficulties. Skills training involves exposure to (among other things) cost-benefit analyses, identifying and rectifying irrational thoughts, and role-playing.

**Table 8.1: The SMART Recovery® 4-Point Program™**

Point 1	Enhancing and maintaining motivation to abstain
Point 2	Coping with urges
Point 3	Problem solving (managing thoughts, feelings and behaviours)
Point 4	Lifestyle balance (balancing momentary and enduring satisfactions)

Source: Smart Recovery®, available at <<http://www.smartrecoveryaustralia.com.au/>>.

People who are uncomfortable with AA's spiritual focus may find the more secular approach of SMART Recovery® a useful self-help alternative.

Recommendation	Strength of recommendation	Level of evidence
8.3 SMART Recovery® may be an effective self-help alternative to Alcoholics Anonymous for reducing alcohol consumption.	D	IV

## Self-help for families

Several groups based on the AA model are available in Australia for the families of recovering alcoholics.

These include Al-Anon and Alateen – a group specifically designed for teens (see <<http://www.al-anon.alateen.org/>>). Local meeting schedules can be obtained from <<http://www.al-anon.alateen.org/australia/>>.

A 12-step support group called Adult Children of Alcoholics also operates an online forum that may prove helpful for some people (see <<http://www.adultchildren.org/>>).

Family members may also benefit from counselling sessions to help them deal with the difficulties of supporting an alcoholic during recovery.

Recommendation	Strength of recommendation	Level of evidence
8.4 Self-help groups for families may provide support for those affected by people with alcohol dependence.	D	IV

