



## Introducing 12-Step Programs in Psychotherapy

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### Description of Clinical Issue

Twelve-Step Programs (TSPs) such as Alcoholics Anonymous (AA) have been core components of addiction treatment since 1935. TSPs have been helpful to millions of individuals in recovery from addiction. Clinicians working with people with SUDs would benefit from a familiarity with this modality.

TSPs can be used as a primary therapeutic resource or as adjunctive support for individuals already in treatment for SUDs. We discuss how to initiate and engage in a discussion with patients about the prospect of adding Twelve-Step Programs to enhance their recovery.

### Clinical Pearls

This Clinical Pearl will cover the following:

- Initiating a discussion with patients about the use of TSPs.
- Identifying and discussing challenges to patient engagement in TSPs.
- Educating patients about TSPs.

### Initiating a Discussion

Not every patient will benefit from TSPs so the decision to make such a recommendation should consider issues as social discomfort, lack of information about AA/NA, stereotyping around TSPs, stigma about addiction, discomfort with spiritual ideation, and stage of readiness to change. Suggestions to attend a TSP should be considered in the context of the existing therapeutic relationship and how it might impact the therapeutic alliance. Therapists can discuss

AA/NA as one part of a continuum of group-based supports, e.g., SMART Recovery or Women for Sobriety. Here are some thoughts on how to frame any introductions of TSPs to patients.

It is rare to find a patient who has not heard of AA and their views may be based on media depictions or stereotypes. Soliciting and validating the patient's views of AA/NA using the questions below might encourage him/her to talk further about whether or not to attend:

*“Have you heard about AA (or NA)?  
“What do you know about it?  
“What is your impression?”*

### Describing AA/NA

Patients may already know a member of AA. You can encourage them to ask that person about their experience and then to process this information, positive or negative, in therapy. Here is a brief description of AA/NA can serve as a rationale for the ensuing discussion:

*Therapist: “AA is a fellowship of people who help each other stay sober. They meet together regularly and offer suggestions and support for their recovery. Do you know anybody who is a member?”*

It can also be helpful to describe some of the format of TSP meetings, e.g., that “cross-talk” is discouraged in favor of personal sharing of experience; that meetings may have different formats (e.g. a Speaker Meeting or a Big Book Meeting); and that there is time for informal

exchanges before and after the meeting. In fact, this interaction outside of the meeting helps create a network of support for recovery and is an integral part of the process. While social contact outside the meeting is encouraged, dating is not, especially in the early days of involvement.

### **Address potential challenges to engagement in AA**

1. *Elicit patient concerns about attending.* One concern is that they might know someone in the group or that their confidentiality might be betrayed in AA. While unlikely, particularly for the latter case, these concerns must be validated, and the prospective attendee must consider this possibility carefully and process with his/her therapist. Some may choose to attend meetings away from their home, and to self-disclose only after getting a feel for the setting:

*Patient: "What if I see someone who knows me?"*

*Therapist: "This is a common concern. The programs are based on anonymity. While there can be no absolute guarantee that your confidentiality will be respected, remember that anyone who attends such a meeting shares your problem and your need for privacy."*

2. Every TSP meeting has a unique culture, and some have more *reliance on spiritual concepts* than others. Some "shopping around" can be beneficial. You can emphasize the value of social support as a critical element in TSPs, as in other recovery programs:

*Patient: "I don't believe in God and religion."*

*Therapist: "Much of the language of AA does indeed have a spiritual flavor, but members of TSPs hold a diversity of beliefs and are unlikely to attempt to coerce you into any religious practice or belief. Many attend TSPs primarily for social support. And every meeting is different in terms of their reference to spiritual concerns."*

3. Another common concern is that individuals in recovery *may feel uncomfortable talking in groups*:

*Patient: "I don't like talking in groups – they make me uncomfortable."*

*Therapist: "Participating in a group setting could bring up difficult feelings."*

*Patient: "Yes. I would be concerned about other people's perceptions of me and I'm embarrassed about things that I said and did when I was intoxicated."*

*Therapist: "You're concerned that other people wouldn't understand and might pass judgment on you."*

*Patient: "Well, I imagine that some people in the group might have done or said similar things and perhaps worse."*

*Therapist: "I think you might be on to something there. In my experience, most people feel uncomfortable at first, but by sitting back and just listening, that they soon find out how much they have in common with others."*

*Patient: "You mean I don't have to speak?"*

*Therapist: "There is no pressure to speak or share information beyond a first name introduction. Even people who have been sober for years will say they would just like to listen for today."*

4. Last, it is helpful to note the *diversity of TSP meetings* and variability in any one meeting from one week to the next. The therapist may encourage patients to look for "one useful thing" in every meeting. Although there is obviously a great deal of discussion about substance use in TSP meetings, the emphasis is on "the solution, not the problem"; patients are advised to focus on this in any meeting they attend. And there can be a surprising amount of humor in meetings.

### **Following up**

Committing to attend even one meeting can be a breakthrough. It's important to reinforce the patient's willingness to try something new:

*Therapist: "I admire your willingness to take the risk of attending a meeting. It takes guts to try something that is unknown and a bit scary."*

## Source References

It is imperative to follow-up on their experience, processing both negative and positive impressions in a motivational manner. It is helpful to assist the patient to find commonalities with others' experiences:

*"Did you hear any stories similar to yours?"*

*"Can you identify one helpful thing you heard?"*

If the patient agrees to try a meeting, you may later encourage sampling several meetings. "Shopping around" for a comfortable meeting is encouraged and allows for connecting with others:

*Therapist: "If someone says something you like, ask them about other meetings they attend".*

While TSPs may not always be a good "fit" for a particular patient, for many it provides a framework and support for recovery. As with most forms of treatment, empathic listening and reflection will be the best course of action, whether the patient chooses this path or not.

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