** *School of Addiction***

 ***and Behavioral Health***

***Educational Activity:***

***The Twelve Steps Are Not* Enough**

**INTRO**

Because we all die, we have to become teachers. **The acts of observing, interpreting,**

**understanding, learning, testing that learning, and passing on what's been learned and how it was learned--scientific method--pervade many of our daily activities.** When we learn, we’re really coaching ourselves. Parents teach their children how to get along in the world after the parents' death. **When we practice our profession as therapists, we're essentially coaching our patients on how to get along without us.**

Hello, everyone, and welcome to our podcast! We’re coming to you from our studio at the Council on Alcoholism and Drug Abuse of Northwest Louisiana! I’m Kent Dean, CADA’s Director of Clinical Development. Today, we’re discussing the place of 12-Step programs in addiction recovery. What is the current role for these programs? Is there even any need for them anymore? You’ll be able to earn one contact hour of continuing education by completing the post-test after you listen to the program. We’ll give you instructions on how to do that at the end of the show.

 **The Fellowship and Twelve Steps of Alcoholics Anonymous were formulated through practical experience in the 1930s as a "design for living" through which people could learn how to achieve and stay in sobriety.** At the time, the Program was the best, last hope for a condition the diagnosis of which was frequently a death warrant, and it has helped millions of otherwise-doomed people not only to survive but to thrive. For a variety of reasons, the Steps aren't accessible to everyone; if they were, the profession of addictive-disease counseling would be unnecessary, and therapeutic skills would be better-used helping people with other disorders.

**1.**

By analogy: would an individual facing schizophrenia be better served by receiving treatment as it was in the 1930s (or, for that matter, even the early 1990s) or as it is now? **The outcomes in different eras are strikingly different, as they would be with any number of chronic-yet-manageable conditions.** Although counselors pride themselves on offering state-of-the-art treatment, it’s inevitable that there will be some lag between scientifically-validated research and common clinical practice. Our field, however, seems to have insisted perversely "for tradition's sake" on lagging further behind than is either conscionable or defensible.

What is the rationale for the existence of the profession of addictions counseling? **After all, the 12-Step Fellowships and their benefits of peer support and sponsorship are available free of charge to everyone.** We have to ask ourselves how many "group therapy" sessions in addictions counseling have historically been little more than glorified 12-Step meetings for pay, replete with testimony and Step study? How much billable time has been given over to "doing the Steps" as though that were systematic wellness coaching?



**One of the clichés in the field has been to ask the patient (almost accusingly), "What's going to be different this time?"** It's often a good question, but one that might first be asked of those offering the "therapy." Our expertise is teaching people how to manage their disease without our help (to get along without us), but if we've failed to teach them anything other than how to "do the Steps," then what do they need with us? If individual patients are indifferent to the 12-Step model, or put off by what they may see as its emphasis on religious principles, or culturally unsympathetic to that model, is it any wonder that they continue to relapse, having not adequately been taught how to manage their condition effectively and reliably over the long term?

**Another suspect cliché is the complaint that the patient is trying to "control" her or his own treatment.** If learning how to manage a chronic disorder responsibly on a daily basis isn't the rationale for their being in services, then why are they--or we--doing this work? In addition to the risk of running afoul of ethical considerations in usurping a patient's right to refuse an aspect of her or his treatment, we have to ask ourselves whose needs are served if we insist petulantly on the patient's doing it "our" way?

As professional therapists, we should have more “arrows in the quiver” than a

12-Step Sponsor does (although an effective Sponsor may sometimes put to shame our flexibility, perseverance and compassion). **Real-world experience seems to indicate that stabilization and recovery are more-reliably reached and maintained with a combination of appropriate patient education, cognitive-behavioral coaching,**

**2.**

**appropriate medication, and use of ancillary support services, including--but by no means limited to--the 12-Step Fellowships.**

Our patients can get the community peer support they so clearly need free of charge in area 12-Step or other peer-group meetings. **Although being a "recovering" person as a sponsor is crucial, for an addictions therapist it’s irrelevant.** Other than (gently) encouraging our patients to attend 12-Step or other support-group meetings and (perhaps) facilitating temporary sponsorship, isn't our job to concentrate on the professional application of motivation enhancement therapy, harm-reduction, cognitive-behavioral work, relapse-prevention coaching, daily disease management regimens, nutritional counseling (by appropriate personnel) and other forms of patient education and skills training?

**Managed care reimbursement issues have brought about a crisis in accountability.** This can be a good thing: It forces us all to pay more attention to what works faster and better and to jettison those vestiges of folklore not validated by rigorous scientific investigation. Where, for instance, are the data that verify that the rubric of "ninety [12-Step] meetings in ninety days" makes any statistically-significant difference in stabilization and long-term positive outcomes? Isn't it just as likely that a compulsively-rigid patient might find such an attendance schedule conducive to relapse borne of a "flight into health" or, just as catastrophically, "burnout" from attending so many meetings? Has anyone done any studies to try and find out? It’s important to know, because it’s malpractice to offer archaic treatment.

**Anti-intellectualism, which has long pervaded addictions recovery in some quarters, has caused us to be viewed with suspicion by other mental-health professionals.** In our field’s early years, we were regarded by some merely as "paraprofessionals," poorly-educated, superstitious interlopers in the behavioral sciences, who were suspicious and openly-scornful of any new or controversial research data, sarcastic and adversarial to the people we were supposed to be helping to learn to manage a disease they didn't bring on themselves.

**3.**

**Although addictions counseling began with the dedication and hard work of committed volunteers, it is evolving inexorably toward a multidisciplinary, scientifically validated and -accountable investigation into how best to stabilize addictive disorders and coach our patients in staying in remission.** It would surely be “throwing the baby out with the bath water” to advocate discontinuing 12-Step Program attendance if it is found helpful (which is why the word "enough" is in the title.). Our job is not merely to teach our patients how to be comfortable in a 12-Step meeting and to coax them through the Steps, calling that "treatment." The Fellowship's celebrated hospitality expressed in a cordial home group with the ministrations of a kind, assertive and attentive sponsor can do that at least as effectively, and for free.

**Here’s an analogy: as vitally-important as it can be, a schizophrenics' peer support group is no substitute for up-to-date medical management and patient/family education.** As best we can, and with as large a "bag of tricks" as we can amass, addictions professionals must work together with the Fellowships and with other professionals and community resources to teach our patients the state of the art in attaining and maintaining their stabilization and recovery. This regimen often includes the Fellowships and their innumerable riches in the sheltering peer-support setting created long ago, but "doing the science" teaches that, for many of our patients, the Twelve Steps are not *enough*.

**OUTRO**

That’s our podcast for today. If you’d like one hour of CE credit for just $5.00, you can go to the School’s website, cadaschool.com, click on “online courses,” and just follow the instructions. Once you pass the post-test, which includes evaluation questions, you’ll be able to download and print your certificate of completion. Be sure and stay in touch on Facebook! See you next time!

**4.**