Introduction to Mutual Help Groups and Recovery Support Services

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- The Immersion Training in Addiction Medicine Program
Learning Objectives

At the end of the session, learners will be able to:

1. Explain the value of offering mutual support organizations as part of a “menu of options”.
2. List at least 4 guidelines for visitors attending a meeting of a mutual support organization.
3. Describe the principles of recovery support services.
What is recovery?

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

SAMHSA Working Definition
10 GUIDING PRINCIPLES OF RECOVERY

- Person-Driven
- Many Pathways
- Holistic
- Peer Support
- Relational
- Culture
- Addresses Trauma
- Strengths / Responsibility
- Respect
- Hope

SAMHSA, 2012
I have attended an Alcoholics Anonymous or Narcotics Anonymous meeting in the past.

1. Never
2. Once
3. 2-5 times
4. 6-10 times
5. 11-25 times
6. 26+ times
Offering Mutual Health Groups as Part of “Menu of Options”

- Addiction treatment should be individualized
- Not possible to predict which combination of treatment will be effective on patient level
- Important to be aware of options (medication, counseling, family therapy, recovery support services) and be able to provide basic guidance
- Mutual help groups are the umbrella term referring to when >2 people meet and provide support to each other and are not formal treatment
What is Alcoholics Anonymous?

• Founded in 1939 by Bill W. and Dr. Bob: reaching out to others to help stay sober
• Anonymous fellowship of members with a desire to stop drinking
• No central governing body
• Similar groups: Narcotics Anonymous, Overeaters Anonymous, and Al-Anon
Therapeutic Elements

• 12 Steps: spiritual basis/necessary actions (principles)
• 12 Traditions: guidelines for meetings
• Sponsorship
• Sober environment of meetings
• Forum for telling story with no judgment
• Anniversaries
• Slogans
• Potential for social network outside of meetings
Process

• Admitting lack over control over addiction
• Recognition that higher power can give strength to achieve sobriety
• Examining past mistakes
• Making amends
• Learning to live new life with new code
• Helping others
Kinds of Meetings

- Open, closed
- Mixed, men-only, women-only, young peoples’
- Speakers, Big Book, Step Study, Discussion
- Smoking, non-smoking
Research has shown that:

1. AA attendance can reduce health care costs
2. Longer and more intensive AA involvement leads to better outcomes
3. Mechanism of effectiveness varies by gender, age and addiction severity
4. All of the above
Effectiveness of AA

• Challenging to study- usually prospective, longitudinal studies occurring in treatment settings

• Healthcare professionals can impact level of affiliation (Humphreys et al, 2004)

• Cost-effective: attendance at MHG may lead to increased cost savings because of lower treatment costs (Kelly et al, 2009)
Mechanisms of Effectiveness

• Self-efficacy, increased coping skills, maintain motivation for recovery over time, and adaptive changes in social networks (Kelly et al, 2009)

• Increased spirituality shown to also have benefit especially for people with severe disease (Kelly, 2016)

• Individuals benefit in different ways based on gender, age, and addiction severity (Kelly, 2016)
I have referred a patient to Alcoholics Anonymous or Narcotics Anonymous.

1. Never
2. Once
3. 2-5 times
4. 6-10 times
5. 11-25 times
6. 26+ times
Referring a Patient

• Provide access to list of local meetings, download app to find local meetings (for NA)
• Encourage attending with a friend/family member and trying multiple meetings
• Help choose among different types and locations of meetings (speaker, discussion, beginners’)
• Talk about possible conflicts
  – Religion
  – Medications
  – Powerlessness
Role of Provider

• Individuals who have sponsors and work the steps tend to do better in their recovery.

• Important to ask patients if they have a sponsor and if they are working the steps.

• Possible to find a temporary sponsor in the beginning if not ready to commit.
My primary concern about referring patients to Alcoholics Anonymous and Narcotics Anonymous is:

1. I don’t know much about the programs
2. The programs are too religious
3. The programs emphasize that members are powerless
4. I am not concerned about referring patients
Potential Conflicts

• Religion versus Spirituality

• Medications

• Powerlessness

• Substance use at meetings
Attending a Meeting

• Contact: look up local AA website, call central service for more information
• Attend only “open” meetings
• Be honest and direct, introduce yourself to greeter if at door
• Respect confidentiality
• Feel free to join in prayer, give a few dollars if you feel comfortable
Recovery Support Services

• Mutual help groups different - support often in context of 12-step groups, informal, no training, single pathway based on group model

• Process of giving and receiving nonprofessional, nonclinical assistance to achieve long-term recovery

• RSS delivered by peers through formal structures, special roles, in various and settings (coaches, centers, schools, drop-in centers)
Principles of recovery support services

1. Shared values

2. Focus on resilience and strength

3. Self-direction, empowerment, and choice
Evidence for Peer Recovery Support Services

• Recent systematic review identified 9 studies and found that overall, peer support appears to have positive effect on substance use outcomes

• Limited, weak data – varying definitions of peer support, lack of RCTs and comparison groups

• More evidence needed to determine training, dose, context and effectiveness among target populations

Bassuk EL et al. JSAT 2016; 63:1-9
Learning Objectives

At the end of the session, learners will be able to:

1. Explain the value of offering 12-Step Programs as part of a “menu of options.”

2. List at least 4 guidelines for visitors attending a meeting of a 12-Step Program or other mutual help group.

3. Describe the principles of recovery support services.
Collegiate Recovery Programs

• Began in 1980s to support college students in recovery
• 29 CRPs in 19 states
• Not standardized, limited budgets, staff
• Most peer driven, 12 step based, provide sober events/seminars
• Students tend to be older, full-time, Caucasian, history of multiple substances, high addiction severity, 40% smoking rate, co-occurring behavioral addictions (sex/love) and eating disorders

www.collegiaterecovery.org
Recovery High Schools

• Part of the continuum of care for adolescents with substance use disorders
• Goals to provide sober environment for high school students to earn diploma
• Recent descriptive study found dynamic nature- funding, enrollment, services, staffing, physical space –

https://recovery schools.org
Addiction is a Family Disease

• Addiction is a chronic illness (McLellan, 2001)

• Similar to other chronic illnesses, family members may also be affected and even when loved one is in recovery, relapse is always a possibility; this is stressful for families

• Family involvement in treatment can improve outcomes for the person with an alcohol or substance use disorder

• Al-Anon, Nar-Anon and other mutual help groups can be helpful