

This is the property of 2016 CRIT/FIT. Permission is required to duplicate.

Introduction to Mutual Help Groups and Recovery Support Services

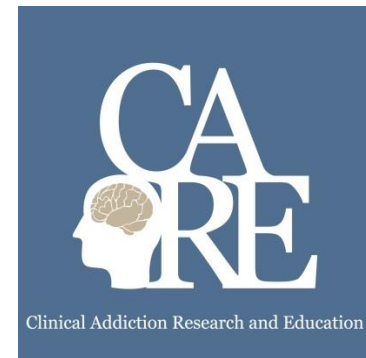
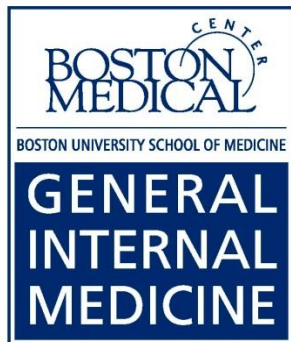
Sarah Bagley, MD

Director, CATALYST Clinic

Boston Medical Center

Assistant Professor of Medicine and Pediatrics

Boston University School of Medicine



Learning Objectives

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

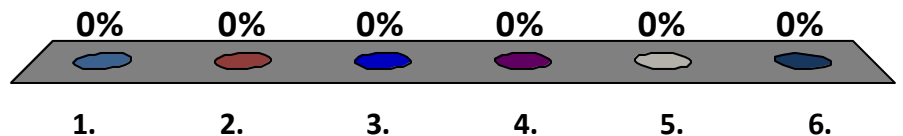
1. Explain the value of offering 12-Step Programs as part of a “menu of options”
2. List at least 4 guidelines for visitors attending a meeting of a 12-Step Program or other mutual help group
3. Describe the principles of recovery support services such as recovery high schools and collegiate recovery programs



10 GUIDING PRINCIPLES OF RECOVERY

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

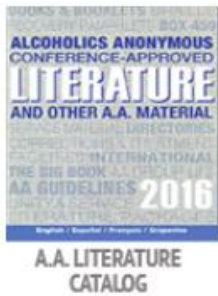


Offering 12-Step Meetings as Part of “Menu of Options”

- 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, 12-step programs, 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

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
- Many similar groups: Narcotics Anonymous, Overeaters Anonymous, Al-Anon etc



Therapeutic Elements

- 12 Steps: spiritual basis/necessary actions
- 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

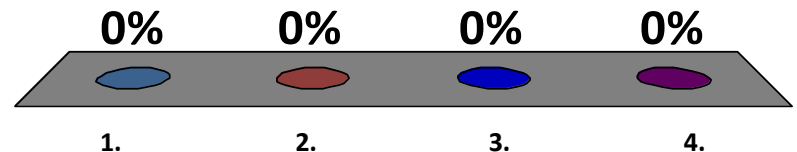
- Admitting lack of control over addiction
- Recognition that higher power can give strength to achieve sobriety
- Examining past mistakes
- Making amends
- Learning to live new life with new code
- Helping others

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. Professional addiction treatment plus AA is superior to professional addiction treatment alone
4. All of the above



Effectiveness of AA

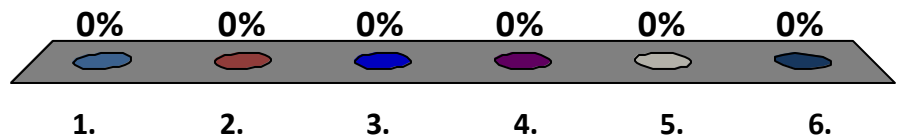
- Challenging to study- usually prospective, longitudinal studies occurring in treatment settings
- Depends on participant involvement (Kaskutas et al, 2005)
- Healthcare professionals can impact level of affiliation (Humphreys et al, 2004)

Effectiveness of AA

- Mechanism: self-efficacy, increased coping skills and adaptive changes in social networks (Kelly et al, 2009)
- Cost-effective: attendance at MHG may lead to increased cost savings because of lower treatment costs (Kelly et al, 2009)
- Effectiveness likely related to both involvement and goodness of fit to the group

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
- 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

[Find An AA Meeting](#)

Any questions on how A.A. works-give us a call @ 617-426-9444 Mon-Fri 9-9; Sat/Sun/Hol. 12-9




249 Towns - 2,200 Meetings

[Click Here](#)

Trouble viewing database: [Click Here](#)

Welcome to Alcoholics Anonymous®

NEED HELP WITH A DRINKING PROBLEM?

If you are concerned with a drinking problem, wish to learn more about Alcoholics Anonymous or want to find A.A. near you, we can help you.

[Learn More »](#)



A.A. NEAR YOU

Local A.A. Resources

U.S./Canada Location

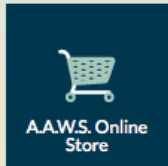
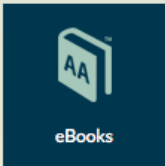
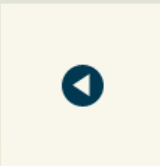
Zip/Postal Code

Select a Country



INFORMATION ABOUT A.A.

- [▶ What Is A.A.?](#)
- [▶ For Professionals](#)
- [▶ For A.A. Members](#)

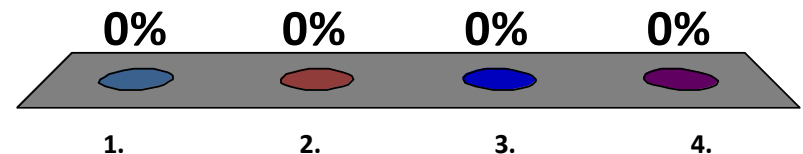


Role of Provider

- 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
- People using 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

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



Learn to Cope

- Non-professional support group for families affected by addiction
- Joanne Peterson founded L2C and is the Executive Director
- Currently there are 19 meetings across MA, RI, ID and FL
- In MA, offer overdose education and naloxone rescue kits at every meeting

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)

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

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://recoveryschools.org>

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. Cite the research findings on characteristics and effectiveness of other recovery support services such as recovery high schools and sober colleges