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Introduction

The facilitation program described in this manual is intended for use in brief individual outpatient treatment for persons who satisfy the criteria for a diagnosis of alcohol dependence and abuse. It is intended to be flexible enough to allow for individual treatment planning and for use as a primary treatment for persons who have never been exposed to the 12 Steps of Alcoholics Anonymous (AA), as well as for individuals who have had such exposure, for example, through prior treatment.

The program described here is intended to be consistent with active involvement in Alcoholics Anonymous. It assumes that alcoholism is a progressive illness that affects the body, mind, and spirit for which the only effective remedy is abstinence from the use of alcohol. It adheres to the concepts set forth in the "Twelve Steps and Twelve Traditions" of Alcoholics Anonymous.

The overall goal of this program is to facilitate patients' active participation in the fellowship of AA. It regards such active involvement as the primary factor responsible for sustained sobriety ("recovery") and therefore as the desired outcome of participation in this program.

According to the AA viewpoint, alcoholism is a chronic progressive illness which, if not arrested, may lead to insanity or death. It is characterized by loss of the ability to control (limit) the use of alcohol:

> We alcoholics are men and women who have lost the ability to control our drinking. We know that no real alcoholic ever recovers control. ("Alcoholics Anonymous," p. 30)

As is true for all chronic illnesses, alcoholism has specific and predictable effects (symptoms) on the individual and a predictable course. In addition to its physical effects, alcoholism affects its victims on many levels, including the psychological, social, and spiritual.

Alcoholism is also characterized by "denial," or resistance to accepting the reality of loss of control over drinking:

> Most of us have been unwilling to admit we were real alcoholics. No person likes to think he is bodily and mentally different from his

> fellows. Therefore, it is not surprising that our drinking careers have been characterized by countless vain attempts to prove we could drink like other people. ("Alcoholics Anonymous," p. 30)

Alcoholics Anonymous is not a treatment method but a fellowship of peers, connected by their common addiction, which is guided by its 12 Steps and traditions. The only stated requirement for admission is a desire to stop drinking.

AA makes no commitment to a particular causal model of addiction; rather, it limits its schema to the concepts of loss of control and denial. Historically, AA has emphasized two themes in its program:

- Spirituality: Belief in a "Higher Power," which is defined by the individual and which represents faith and hope for recovery.
- Pragmatism: Belief in doing "whatever works" for the individual, meaning doing whatever it takes in order to avoid taking the first drink.

Treatment Goals and Objectives

Goals

This treatment program has two major goals, which relate directly to the first three Steps of Alcoholics Anonymous.

Acceptance

- Acceptance by patients that they suffer from the chronic and progressive illness of alcoholism.
- Acceptance by patients that they have lost the ability to control their drinking.
- Acceptance by patients that, since there is no effective cure for alcoholism, the only viable alternative is complete abstinence from the use of alcohol.

Surrender

- Acknowledgment on the part of the patient that there is hope for recovery (sustained sobriety) but only through accepting the reality of loss of control and by having faith that some Higher Power can help the individual whose own willpower has been defeated by alcoholism.

- Acknowledgment by the patient that the fellowship of AA has helped millions of alcoholics to sustain their sobriety and that the patient's best chances for success are to follow the AA path.

Objectives

The two major treatment goals are reflected in a series of specific objectives that are congruent with the AA view of alcoholism.

Cognitive

- Patients need to understand some of the ways in which their thinking has been affected by alcoholism.
- Patients need to understand how their thinking may reflect denial ("stinking thinking") and thereby contribute to continued drinking and resistance to acceptance (Step 1).
- Patients need to see the connection between their alcohol abuse and negative consequences that result from it. These consequences may be physical, social, legal, psychological, financial, or spiritual.

Emotional

- Patients need to understand the AA view of emotions and how certain emotional states (e.g., anger, loneliness) can lead to drinking.
- Patients need to be informed regarding some of the practical ways AA suggests for dealing with emotions so as to minimize the risks of drinking.

Behavioral

- Patients need to understand how the powerful and cunning illness of alcoholism has affected their whole lives and how many of their existing or old habits have supported their continued drinking.
- Patients need to turn to the fellowship of AA and to make use of its resources and practical wisdom in order to change their alcoholic behavior.
- Patients need to "get active" in AA as a means of sustaining their sobriety.

Social

- Patients need to attend and participate regularly in AA meetings of various kinds, including AA-sponsored social activities.

- Patients need to obtain and develop a relationship with an AA sponsor.
- Patients need to access AA whenever they experience the urge to drink or suffer a relapse.
- Patients need to reevaluate their relationships with "enablers" and fellow alcoholics.

Spiritual

- Patients need to experience hope that they can arrest their alcoholism.
- Patients need to develop a belief and trust in a power greater than their own willpower.
- Patients need to acknowledge character defects, including specific immoral or unethical acts, and harm done to others as a result of their alcoholism.

Treatment Overview

This facilitation program is very structured, with each session having a specific agenda and following a prescribed pattern. Patients are asked to keep a personal journal. Each session includes specific "recovery tasks": suggestions made to patients for reading and action between sessions. Therapists will suggest reading material drawn from AA Conference-approved texts.

Central to this approach is strong encouragement of the patient to attend several AA meetings per week of different kinds and to read the "Big Book" ("Alcoholics Anonymous") as well as other AA publications throughout the course of treatment.

Sessions

The facilitation program consists of 12 sessions, divided as follows:

- 12 individual sessions with alcoholic patients if they are single.
- 10 individual sessions plus 2 conjoint sessions with patients and their partners if they are in a stable relationship.
- A maximum of two individual emergency sessions as needed.

The above sessions are intended to be offered within a period of 12 consecutive weeks.

The goal of the conjoint sessions is to educate the partner regarding alcoholism and the AA model, to introduce the concept of enabling, and to encourage partners to make a commitment to attend six Al-Anon meetings of their choice.

Organization and Structure

The program is organized as follows:

- Four core topics
- Six elective topics
- Termination

It is intended that the four core topics plus the termination session be provided to all patients. There is more flexibility in the therapist's use of the six elective topics. Any core or elective session may be repeated if needed to complete the 12-session schedule. These can be tailored to the individual patient with supervisory consultation. The use of a combination of core and elective topics allows this program to develop individualized treatment plans within broad parameters. For example, it can be used with patients who have had no prior exposure to AA concepts, patients who have never undergone treatment of any kind for alcoholism, and patients who have had one or more inpatient treatment experiences plus extensive exposure to AA.

Journals

Patients are asked to maintain a personal journal, which is reviewed by the therapist prior to the start of each session, and which is used to record the following:

- All AA meetings attended (dates/times/places).
- Personal reactions to and thoughts about meetings.
- Reactions to suggested readings.
- "Slips" (occasions when the patient has taken one or more drinks) and what was done about them.
- Reactions to recovery tasks.
- Cravings or urges to drink, and what the patient did about them.

Emergencies

When working with patients who may be actively drinking or whose sobriety is compromised by slips, it is not uncommon for therapists to be confronted by various "emergencies." Typical examples of such emergencies include patients—

- Getting drunk.
- Getting arrested for driving while intoxicated (DWI).
- Having a family dispute as a result of drinking.
- Experiencing intense urges to drink.
- Feeling depressed about being an alcoholic (or about a slip).
- Getting into trouble on the job as a consequence of drinking.
- Needing medical detoxification as a consequence of a binge.

Emergencies of a psychiatric nature (e.g., suicidal thinking, psychosis, violence, self-injury) may require either an emergency session with the therapist or referral to an emergency mental health service for evaluation and possible intervention. In such instances, patients' continued involvement in the facilitation program may require review. In general, uncomplicated medical detoxification (up to 72 hours) should not disqualify patients as long as they are willing to continue and as long as the 12 sessions can still be provided within 12 weeks.

In addition to having to deal with emergencies of a psychiatric nature, and possibly detoxification, contact with the therapist outside of scheduled treatment hours, for example, as a method of helping patients cope with urges to drink or dealing with slips, is discouraged in this program. Instead, patients should be consistently encouraged to turn to the resources of AA as the basis for their recovery. The therapist may offer specific advice and help in this regard, such as assisting a patient in contacting the AA Hotline or the patient's sponsor.

Session Format

Session 1—Introduction

In the first session, the therapist covers topic 1. The therapist introduces this program and provides an overview of it (including its goal of active involvement in AA), helps patients evaluate their level of alcohol involvement, introduces the AA view of alcoholism, and attempts to motivate patients to stay sober.

Sessions 2–11

All four core topics need to be covered in sessions 2 through 11, plus as many elective topics as are appropriate to the individual patient. This treatment planning should be done in collaboration with a supervisor. The format for these sessions is as follows.

Part 1: Review

Beginning with session 2, each session begins with a review of the patient's experience since the last session, with special emphasis on drinking. It is important to avoid protracted discussions of collateral issues (work, relationships, children, etc.). The therapist should focus on drinking as much as possible. In addition to patients' self-reports, journal entries can be very helpful in guiding treatment and establishing future recovery tasks.

Specific mention should be made of all sober days. These are legitimate cause for sincere congratulations. Strong urges to drink should be discussed openly and nonjudgmentally. Similarly, slips need to be approached nonjudgmentally as events that can be openly acknowledged and discussed by the patient without fear of recrimination. Slips should be thought of (and interpreted) as times when the powerful and cunning illness of alcoholism overcomes the patient's willpower.

In addition to briefly reviewing sober days and slips, the review time (10–15 minutes) should be used to talk about the patient's reactions to readings and to meetings that were attended since the last session. If no meetings were attended or if the patient seems to be resisting going to meetings, the reasons for this resistance should be explored.

Part 2: New Material

Following the review, each session should move on to cover its specific focus, either a core or an elective topic. These are described in detail in this manual. Even within a topic, the material can be adjusted to a particular patient's situation, so long as the presentation remains consistent with the AA view of alcoholism.

Part 3: Recovery Tasks

Each session should end with specific suggestions—recovery tasks—for the patient to follow up on between sessions, including—

- A mutually agreed-upon list of AA meetings to be attended.
- Suggested readings from the three AA texts: "Alcoholics Anonymous," "Twelve Steps and Twelve Traditions," and "Living Sober."
- Other suggested readings, including pamphlets, meditation books, and other materials that the therapist is familiar with and would recommend as pertinent to the individual patient's recovery.

NOTE: When offering patients advice or giving them recovery tasks from the point of view of an AA-oriented program like this one, it is important to remember that AA itself prefers the word "suggestion" to the word "rule." Specific strategies for staying sober are as varied as the number of people who make up the AA membership. The bottom line is to do what works for individual alcoholics, meaning how they have succeeded in staying sober.

In keeping with the spirit of AA, therapists using this manual are advised to avoid making "assignments," in the sense of telling patients what they should do. The AA tradition tells us that it is better to share with a particular patient "some things that other alcoholics have found helpful in your situation" without pressing for the kind of commitment that other therapies might. This boils down to making suggestions as opposed to prescribing behavior.

Suggestions made by the 12-Step therapist should be consistent with what is found in AA-approved publications such as those that are recommended to patients. Examples of strategies for dealing with urges and slips that are consistent with AA include—

- **Calling an AA friend.**
- **Going to a meeting (or another meeting or a different meeting).**
- **Going to an AA social.**
- **Calling your sponsor.**
- **Calling the AA Hotline.**
- **Changing a habit pattern (doing something different).**
- **Distracting yourself.**
- **Praying.**

Aside from being consistent with AA traditions, recovery tasks should be specific, and the therapist should make a point of following up on them at the beginning of each session.

Needless to say, the therapist should be thoroughly familiar with the three AA texts, as well as with the locations, times, and types of meetings that may be available in the area, when

giving a patient recovery tasks that involve going to meetings or reading.

Final Core Session: Termination

The final session has its own goals and follows a process somewhat different from that described above. Refer to the specific material in this manual regarding termination.

Readings

Since its inception, AA has emphasized reading, particularly the "Big Book" and the "12 x 12," as a way of understanding the fellowship and its principles. This facilitation program incorporates reading materials to augment the material covered in sessions. It is suggested that all patients be strongly encouraged to obtain personal copies of the following books:

- "Alcoholics Anonymous." 3rd edition. New York: Alcoholics Anonymous World Services, 1976
- "Twelve Steps and Twelve Traditions." New York: Alcoholics Anonymous World Services, 1952.
- "Living Sober." New York: Alcoholics Anonymous World Services, 1975.

In addition to the above, therapists using this manual should familiarize themselves with the contents of the following publications, which are relevant to one or more of the treatment topics described later:

- "Things My Sponsors Taught Me," by Paul H., Center City, MN: Hazelden, 1987.
- "Denial," by Melody Beattie, Center City, MN: Hazelden, 1986.
- "Releasing Anger," by Richard S., Center City, MN: Hazelden, 1985.
- "Grieving: A Healing Process," by Peter McDonald, Center City, MN: Hazelden, 1985.
- "Detaching With Love," by Carolyn W., Center City, MN: Hazelden, 1984.

Contrast With Other Treatment Approaches

This treatment program differs from a social learning model and a motivational model of alcoholism treatment in several ways. Specific assumptions associated with this treatment program include the following:

- Alcoholism is a chronic progressive illness with predictable symptoms and a predictable course.
- Alcoholics have permanently lost the capacity to control their drinking.
- Alcoholism affects the alcoholic's body, mind, and spirit, and true recovery requires healing in each of these areas.
- The only viable alternative for the alcoholic is total and lifelong abstinence from alcohol.
- Even a single drink can trigger the alcoholic's craving for alcohol and lead to a renewed cycle of compulsive drinking.
- Individuals will have the best chance of staying sober over the long run if they—
  - Accept their loss of control.
  - Reach out to fellow alcoholics through AA.
- Spirituality—faith in a Higher Power—plays a more powerful role in recovery than individual willpower.
- Encouraging patients to actively work the 12 Steps of Alcoholics Anonymous is the primary goal of treatment, as opposed to any skill that the therapist can teach.
- Patients will be better served if they can be taught and encouraged to utilize the fellowship of AA and its resources (meetings, Hotline, sponsorship) as opposed to relying primarily on the therapist as a means of sustaining sobriety.
- The ultimate goal for the alcoholic is to resist taking the first drink, one day (or hour) at a time.