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Q: What is 12-step facilitation?

A: 12-step facilitation therapy is a brief, manualized, outpatient treatment. It is highly structured and consists of 12 individual sessions for single patients, or 10 individual sessions and two conjoint sessions for patients in stable relationships. The treatment allows for a maximum of two unplanned, emergency sessions. The treatment is an intensive referral program aimed to increase 12-step group attendance and involvement (Timko, DeBenedetti, & Billow, 2006). Sessions are organized around the first five steps created by Alcoholics Anonymous (AA; powerlessness, reliance on a Higher Power, turning over your will to a Higher Power, making a moral inventory, admitting wrongs) but allow for customizability around six elective topics. Session one introduces the treatment and AA philosophy. The remaining sessions include a review of the patient's journal (10-15 minutes; AA attendance and reactions to it), presentation of new material (30 minutes), identification of a recovery task (10 minutes; i.e., homework), and session summary (5 minutes; Nowinski, Baker, & Carroll, 1999).

Q: What is the treatment model underlying 12-step facilitation for alcohol use disorder (AUD)?

A: 12-step facilitation therapy is grounded in the philosophic underpinnings of AA. According to AA, "alcoholism" is a chronic, progressive disease characterized by an inability to control alcohol use and "denial" over this loss of control over drinking. Two themes are emphasized in AA: the need to rely on a "Higher Power," and "doing what works," which is specific to each individual. Treatment goals include acceptance of this definition of "alcoholism;" acknowledgment of the loss of control over drinking; recognizing abstinence as the only effective choice; surrender to their Higher Power; and commitment to the AA approach. Treatment objectives span cognitive, emotional, behavioral, social, and spiritual aspects of a patient's life (Nowinski, Baker, & Carroll, 1999).

Q: Is 12-step facilitation recommended as a treatment for AUD in the Military Health System (MHS)?

A: Yes. The 2021 VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders gives 12-step facilitation a "weak for" recommendation in the treatment of patients with AUD.

The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q: Do other authoritative reviews recommend 12-step facilitation as a treatment for AUD?

A: Yes. Other authoritative reviews have substantiated the use of 12-step facilitation as a treatment for AUD.

Other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. Most notable of these organizations is Cochrane – an international network that conducts high-quality reviews of healthcare interventions.

- Cochrane: A 2020 systematic review of AA and other 12-step programs for AUD included 27 studies investigating either 12-step facilitation or AA alone (Kelly, Humphreys, & Ferri, 2020). The review found there is high quality evidence that manualized AA/12-step facilitation interventions are associated with higher rates of continuous abstinence compared to other established treatments, such as cognitive-behavioral therapy, and that this effect was related to increased AA participation.

Q: What conclusions can be drawn about the use of 12-step facilitation as a treatment for AUD in the MHS?

A: The 2021 VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders suggests 12-step facilitation for the treatment of AUD. Clinicians should consider several factors when choosing a treatment with their patient. Treatment decisions should take into account practical considerations, such as availability and patient preference, that might influence treatment engagement and retention.

References

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Timko, C., DeBenedetti, A., & Billow, R. (2006). Intensive referral to 12-step self-help groups and 6-month substance use disorder outcomes. *Addiction*, 101, 678-688.