

# One AA meeting doesn't fit all

## 6 keys to prescribing 12-step programs

Robert F. Forman, PhD

Assistant professor of psychology in psychiatry  
Treatment Research Institute  
University of Pennsylvania, Philadelphia

Not all Alcoholics Anonymous or other 12-step meetings are alike. Use these 6 keys to match your patients with programs where they feel comfortable.



"Honestly, all that religious talk turned me off."

"The meeting was like sitting in a chimney – I practically choked to death."

"I was the only person there without a tattoo."

**A**ttempting the wrong 12-step meeting can turn off some patients, despite the substance abuse treatment support offered by Alcoholics Anonymous (AA) and similar programs. Because of the stigma associated with alcohol or drug addiction, most patients are ambivalent at best about attending their first 12-step meetings. Feeling "out of place"—the most common turn-off—can transform this ambivalence into adamant resistance.

Simply advising an addicted patient to "call AA" is tantamount to giving a depressed patient a copy of the *Physicians' Desk Reference* and telling him or her to pick an antidepressant. Not all 12-step meetings are alike; 50,000 AA meetings are held every week in the United States (*Box 1*).<sup>1-7</sup> Recognizing the differences between the groups in your area will help you guide your patients to the best match.

In prescribing a 12-step program, consider these six patient factors: socioeconomic status, gender, age, attitude towards spirituality, smoking status, and drug of choice.

continued on page 18



continued from page 16

**Box 1**

**12-STEP THERAPY: AN AMERICAN 'RELIGION'**

**M**ore than 50,000 AA meetings, 20,000 NA meetings, and at least 15,000 Alanon/Alateen meetings are held every week in the United States. Other 12-step fellowships that model the AA approach include Gamblers Anonymous, Sex and Love Addicts Anonymous, Overeaters Anonymous, Cocaine Anonymous, Smokers Anonymous, Debtors Anonymous, Dual Recovery Anonymous, and Co-dependence Anonymous.

The combined membership of AA, NA, and Alanon/Alateen is approximately 2 million. To put this in perspective, if the 12-step approach was a religion—as some have proposed<sup>1</sup>—it would have more U.S. congregants than Buddhism and Hinduism combined.

Although 12-step therapy has been a central tenet of community-based substance abuse treatment for more than 50 years,<sup>2</sup> only recently has it become a focus of clinical research. Two major national multicenter clinical trials<sup>3,4</sup> and several important but smaller clinical studies<sup>5-7</sup> have found that 12-step-oriented therapies achieve modestly better abstinence rates than the psychotherapies with which they were compared.

**Socioeconomic status**

Matching patients with meetings according to socioeconomic status is not elitist—it's pragmatic. Patients generally feel most comfortable and relate most readily at meetings where they feel they have something in common with the other members. For example, when a newly recovering middle-class alcoholic visits an AA group that is frequented by homeless and unemployed alcoholics, chances are that he will become more ambivalent about attending meetings. After all, he was never "that bad."

A good practice is to give your patients an up-to-date 12-step meeting directory (*Box 2*). Suggest that they identify the meetings where they think they will feel most comfortable, based on the neighborhoods in which they are held.

Patients in early recovery often are terrified of encountering someone they know at a 12-step meeting. One strategy for patients concerned about protecting their anonymity—as many are—is to attend meetings outside their own neighborhoods but still in areas that match their socioeconomic status. Similarly, referring patients to meetings that are "closed to

members only" might reduce their concerns about exposure.

Once a patient has connected with a 12-step program, matching by socioeconomic status becomes less important. Many begin to see similarities between themselves and other addicted individuals from all walks of life. In the beginning, however, similarities attract.

**Your patient's gender**

Though women were once a small minority in AA and Narcotics Anonymous (NA), today they make up about one-third of AA's membership and more than 40% of NA.<sup>8</sup> One factor that may have boosted the number of women attending 12-step programs is the increased availability of women-only meetings.

Most cities have women-only meetings, and they generally will be a good place for your female patients to begin. Evidence indicates that gender-specific treatment enhances treatment outcomes.<sup>9,10</sup> Women-only meetings

tend to be smaller than mixed groups, and the senior members are often particularly willing to welcome newcomers.

Although it is severely frowned upon, the phenomenon of AA or NA members attempting to become romantically or sexually involved with a newcomer is common enough that 12-step members have coined a term for it: "13-stepping." Newly recovering patients are often emotionally vulnerable and at risk of becoming enmeshed in a potentially destructive

**From a local 12-step directory, let your patients choose meetings in neighborhoods where they'll feel most comfortable**

relationship. Beginning recovery in gender-specific meetings helps to reduce this risk.

**Your patient's age**

A 12-step meeting dominated by people with gray, blue, or no hair can quickly put off teens and young adults in early recovery. Though these meetings with older members are likely to include persons who have achieved long-term and healthy recovery (making such meetings ideal territory for finding a sponsor), finding peers of a similar age is also important.

Meetings intended for young people are identified in 12-step meeting directories, but many of these “young peoples’” meetings have a preponderance of members older than 30—quite ancient by a 16-year-old’s standards. Conversely, some generic 12-step meetings might have a cadre of teenagers that attend regularly—at least for a while.

In AA and NA, teens and young adults tend to travel in nomadic packs, linger for a few months, then move on. For this reason, having contacts familiar with the characteristics of local meetings can be invaluable as you try to match a younger patient with a 12-step meeting.

### Attitude toward spirituality

One of patients’ most common complaints about 12-step meetings is their surprise at how “religious” the programs are. Insiders are quick to point out that 12-step programs are “spiritual” and not “religious,” but the distinction is moot to patients who are uneasy with this aspect of meetings. The talk about “God as I understand Him,” the opening and closing of meetings with prayers, and the generous adoption of Judeo-Christian practices can rub agnostic, atheistic, and otherwise spiritually indifferent patients the wrong way.

To protect your patients from being blindsided, review with them some of the spiritual practices employed in 12-step programs before they attend their first meeting:

- Meetings begin with reading the Twelve Steps (*Box 3*) and other 12-step literature; all readings are peppered with spiritually-loaded words such as “God,” “Higher Power,” “prayer,” and “meditation.”
- Meetings end with a prayer in which the group stands and holds hands (in AA) or links their arms in a huddle (NA). [I advise patients who might find this activity intolerable to duck out to the rest room 5 minutes before the meeting ends.]
- Group leaders typically collect donations by passing the basket.  
Certain meetings have a particularly heavy

spiritual focus and might be appropriately prescribed for patients hungering for spiritual growth. But for patients who have had toxic encounters with religion or otherwise are ill-at-ease with spirituality or religious matters, starting out at one of the more spiritually hardcore 12-step meetings could be overwhelming. While your 12-step contact person is your best guide in these matters, the following points also apply:

### To avoid surprises, discuss the spiritual focus of 12-step programs before your patients attend their first meeting

- Meetings listed as “11th Step” or “God as I understand Him” meetings will have a strong spiritual focus.
- Meetings held on Sunday mornings often have the express purpose of focusing on spirituality.
- “Step” meetings generally have a more spiritual focus, as

#### Box 2

### TOOLS FOR MAKING 12-STEP MEETING REFERRALS

Unless you regularly attend 12-step meetings, it is impossible to know which groups would be the best match for your patients. Here are suggestions for matching your patient’s needs with local 12-step meetings:

- **Use fellowship directories.** All 12-step fellowships maintain directories of where and when meetings are held and whether meetings are nonsmoking or have other restrictions (e.g., gay-only, women-only). For directories, call local AA and NA fellowships (in the phone book’s white pages).
- **Develop a 12-step contact list.** Rehabilitation centers often have counselors on staff who are familiar with local 12-step meetings and can recommend those that match your patients’ characteristics. Counselors who are active AA or NA members can be a valuable resource in identifying subtle differences in meetings.
- **Locate 12-step meetings for impaired professionals.** Special 12-step meetings for nurses, physicians, and pharmacists are held in many cities. For technical reasons, these are not “official” 12-step meetings and are not listed in 12-step directories. Times and locations can generally be obtained from local medical societies, impaired-professional programs, or treatment centers.

continued on page 23



continued from page 19

Box 3

### THE 12 STEPS OF ALCOHOLICS ANONYMOUS

1. **We admitted** we were powerless over alcohol—that our lives had become unmanageable.
2. **Came to believe** that a Power greater than ourselves could restore us to sanity.
3. **Made a decision** to turn our will and our lives over to the care of God as we understood Him.
4. **Made a searching** and fearless moral inventory of ourselves.
5. **Admitted to God**, to ourselves, and to another human being the exact nature of our wrongs.
6. **Were entirely ready** to have God remove all these defects of character.
7. **Humbly asked** Him to remove our shortcomings.
8. **Made a list** of all persons we had harmed, and became willing to make amends to them all.
9. **Made direct amends** to such people wherever possible, except when to do so would injure them or others.
10. **Continued** to take personal inventory and when we were wrong promptly admitted it.
11. **Sought** through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. **Having had a spiritual awakening** as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

Source: Alcoholics Anonymous

11 of the 12 steps are aimed at eliciting a “spiritual awakening.”

- “Speaker” or “topic discussion” meetings tend to have a less spiritual focus, though this will vary with the meeting chairperson’s preferences.
- “Beginners” meetings, when available, are intended for new members and devote more time to helping the newcomer understand the 12-step approach to spirituality.

AA’s main text, the so-called “Big Book” (its real title is:

Alcoholics Anonymous?) has a chapter titled, “We Agnostics.” AA has many long-time members who have found support in the fellowship but never “found God” or a belief in a higher power other than the fellowship itself. These secular 12-step members demonstrate one of the many ironies of AA and NA—that spiritual fellowships can work even for individuals who reject spirituality.

Patients who resist spirituality are advised to “take what you can use” from the fellowship and “leave the rest.” While 12-step members will propose that the newcomer keep an open mind about spirituality, patients should also be assured that a seat is always waiting for them, regardless.

#### Whether your patient smokes

Most 12-step meetings today are smoke-free, not because of enlightenment within the fellowships but because meetings are usually held in churches, synagogues, and health care facilities where smoking is banned. The perception that attending 12-step meetings can be harmful to your health is out-of-date. Nonetheless, because most meetings have banned smoking, the few in which smoking is allowed are thick with smoke.

In general, 12-step clubhouses are among the holdouts where smoking is allowed during and after meetings. A clubhouse is typically a storefront rented or acquired by AA/NA members where meetings are held around the clock. Given the evidence that quitting smoking may improve overall health,<sup>10,11</sup> patients should be encouraged to begin their involvement in smoke-free fellowships,

which are identified in 12-step directories.

#### Your patient’s drug of choice

As its name implies, AA is intended for persons who desire to

Most 12-step meetings are smoke-free, particularly those held in churches and other facilities where smoking is banned

stop drinking. In practice, however, much of AA’s membership is addicted to more than one substance, and—in some cases—the drug of choice might not be alcohol.

Narcotics Anonymous—contrary to what its name





## One AA meeting doesn't fit all

implies—is for individuals addicted to any drug, not just narcotics. Patients generally should be advised to join the fellowship (AA or NA) that best matches their substance use history. There is, however, at least one exception that might best be illustrated with an example:

After I recommended NA meetings to a middle-class nurse addicted to analgesics, she returned for her next appointment quite angry. She attended three different NA meetings, and “all of the members were either heroin or crack cocaine addicts.” It seemed to her that all of them were on probation or parole. She was very uncomfortable throughout the meetings and upset with my recommendation.

In matching patients with meetings, socioeconomic and cultural factors take precedence over biochemistry. At the neuronal level, a nurse addicted to analgesics has a lot in common with a heroin addict, but her ability to relate to another recovering person—particularly in early recovery—may be limited. Arguing with my patient or countering that other nurses were probably at the meetings she attended would not have eased her reluctance to return to NA or helped our therapeutic alliance.

NA meetings are generally attended by individuals addicted to illicit drugs: amphetamines, crack cocaine, cannabis, and heroin. In larger cities, other 12-step fellowships may focus on specific drugs, such as cocaine, but these are rare. Just as individuals addicted to prescription narcotics are a minority in the treatment population, they are also a minority in NA.

For this reason, our prior recommendation—to match patients to meetings based on socioeconomic status—applies. It's good policy to recommend that patients addicted to prescription medications try both AA and NA meetings and decide where they feel most comfortable.

The third tradition of AA states, “the only requirement for AA membership is a desire to stop drinking.” Though a purist might suggest that our analgesics-dependent nurse should join NA, her need to connect culturally with similar persons in recovery argues strongly for her to blend in at open AA meetings. A social drinker who never fulfilled the diagnostic criteria for alcohol dependence, she will have a better chance of abstaining from analgesics if she abstains from alcohol as well. For this reason, she should qualify for AA membership because she does, in fact, have “a desire to stop drinking.”

Some professionals addicted to prescription drugs will

feel at home in NA meetings, whereas others will react as my patient did. Having access to a 12-step contact person who knows about the demographics of local NA meetings can help you make the best patient/meeting match.

### References

1. The Church of God Anonymous (religion of the 12-step movement) <http://www.churchofgodanonymous.org/index2.html>
2. White W. *Slaying the Dragon*. Bloomington, IL: Chestnut Health Systems, 1998.
3. Crits-Christoph P, Siqueland L, Blaine J, et al. Psychosocial treatments for cocaine dependence: National Institute on Drug Abuse Collaborative Cocaine Treatment Study. *Arch Gen Psychiatry* 1999;57(6):493-502.
4. Project Match. Matching alcoholism treatments to client heterogeneity: Project MATCH posttreatment drinking outcomes. *J Studies Alcohol* 1997;58(1):7-29.
5. Ouimette PC, Finney JW, Moos RH. Twelve-step and cognitive-behavioral treatment for substance abuse: A comparison of treatment effectiveness. *J Consult Clin Psychology* 1997;65:230-40.
6. Morgenstern J, Blanchard KA, Morgan TJ, Labouvie E, Hayaki J. Testing the effectiveness of cognitive-behavioral treatment for substance abuse in a community setting: Within treatment and post-treatment findings. *J Consult Clin Psychology* 2001;69:1007-17.
7. *Alcoholics Anonymous* (3rd ed). New York: Alcoholics Anonymous World Service, 1976.
8. Emrick CD, Tonigan SJ, Montgomery H, Little L. Alcoholics Anonymous: what is currently known. In: McCrady BS, Miller WR (eds). *Research on Alcoholics Anonymous*. New Brunswick, NJ: Rutgers Center on Alcohol Studies Publications, 1993:45.
9. Blume S. Addiction in women. In: Galanter M, Kleber HD (eds). *Textbook of substance abuse treatment* (2nd ed). Washington, DC: American Psychiatric Press, 1999:485-91.
10. Jarvis TJ. Implications of gender for alcohol treatment research: a quantitative and qualitative review. *Br J Addiction* 1992;87:1249-61.
11. Bobo JK, McIlvain HE, Lando HA, Walker RD, Leed-Kelly A. Effect of smoking cessation counseling on recovery from alcoholism: findings from a randomized community intervention trial. *Addiction* 1998;93:877-87.
12. Burling TA, Marshall GD, Seidner AL. Smoking cessation for substance abuse inpatients. *J Subs Abuse* 1991;3(3):269-76.



### Related resources

- ▶ Alcoholics Anonymous. [www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org)
- ▶ Narcotics Anonymous. [www.na.org](http://www.na.org)
- ▶ Alanon-Alateen. [www.al-anon.org](http://www.al-anon.org)

Regular participation in 12-step meetings can increase the addicted person's chances for recovery. Matching patients with meetings where they feel most comfortable removes some predictable sources of resistance and increases the likelihood that they will attend.

**BottomLine**