

**Q. What is 12-step facilitation?**

**A.** 12-step facilitation therapy is a manualized, brief outpatient treatment. It is a highly structured treatment consisting of 10 individual sessions and two conjoint sessions for patients in stable relationships or 12 individual sessions for single patients which allows a maximum of two unplanned, emergency sessions. The treatment is considered an intensive referral to 12-step group attendance and involvement (Timko, DeBenedetti, & Billow, 2006). Sessions are organized around the first five steps created by Alcoholics Anonymous (AA; powerless, 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) followed by presentation of new material (30 minutes), identifying 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, 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," loss of control over drinking, and abstinence as the only effective choice as well as surrender to their Higher Power and staying committed 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 2015 *VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders* gives the highest strength of recommendation (Strong For) for 12-step facilitation 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.

*Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.*

- AHRQ: No reports on 12-step facilitation for AUD were identified.
- 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 2015 *VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders* strongly recommends 12-step facilitation for the treatment of AUD. It is unclear which front-line treatments for AUD, including psychotherapy and medications, are more effective for which patients, under which circumstances, and in which combinations. Clinicians should consider several factors when choosing a front-line 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

- Department of Veterans Affairs/Department of Defense. (2015). *VA/DoD clinical practice guideline for the management of substance use disorders. Version 3.0*. Washington, DC: Department of Veterans Affairs/Department of Defense.
- Kelly, J. F., Humphreys, K., & Ferri, M. (2020). Alcoholics Anonymous and other 12-step programs for alcohol use disorder. *Cochrane Database of Systematic Reviews*, 3, CD012880.
- Nowinski, J., Baker, S., & Carroll, K. (1999). *Twelve step facilitation therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Vol 1. Rockville, MD: Project MATCH Monograph Series.
- 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.

