

Does professional allegiance to 12 step treatment discriminate against 92%-95% of substance abusers?

Volume 4 Issue 3 - 2015

Scott W Stern

Department of Psychotherapy, Empowering Psychotherapy and Corporate Services, New York, USA

Correspondence: Scott W Stern, Department of Psychotherapy, Empowering Psychotherapy and Corporate Services, New York, USA

Received: November 17, 2015 | **Published:** November 23, 2015



The majority of addiction professionals offer only one venue of treatment, calling on addicted individuals to follow a treatment plan of immediate abstinence and 12 step participation.

Experiential treatment (“it worked for me, so if you work it it will work for you”) not only lacks supporting data, but provides successful outcomes of only 5%-8%. Research based these findings on 12 step treatment whose clients maintained abstinence for one year or longer according to various recent research findings.

From a public health perspective, these outcomes are abysmal and need to be addressed.

Currently, the office of Health and Human Services reports 90% of addiction treatment centers use the 12 step recovery model. For the majority of substance abusers who don’t “fit” the AA abstinence treatment model, treatment alternatives are few and often inaccessible.

Patients are entitled to choose from multiple treatment paths regarding their own health and recovery. I am not anti-12 step, but I am anti-discrimination and pro-choice. My focus is on creating new innovative programs to attract more substance abusers to get treatment.

Patients are entitled to choose from multiple treatment paths regarding their own health and recovery. I am not anti-12 step, but I am anti-discrimination and pro- choice. My focus is on creating new innovative evidence-based treatments just as we do with any illness that has no cure.

To me, it makes no sense to pledge sole allegiance to any treatment that doesn’t definitively help everyone.

It shortchanges those who don’t get well in 12 step modeled programs and support groups.

Here is a partial list of support groups and treatment models in addition to the traditional 12 step Alcoholics Anonymous abstinence model:

- i. Smart Recovery - non-12 step; cognitive behavioral support groups

- ii. Moderation Management - moderated drinking; harm reduction
- iii. Women for Sobriety - non-12 step; women’s issues
- iv. Life Ring Secular Recovery - non-12 step; secular
- v. Rational Recovery - non-12 step; cognitive behavioral support groups
- vi. Secular Organizations for Sobriety - non 12-step; secular support

Disociative Identity Disorder (DID) support groups-support group (very specialized group not recommended without simultaneous psychiatric treatment).

There are a few more support groups and treatment models for individuals and for families on the internet to achieve both abstinence and/or moderation.

If medical professionals recommended only one form of treatment to cancer patients (i.e. chemotherapy) without developing evidence-based alternatives, patient fatalities and poor treatment outcomes would likely continue.

Furthermore, medical ethics boards would slam professionals for discrimination against patients for whom chemotherapy failed.

In the addictions field, professionals must not turn a blind eye to the discrimination against most of the populations of substance users and their families.

[*Peer-reviewed studies peg the success rate of AA somewhere between 5 and 10 percent. That is, about one of every fifteen people who enter these programs is able to become and stay sober. In 2006, one of the most prestigious scientific research organizations in the world, the Cochrane Collaboration, conducted a review of the many studies conducted between 1966 and 2005 and reached a stunning conclusion: “No experimental studies unequivocally demonstrated the effectiveness of AA” in treating alcoholism. This group reached the same conclusion about professional AA-oriented treatment (12-step facilitation therapy, or TSF), which is the core of virtually every alcoholism-rehabilitation program in the country.]

<http://www.theatlantic.com/health/archive/2014/03/the-surprising-failures-of-12steps/284616/>

http://www.salon.com/2014/03/23/the_pseudo_science_of_alcoholics_anonymous_theres_a_better_way_to_treat_addiction/

The Hazelden Betty Ford Foundation, a 12 step treatment program, published results of Project Match which they interpret as successful outcomes:

[*For Project MATCH, 806 clients in five outpatient treatment centers were randomly assigned to these three treatments. Researchers also interviewed and assessed clients to rate them on relevant attributes.

The overall results were reported in 1998: Almost 30 percent of these clients were abstinent three years after treatment. And even those who drank during those three years abstained, on average, two-thirds of the time. Of the 21 client attributes, two were the most powerful predictors of long-term drinking outcome: readiness-to-change and self-efficacy (clients' confidence in their ability to abstain).]

<https://www.hazelden.org/web/public/vcsum0research.page>

Project Match, however, used a group of only 806 clients and discovered a mere a 30% success rate which is questionable at best. In other words, based on 806 people, Project Match showed a 70% failure rate to remain abstinent for a year or longer after completing a 12 step treatment program.

Furthermore, the 30 percent success rate applies to patients' sobriety immediately after treatment, not months or years later. https://www.linkedin.com/pulse/article/professionals-allegiance-12-step-treatment-support/edit?trk=pulse-art-edit_btn

Accepting these poor success rates in our field is not only bias, in this professional's opinion, it is puts the general population at risk.

Client-Driven Focused Therapy

Client-Driven Focused Therapy offers a spectrum of treatments to suit the client's personal needs and inspire behavior modification. Empowered with individual therapy choices, the client is more inclined to seek out and explore these new evidence-based methodologies.

It is my belief that dogmatic addiction treatments dis-empower clients and frequently produce poor outcomes. In the sense, the client is often left with a sense of failure and aversion to therapy as a whole.

These would include empowering the client with education about evidence-based treatments such as

CRAFT (Community Reinforcement and Family Training) is an intervention designed to help a concerned significant other/family member (CSO) facilitate treatment entry/engagement for a treatment-refusing individual who is abusing drugs or alcohol (the family member) which has a proven 64% success rate,

(<https://books.google.com/books?id=F9oGBgAAQBAJ&pg=PA60&lpg=PA60&dq=>

success+rate+of+CRAFT+ addiction+ interventions+ in+percentage&source= bl&ots= 4CmXxGYqnx&sig= OaQ8z2WSWBN6e3dHtNOq37 v4oTY&hl=en&sa=X&ei=w2J0Vf7NGM6TNpjkgIAN&ved=0CEoQ6AEwBA#v=onepage&q=success%20rate %20of%20CRAFT%20addiction%20interventions%20in%20percentage&f=false) highly ranked by SAMHSA;

MAT (Medication Assisted Treatment), a goal-oriented, client-centered counseling style for facilitating behavior change by helping clients to resolve ambivalence across a range of problematic behaviors, has a proven 40%-60% success rate for substance users who adhered to prescribed medications for one year or longer,

(<http://www.addictionpro.com/article/medication-assisted-treatment-working>) highly ranked by SAMHSA; and MET (Motivational Enhancement Therapy), in which rather than working with the 12 steps, addiction professionals offer non-judgmental feedback on clients' behavior, emphasize personal responsibility for change, and discuss options for new behaviors the client can adopt, holds a 10%-20% success rate, (http://www.antonioacasella.eu/archila/Lundahl_2009.pdf) highly ranked by SAMHSA.

Along the treatment spectrum, this therapist and client work together to determine the appropriate intervention based upon assessment of the Substance Use Disorder (SUD) diagnosis as moderate, mild or severe. A SUD diagnosed as severe, for example, would not be an appropriate candidate for moderation.

The determination of severity depends on such as medical consequences (i.e. liver damage), serious legal consequences, family consequences, etc.

Attendance at programs such as Alcoholics Anonymous and other support groups is not a requirement in Client-Driven Focused Therapy. Instead, clients are empowered to choose based upon the information I provide about evidence-based support groups.

However, I respect the client's choice and remain unbiased regarding clients who attend Alcoholics Anonymous or other evidence-based treatment support groups.

It is ultimately the clients who should be empowered to make decisions about their personal health and treatment.

Acknowledgments

None.

Conflicts of interest

Author declares there are no conflicts of interest.

Funding

None.