

Helper's Guide to Working with AA/NA and Other Mutual Support Groups

Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and similar groups are generally well-regarded but at the same time somewhat mystifying to many social workers. The following is for any social worker wanting to understand groups like AA and NA a little better.

What are AA, NA, and other Mutual Help Groups?

Individuals in the helping professions have long recognized the value of “mutual aid groups” like AA and NA. Many have come to prefer the term “mutual aid group” rather than “self help group”, for groups like AA and NA, because their hallmark is mutualism and cooperation, not individualism and isolation. They are groups of persons coming together to support each other in their walk of recovery from alcoholism, addiction, or similar disorders. These groups are really little communities, and tend to be almost like families. This is not surprising, perhaps, since many who come to them have lost (if they ever had) connection to their own families and communities “of origin.”

What is “Recovery Culture”?

As communities, mutual help groups exhibit a distinct culture: sometimes termed “12-Step culture” or “Culture of Recovery.” Therapists and other helpers would do well to approach this culture (or cultures) using very much the same methods that we have developed in approaching other cultures. We start with understanding and without judging. We don't have to agree with, or even like, diverse peoples and cultures—but at least we try to understand. Also, in a special way, we try to understand those peoples and cultures traditionally “at the margin” in our society. Social work asserts a special commitment to serve those “at the margin”, those who have been historically disenfranchised and underserved by the dominant culture. Social work embraces a deep commitment to honor diversity and to listen to those who traditionally haven't been listened to, and advocate for those who have lacked advocacy in the past.

How is Recovery Culture like other Cultures?

Cultures of this nature include (of course) Peoples of Color: African-Americans, Native-Americans, etc; Gays, Lesbians & Bisexuals; the economic underclass and the Culture of Poverty; women and feminism; etc. Alcoholics and addicts in general are likewise among those who have been historically ignored by our society. AA/NA in particular have in the past represented, and continue to represent, a large number of persons “at the margin.” AA was born in the context of general societal rejection of alcoholics and addicts and therefore (like other empowerment groups) tended to develop apart from general culture and general institutions: including general medical and mental health institutions. This is, of course, true of almost all indigenous movements representing “second-class cultures” whether the many African-American organizations, Native American tribes and AIM; Gay Pride, ACT-UP; NOW; and (yes) AA/NA. There are, of course, many differences, in population and in kind, among all these movements. But what they all have in common is that they are indigenous to their respective marginalized cultures.

How can I gain Cultural Competence in practicing with the Recovery Culture?

Therapists and counselors know that, at some point, it's not enough to just read about a culture; or the indigenous movements representing the culture. To find out what it's like we have to talk to those who can speak from inside the culture. If I want to understand the GLBT culture, I need to actually talk to GLBT persons. If I want to understand the experience of People of Color, I need to talk to People of Color. And more importantly of course listen to People of Color. Same with AA/NA. If we want to understand this culture of AA/NA, then we won't gain “cultural competence” by just listening to people outside of the culture talk about “those people”. We have to actually talk to the people inside and seek to listen and understand what they are saying.

How specifically? Here are some suggestions.

- **Read up a bit.** AA & NA (along with so many other “movements from the margin”) are woefully under-researched in universities and colleges. But there's lots written from “inside” AA/NA that's available. However, if you're short on time, for the purpose at hand, all you really need to do is to contact your local AA or NA Service Office (sometimes called Intergroup Office or similar). Or call the AA or NA hotline. Just look up AA or NA in the phone book. Call them and ask them to send you some of the literature they've developed specifically describing the movement to professionals. It's short and to the point and written with the intention of trying to translate the “basics” into language treatment professionals will understand. If there's a feature you're especially interested in (for example, AA and medication) ask them to send you what they have on that topic. Ask for an AA/NA meeting list. Or sometime when you're surfing the web, look them up and browse their websites.
- **Talk to real, live AA/NA members.** Chat with the person who answers the phone at the Service Office. S/he is probably (though not necessarily) a member of AA or NA and will in all probability be glad to talk with you. Do you have any special questions? Ask. For example, if you're concerned to make sure that persons with co-occurring disorders are accepted at local AA/NA meetings, bring it up. Are you looking for women's AA meetings? Ask. Are you looking for Non-Smoking meetings? Ask. Are you looking for Native American AA meetings? Ask. The Service Office has both listed and unlisted meetings at their fingertips and are usually very happy to go over them with you. They also have telephone lists of other AA and NA members available and can ask others to call you if you would like.

- **Go to a few AA/NA meetings.** Or go to a bunch. They're all over the place, often in the evenings and weekends, very accessible, and free. You may if you wish talk to the AA/NA Service Office person and ask them to recommend a group. Then go to a meeting—and talk with whoever's there. Please be very frank—they will (in general) welcome your questions. Really. Any social worker or therapist going to an AA/NA open meeting will in general find the experience very pleasant indeed. Folks there tend to be friendly and the coffee's always hot. Do please ask freely about whatever questions might occur to you. Ask what they think about meds; about "power"; about whatever might be of interest to you. If you don't want to tell them you're a therapist, that's fine too. Anonymity is one of the hallmarks of these kinds of meetings. You can just sit and listen: this is often a good way to just get the "flavor" of what's going on. You do NOT have to be an alcoholic or addict to attend "Open" meetings. A "Closed" meeting means (in effect) only alcoholics/addicts may attend. In meetings that are "Open", literally anyone can attend. All meetings are marked "Open" or "Closed" on the meeting schedules you can get from the Service Office; or of course you can just ask if you're not sure.
 - **Go with an open mind.** This is of course fundamental to developing "cultural competence" with respect to any culture. We go with an open mind, and we view these encounters as a chance for them to teach us, rather than the other way around. They are not professionals. But they are the Experts on Themselves. Again, you don't have to like everything, don't even have to agree with anything. You can think or feel anything you want. But...cultural competence starts with the humility of being open to just learning what another culture has to teach about itself. That's all we need to do to get started.
 - **Collect referral info for any mutual help groups in your area of interest.** AA and NA are probably the biggest & best-known 12-Step groups ... but there are a lot of different kinds of groups using the overall 12-Step framework. Alanon is for family and friends of alcoholics, and is often a great referral for "codependents" in general. There is a Sexaholics Anonymous (SA), Gamblers Anonymous (GA), Overeaters Anonymous (OA), and many more. It's good to know what's available in your area. If you're interested in specific kinds of AA meetings—such as Gay AA, Black AA or Native-American AA, or Women's Only AA—the best place to pose questions like that to the area Service Office. Or find another professional who is involved in Dual Diagnosis or Alcohol & Drug treatment who knows the area. Those of us doing "DD" and "A&D" usually keep our "ears to the ground" about what's available.
- Σ **Other Resources.** There are an enormous number of "mutual-help" or support groups that, while not 12-Step based, owe much to them; and a general understanding of the overall "parent culture" will help in understanding these as well. None of these (unless specifically designated otherwise) should be considered to be professionally-run groups; but all can be wonderful allies of our work if we approach them with the cultural sensitivity that is the hallmark of Social Work. For more contact information visit www.facesandvoicesofrecovery.org/resources/support_home.php.

What does AA say about medication?

See "The AA Member – Medications and Other Drugs," a pamphlet developed by physician members of AA and endorsed by AA General Service Conference. This pamphlet endorses use of appropriate medications for co-occurring disorders while providing a range of cautions that any dual diagnosis expert would consider entirely appropriate.

What does NA say about medication?

See "In Times of Illness," a pamphlet developed by Narcotics Anonymous World Fellowship. It endorses proper medication for co-occurring disorders, and includes excellent and very practical suggestions promoting medication adherence and discouraging medication abuse.

Is referral to AA, NA, and the like, considered to be an evidence-based practice?

Yes. The National Institute on Drug Abuse (NIDA)'s "Principles of Drug Addiction Treatment: A Research-Based Guide" (NIH Pub No. 00-4180) extensively canvasses such approaches among its evidence-based approaches. The guide in particular notes the versatility of such referrals since they are consistent with almost any therapeutic approach.

What does SAMHSA say about these groups?

SAMHSA has been promoting increased awareness of the value of peer-support groups in the Recovery process. One product is specifically aimed at increasing understanding of AA and similar groups among mental health professionals: "Mutual Support Groups: What Everyone Needs to Know (Recovery Month Webcast: September 1, 2004)" Description is "For decades, an ever-increasing number of mutual support groups have helped individuals and families overcome addictions and lead healthy and fulfilling lives. This program explores the role of the mutual support group." Price: \$12.50 for VHS, Inventory Number: VHS188, or \$13 for DVD, Inventory Number: DVD188. For web access, go to: <http://store.health.org/catalog/productDetails.aspx?ProductID=16791>

How can I get an AA or NA meeting started at my agency?

There are two approaches to this: (1) you can identify clients in your own client base who already have AA/NA experience, and ask them to help start a meeting. This can be a very good way to build recovery leadership in your own client base. (2) Call your local AA or NA service office. They will refer you to area committees composed of AA and NA volunteers who are specifically charged with helping institutions who want to start meetings at their own agencies.

How do I document professional and staff work with AA/NA?

This depends greatly on your funding source and oversight or accreditation. The general rule of thumb is that funding sources generally do not want to spend money on activity that is available for free in the community. Therapists, counselors, case managers, and others, can, in general, **facilitate** client involvement in AA/NA, but cannot **be** AA/NA. Appropriate **facilitation** activities include: Mock AA meetings in groups as preparation for clients attending “real-life” meetings; teaching clients to make phone calls to people on an AA/NA phone list; teaching clients how to find and access meetings; some case management funding sources allow case managers to take a client to an AA/NA meeting, perhaps with the understanding that the client will “find rides” at the meeting once they’re there: a potentially very good way to encourage positive “connections” with AA/NA members. “Stepwork” is generally OK, but check with your funding source if unsure. In the case of Dual Diagnosis clients, Stepwork modified for Dual Diagnosis is generally considered a very useful therapeutic tool, well within bounds for those involved in treating persons with co-occurring disorders. My own experience is that alluding to AA and NA in documentation is fine as long as it’s clear that the counselor/therapist isn’t “duplicating” AA/NA. If you are familiar with “12-Step Jargon,” you might want to minimize specific use of such jargon in your documentation simply in order to promote clarity as to what you are doing and what you are not doing. **Twelve Step Facilitation Therapy (TSFT)** is the technical term for therapy that **facilitates** twelve step involvement. Of course, all kinds of therapeutic issues arise in the context of a client attending AA and NA—just as they arise in the context of a client at home, or a client being reunited with his/her family, etc. Assisting a client to work through these challenges can be an enormously helpful therapeutic intervention, and you use the same language regarding such work that you do regarding client challenges in the family, workplace, etc.

I’m a social worker/therapist who is in AA. How do I deal with dual relationships?

The NASW Code of Ethics discourages but does not prohibit dual relationships. Dual relationship issues encountered by social workers who are in AA are very similar to those encountered by rural social workers. If you happen to be an AA member working with a client who is an AA member, it is very important to remember “which hat” you are wearing when in contact with the client, and act accordingly. Know your Code of Ethics and abide by it. It is strictly prohibited under any circumstances: to engage in sexual relations with a client; to engage in a commercial transaction with a client; to exploit knowledge gained in one setting to influence another setting; to engage in any kind of exploitive behavior at all. On the other hand, as rural social workers have pointed out, dual relationships can, if kept in good bounds, be quite beneficial to clients. This has been long recognized by counselors working in A&D treatment centers, many of whom have been themselves in AA or NA, and who have been able to use the facilitating and modeling of their dual relationships to the benefit of clients in early recovery.

Where can I go for more information?

The following provides contact information for AA, NA, and DRA. There are many other 12-Step groups not listed here: contact your local clearinghouse for additional information.

Alcoholics Anonymous (AA)

AA General Service Office: <http://www.alcoholics-anonymous.org/>

Narcotics Anonymous (NA)

NA World Services: <http://www.na.org/>

Dual Recovery Anonymous (DRA)

DRA World Service: <http://draonline.org/>

Al-Anon Family Groups

Al-Anon World Service: www.al-anonfamilygroups.org

Nar-Anon

Nar-Anon World Service: www.nar-anon.org

Families Anonymous (FA)

FA World Service: www.familiesanonymous.org/

Special thanks to Charles Vaughan for his hard work on this very helpful document.