Recovery and Support Groups

Phillip Bride

College of Humanities and Social Sciences, Grand Canyon University

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Dr. Dace Tapley

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Actively incorporating a 12-step program such as Alcoholics Anonymous (A.A., n.d.-b) into a treatment and recovery process complements counselors' efforts and proves efficacious for sustained abstinence and improved well-being (Hai et al., 2019). I attended a local open A.A. meeting, which included reading statements, praying, and sharing stories. As I listened to the stories, I heard how alcoholism impacted the attendees in unique ways. The impacts of alcohol use spanned identifying as a partier, job loss, poor relationships, DUIs, family problems, and blackouts. I observed and heard primary goals, including abstaining in the face of triggers and cravings, saving relationships, and overcoming tension by using alcohol as a coping tool. Criticism of A.A.'s faith orientation and indoctrination contrasts with a discourse analysis of 19 participants, demonstrating autonomy and agency when using A.A.'s formats, nomenclature, and protocols (Gordon & Willig, 2021). The efficacy of A.A. stands out for complementing formal treatments and achieving counseling goals. DSM-5 (APA, 2022) diagnosis severity levels indicate the treatment recommendations, from brief interventions to more comprehensive structured treatments. A reflection of the A.A. meeting experience up-ended preconceived notions about A.A., such as indoctrination and labeling, which the chair and members replaced with warm welcomes, attentive listening, and genuine sharing. As a counselor in training, the empathetic, non-judgmental, safe environment allowed cathartic sharing of alcoholism's impacts, struggles, and consequences in a no-cost, easy-access, and peer-led environment. This demonstrates that peer-led groups offer a powerful tool in the counselor's arsenal to combat substance use disorder (SUD) and enhance recovery (Capuzzi & Stauffer, 2020). Counseling alcohol use disorder (AUD) can challenge a counselor's patience because of the resistance, denials, and anger while supporting the client's autonomy, respecting their situation, and helping

them move forward. **THESIS**: Incorporating 12-step support groups provides clients the opportunity for low-cost, easy access to structured and safe treatment avenues to share their stories, learn from others, feel autonomous, and build faith in overcoming the demons of the out-of-control effects of alcoholism.

Description, Format, and Faith-based Elements of an Alcoholics Anonymous Meeting

Attending two open SUD groups offered unique perspectives on the 12-step Alcoholics Anonymous (A.A.) approach and clinical group work. Both used faith-based aspects in their approaches. This paper focuses on the A.A. meeting. Many open A.A. meetings have virtual and in-person meetings available (Sober, n.d.; Westside Central Office, n.d.). I attended an open A.A. in-person meeting (A.A., n.d.-a). The group warmly welcomed each person as they arrived. The meeting started with the chair stating, “Hi, my name is Jim. I am an alcoholic,” followed by “Hi Jim” from the participants (names have been changed). Reading a welcome statement, the chair reminded the group about keeping the confidentiality of participants, the powerlessness over alcoholism, and the acquiescence to God for help to stay sober. Newcomers introduced themselves at the chair’s invitation. One participant read the 12-step statement, and the facilitator invited me to read the “About Us” statement. Next, the chair invited each person to tell their story. Everyone listened quietly and attentively to the engaging stories of alcoholism’s benefits, consequences, and recovery. The first person shared a meaningful quote from the “Big Book” as he launched into his story. The stories continued around the room. “Thanks for sharing” came from the chair, along with applause if a participant reached a milestone. I shared mine as well. Midway, the chair read the “Serenity Prayer” and a statement about milestones of one day, 30 days, 60 days, one year, or longer. One person received a 30-day chip and passed it around the room. The last participant shared their testimony, and then the chair closed the meeting, followed

by an invitation to pray the Lord's prayer. All participants gathered in the center of the room, held hands, and prayed. The meeting met A.A.'s premises to spread the word, have A.A. members reach a spiritual awakening, recognize alcoholism lasts for life, remove self-centeredness, and help others by sharing stories (American Addiction Centers, 2024).

Observations of Problems and Impact of Substance Use Disorders and Behaviors on Individuals

The A.A. meeting participants shared their struggles with alcohol and its impact on their lives in dramatic ways. Pete (pseudonym) shared how alcohol became part of his identity as the one who could "hold more than anyone else." He became the social center of parties and drinking events starting in college. It became normalized (Hammer et al., 2012) for Pete as part of his alcohol culture (SAMHSA, 2014, TIP 59). Coming to work drunk cost Pete his job, then he got a DUI, and experienced heavily strained relationships. These impacts drove Pete to acknowledge the help he needed. Pete entered contemplation, preparation, and finally, the action stages of change (Capuzzi & Stauffer, 2020; SAMHSA, 2019, TIP 35). A religious awakening occurred with Pete when he got a referral from his old job to a better job with more pay. Next up, Raul spoke about his need to relieve tension with daily drinking, as reflected in self-stories about alcoholism and tension coping (Hammer et al., 2012). Raul also needed to use alcohol as a coping tool for anxiety (Reilly & Shopshire, 2019). For Raul, this resulted in his showing up to help his mother in a market booth while drunk. In addition, Raul found himself given responsibility for a small farm with children and others in his care while strangers occasionally wandered onto the property. This responsibility and fear of being drunk if something happened moved Raul into the action stage of change (SAMHSA, 2019, TIP 35). He recently achieved 30 days of sobriety.

Empirical Evidence

In a survey of online sobriety tool users, Sinclair et al. (2017) found 30% to 51% of respondents (n= 228) reported alcohol affected all five measures in the study (physical and mental health, finances, work, and relationships). Hai et al. (2019) reported significantly better abstinence and employment outcomes six months after completion of integrated individual counseling and faith-based A.A. meetings. The participants reported goals including sobriety, awareness of quantity consumed, concerns for themselves and others, and maintaining sobriety. They also reported reasons for remaining engaged, including community support, learning skills, establishing specific, small-step goals (daily goals, reminders, and learning tactics to avoid relapse), and gaining control (agency and autonomy) over their lives (Gordon & Willig, 2021).

Criticisms of 12-Step Groups

Some researchers critical of the 12-step support group point out the adoption of the "oppressive regime" (Gordon & Willig, 2021, p. 4) of A.A., indoctrinating participants into using the group's thought processes, undermining agency and autonomy. Others criticize or avoid A.A. due to its faith aspects. Faith plays a vital role in addiction recovery (Hai et al., 2019). Gordon & Willig (2021) demonstrate through Foucauldian discourse analysis (n=19) the opposite of A.A. membership criticisms. Participants experience dilemmas regarding A.A. principles (especially faith) and show autonomy in their reasoning for abstinence and A.A. participation, which I observed in the A.A. meeting. In addition, participants make use of A.A.'s story format, nomenclature, confession, meeting structures, and giving over to a higher Power to overcome the "demon" of addiction. Participants use these tools to express their agency in coming to terms with alcoholism and their long-term recovery efforts from a faith-based perspective in fellowship with other alcoholics, as observed in the meeting I attended.

Recovery-Oriented Goals and How Members Engaged in the Goals

Abstinence emerged as the primary goal of participants, with fulfilling responsibilities to themselves and others a close second. Most aspects of the meeting ended in a discussion of abstinence (A.A., n.d.-b). The only requirement for membership in A.A. "is a desire to stop drinking" (Tradition Three). One participant indicated ambivalence about abstinence due to mild severity AUD (APA, 2022), and the benefits of tension relief lasted longer than the alternatives of meditation, breathing exercises, and distractions (Capuzzi & Stauffer, 2020). Another participant, Arnie (pseudonym), spoke about the blackouts experienced after driving home from a bar, asking himself, "How did I get here?" Arnie described not wanting to put his family at risk. Abstinence (eight years at this time) became his primary goal, along with attending A.A., personal reflections, and squelching cravings. Pete expressed the beauty of God's will in bringing him to A.A. and reversing the course of his life. Raul expressed the importance and goal of hearing stories from others and the A.A. community to help maintain sobriety. He tried several groups and settled on the one I attended. He emphasized the community and the group's culture, keeping him engaged and returning. Each indicated a determination to keep attending meetings and engaging in individual therapy. Grim & Grim (2019) report that Health and Human Services lists three aspects to reduce SUD: (a) social interventions, (b) clinical therapy, and (c) support aligning well with A.A.'s goals supporting clients' well-being (ACA, 2014).

Referrals to Support Groups to Support Mental Health Counseling Goals Using the DSM Severity Diagnostics

Counseling goals to achieve a client's well-being based on their situation, wants, beliefs, and goals align with referrals to support groups (Capuzzi & Stauffer, 2020). Counselors can lean on tools such as DSM-5, MI, AUDIT, CAGE, ASI, and MAST to establish the client's AUD

severity and needs. According to DSM-5 criteria for AUD, two or more criteria occurring within 12 months indicate a "problematic pattern of alcohol use" (APA, 2022, p. 553). The 11 criteria further break down into impaired control, social impairment, risky behavior, tolerance, and withdrawals. A mild AUD severity represents two to three criteria, moderate symptoms (four to five), and six or more indicate severe symptoms. Two or more would indicate a need for some intervention. Mild severity with stages of change at precontemplation or contemplation might do well with Motivational Interviewing (MI), and a brief intervention screening such as AUDIT (ten questions), CAGE (four questions), or the brief ASI screening to move the client to recognize and acknowledge a problem exists (Capuzzi & Stauffer, 2020; SAMHSA, 2009).

Screening Highlights Patterns

Screening as an intervention and MI challenging maladaptive beliefs can highlight an unrecognized problem pattern, moving a person into the preparation and even the action stages of change (Capuzzi & Stauffer, 2020). One of the participants, Bill (pseudonym), mentioned he recently learned he had moderate severity AUD after a discussion highlighting misconceptions about alcohol. Bill answered four questions, prompting a reflection on his alcohol use, and then decided to attend the A.A. meeting. Skilled in MI, counselors can overcome resistance by "rolling with resistance" (p. 145). Counselors can challenge beliefs and behaviors and use screening so clients can reflect on their results to help them stay engaged (Hai et al., 2019).

Screens Help Decide Direction

Additional screens like AUDIT, CAGE, and MAST can direct the next steps (WHO, 2001). AUDIT's four levels of risk indicate the type of intervention for each level, including education, advice, brief counseling, and referral for more diagnostics and treatments. A severe AUD diagnosis (F10.20 Alcohol substance abuse, Severe.) (APA, 2022) indicates more

diagnostics like the ASI and MI to understand various considerations to build a case conceptualization (Kazantzis, 2021). Assessments and screens set a foundation to build a treatment plan collaboratively, moving the person into early, then sustained remission. CAGE-AID demonstrates effectiveness for those in denial in the early stages of change (Basu et al., 2016). It becomes the counselor's responsibility (ACA, 2014) to guide the client through the stages of change and offer appropriate treatments for the severity of AUD as the impacts become evident. Informed consent lets clients know how referrals support therapy and gives them a choice (ACA, 2014, A.2.a).

A Reflection on the A.A. Experience: Stories, Perceptions, and the Counselor's Role

The Experience and Stories

Not sure what to expect, I walked into the meeting space. Unfamiliar phrasing triggered preconceptions about alcoholic labels and indoctrination tactics (Gordon & Willig, 2021). The chair greeted me and each new arrival warmly and in a most welcoming way. Greetings put me at ease immediately since uncertainty escalated before the meeting. As the meeting progressed, the structure became apparent through the readings of the 12 steps, the Serenity Prayer, admonitions to keep participant confidentiality, and members' stories. The chair invited participants to share their stories (A.A., n.d.-a). A.A. stories follow the pattern of "what we were like, what happened, and what we are like now" (Common Meeting Formats). Interestingly, the participants' stories varied in patterns, experiences, consequences, reasons for abstinence, reactions to consequences, and stages of change, breaking my indoctrination preconceptions. For example, one person spoke about the impact of cravings and their struggles. Another spoke about the "fun" of social drinking and the subsequent DUI, and others spoke about the use of alcohol as a coping mechanism. Their reasons for using alcohol and becoming abstinent in their life

contexts varied from social to family responsibility to coping. Some spoke about how they feel more in control now. Others mentioned the ambiguity of a Higher Power yet stood to pray at the end. I observed how one person felt his confession, honesty, and autonomy motivated him to attend A.A. Another highlighted community and autonomy. A third spoke of the cathartic effect of stories, and another expressed ambiguity about the process. Regardless, each expressed how A.A. positively impacted their lives.

Perceptions of the Meeting Dynamics

As a counselor in training, the power of meeting became apparent to me for several reasons. **First**, one participant related the importance of convenience, cost, and flexibility in choosing groups. In particular, he liked this group's dynamics. Gordon & Willig (2021) report that only 33% to 46% of clinicians refer clients to 12-step programs although studies report improved engagement with peer-led support groups. Reasons include faith and powerlessness as tenets, which conflict with constructivist views but lean on humanistic and person-centered views (Murdock, 2017). **Second**, another related the importance of hearing varied first-hand stories about families, careers, different worldviews, and alcohol's impact. Due to limited attendance and screening, first-hand accounts may be sparse in clinical settings (Capuzzi & Stauffer, 2020). **Third**, confession to others experiencing similar issues proved cathartic, knowing others can relate while not judging (A.A., n.d.-b; American Addiction Centers, 2024). Ultimately, A.A. provides a complementary treatment modality (Capuzzi & Stauffer, 2020).

Family Support and the Counselor's Role

Research before the meeting provided information on family support (Al-Anon, 2021). Al-Anon supports families and friends of alcoholics using principles of 12-step and 12-traditions, stories, community, and agency, but it is a distinctly different organization than A.A. The family

support group complements therapy for individuals and families, offering many benefits of a fellowship community in safe, non-judgmental environments, free attendance, and convenient access (Capuzzi & Stauffer, 2020).

The counselor's role includes screening, knowing about local support groups, and aligning the referrals depending on the severity and a functional analysis. Community Reinforcement and Family Training (CRAFT) may prove a valuable resource for concerned significant others (CSOs) of alcoholics who refuse treatment. Support happens through encouragement and education about how to discuss issues with the alcoholic. CRAFT demonstrates two to three times more success in moving people to the action stage of change than other groups. CAGE-AID also demonstrates efficacy for the family of substance abusers to screen for SUD in the family and the individual, highlighting the need for further treatment (Basu et al., 2016). After careful screening and severity analysis, a counselor's role includes referring a client appropriately and actively incorporating a support group into therapy. Family screenings and interventions help uncover family-of-origin AUD issues. Support groups encourage clients along their journey to recovery, building agency in their lives.

GCU Counselor Patience Disposition and How it Applies to a Counselor's Role with a Faith-based Perspective

Engaging with alcoholics challenges the most patient of counselors in training. The *counselor dispositions* encourages a calm approach, respectfulness, introspection by the counselor, and autonomy of the client while creating a growth environment and staying the course in a flexible manner (GCU, 2022). This disposition represents no small task for the counselor and "is hard work to move the alcoholic from resistance to acceptance... the counselor must be self-aware and patient" (N. Ward, LCSW, CACD III, personal communication,

September 13, 2024). The continued use of alcohol, resistance, denial, and justifications in the face of negative consequences of use (APA, 2022) creates opposing positions. The counselor takes the position of abstinence and health, and the alcoholic takes the position of maladaptive substance use and associated reinforcing behaviors (Capuzzi & Stauffer, 2020). “In the months up to my admittance into a program, I yelled and swore at the case manager. When I was finally ready, he welcomed me with open arms, to my surprise. Now I am a case manager” (Anonymous, personal communication, May, 2024). Patience becomes the mantra as the skilled counselor navigates resistance, arguments, anger, and frustration without taking an oppositional view (Reilly & Shopshire, 2019). Motivational interviewing, skillfully done, avoids blocking effects, hazards, and traps while reducing resistance. Examples where patience plays a role include:

1. Blocking, such as shaming, labeling, commanding, lecturing, probing and interrogating, and sympathizing, meets with frustration and resistance from the client.
2. Hazards include advocacy talk, playing the expert, impatiently hurrying the process, and prioritizing the counselor’s goals, blocking change in the client.
3. Traps include a premature focus on issues before agreement or readiness, arguing a case, confrontation, and prematurely educating the client (Capuzzi & Stauffer, 2020).

Patience safeguards the process against these traps and hazards. Knowing what to avoid and using patience to walk with the client lets the counselor guide them through the stages of change (Capuzzi & Stauffer, 2020).

A Faith-based Perspective

In the throes of SUD, many clients report a “demon” behind their out-of-control substance use and behaviors (Gordon & Willig, 2021). Hai et al. (2019) point to the efficacy of

introducing faith into the process. The skillful execution of questioning like MI (MINT, n.d.), active and reflective listening, amplified reflection, shifting focus, asking permission to introduce new concepts, and reframing can reduce resistance and resistance talk (Capuzzi & Stauffer, 2020). Each requires calmness and patience to face out-of-control behaviors. These tactics also increase change talk. As the client calms and feels safe, introducing faith adds powerful resources to tap into, such as asking for help to combat an entity (alcohol/demon) controlling behaviors and the compulsion to drink (Gordon & Willig, 2021). Praying during a 12-step meeting and asking for help removes the power of the compulsion and places it with a Higher Power without excusing the behavior, the need for truthful self-inventory, and making amends (A.A., n.d.-b). In addition, faith-based intervention encourages "acceptance, hope, and belonging" (Van Dend et al., 2022, p. 3579). Forgiveness of self and others in the face of maladaptive behaviors becomes essential to recovery (Lung & Li, 2024). Patience and faith help the counselor navigate difficult situations with alcoholics, encouraging their autonomy, free agency, and well-being.

Concluding Thoughts

To conclude, attending an A.A. meeting opens a complementary world of recovery, honoring alcoholics' autonomy while offering structure in safe environments (A.A., n.d.-b). Observations of the impact of AUD on individuals varied and held emotional, social, and legal impacts for them. Goals started with abstinence and continued recovery and included improved relationships, work, community, and autonomy with reliance on Divine help to overcome the compulsion and cravings for alcohol. With professional referrals to A.A. meetings low at 33% to 46% (Gordon & Willig, 2021), efficacy high (Hai et al., 2019), low cost and easy access, safe environments, and non-judgmental faith-based programs, the opportunity to improve referrals

become apparent. Including families offers another avenue of support and uncovers AUD family-of-origin issues (Capuzzi & Stauffer, 2020). Reflections on the experience at the A.A. meeting squelched preconceived notions as I heard stories from varied perspectives diverging from the prescribed patterns to uncover participants' autonomy and agency in their journey to recovery. The power of the support group I attended came to life in three ways: (a) cost, convenience, and access; (b) hearing first-hand stories from fellow alcoholics; and (c) confessing to fellow alcoholics going through similar struggles. Including families through Al-Anon or CRAFT can support the client and assist the family in dealing with addictions. Finally, emphasizing the importance of patience from the GCU Dispositions (GCU, 2022) underlies the ability to move the client through the stages of change, especially with various forms of resistance, blocking effects, hazards, and traps (Capuzzi & Stauffer, 2020). The support group process complements the counselor’s efforts in therapy by offering an aligned method for clients to achieve and sustain abstinence autonomously, with agency, and in fellowship or community to overcome their demons/alcoholism and out-of-control behaviors producing well-being.

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