



TDCJ

**Rehabilitation Programs Division
On-Line Distance Training**

Course 1015

Self-Help, Mutual-Help, & Recovery Groups

Three (3) General Education Credit Hour

TDCJ/RPD

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Course RPD1015 - SELF-HELP, MUTUAL-HELP, AND RECOVERY GROUPS

Recovery is an intensely personal experience that is hard to define in a general way. There are multiple pathways to recovery, including: treatment, faith institutions, criminal justice interventions, support from individuals and family, mutual assistance groups, and recovery community centers. Everyone's journey results in their own unique experience of recovery. Therefore, recovery has many definitions and meanings to different people, including treatment professionals.

Recovery goes beyond abstinence alone to include a full re-engagement based on hope, resilience, health, and wellness. Recovery starts when a person begins to make better choices about his or her physical, mental, and spiritual health. This is the basic principal behind the concept of Self-Help (to take the initiative to solve one's own problems, but not necessarily alone).

Substance abuse treatment within TDCJ utilizes Self-Help programs. Evidence-based principles suggest that Self-Help programs have success with the offender population.

UNDERSTANDING SELF-HELP

What is Self-Help?

The act of providing for or helping or the ability to provide for or help oneself. The acquiring of information or the solving of one's problems (especially those of a psychological nature) without the direct supervision of professionals or experts, as by independent reading or by joining or forming lay groups that are devoted to one's interests or goals.

What is Mutual Help?

A mutual help group is defined as a group of people sharing a similar problem, who meet regularly to exchange information and to give and receive psychological support.

What is Self-Help Recovery?

Self-Help recovery means that individuals make the main contribution to the change process (De Leon, 2000). It also requires intrinsic motivation for change that results in action to effect change. Becoming motivated to seek help then remaining motivated to continue through the steps or requirements of the program is also essential.

What is a Self-Help Group?

Self-Help groups, also referred to as mutual help, mutual aid, or support groups, are groups of people who provide mutual support for each other. In a Self-Help group, the members share a common problem, often a common disease or addiction. Their mutual goal is to help themselves and each other to deal with, if possible to heal or to recover from, the problem. Although recovery is the responsibility of the individual, other recovering people are essential in promoting pro-social change in the individual.

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In Self-Help groups, specific modes of social support emerge. Through self-disclosure, members share their stories, stresses, feelings, issues, and recoveries. They learn that they are not alone; they are not the only ones facing the problem.

Peers can model healing for each other. By the “veteran helping the rookie,” the person who has “already been there” helps the newer member (Mullan, 1992). Although the newer member learns that the problem can be dealt with and how, the older member also benefits (Riessman, 1965).

One desirable effect of this peer model is to see progressive individual empowerment as one proceeds through the process. Recovery is not a single episode, but a lifetime of commitment. Self-Help group members are dependent on themselves, each other, the group, and perhaps a spiritual power. Together they learn to resolve the problem(s) in their lives.

Self-Help Groups, either twelve-step or non-twelve-step, open the door for a person to identify the intrinsic motivation within themselves through this peer relationship. This allows members to experience an “ah-ha” moment, which can be unique and special for each individual. It is a point in time when one realizes something for the first time (e.g., see that a problem does exist, how the problem originated, or recognize how to fix a problem). It may initially be experienced by cognitive dissonance,* which must be resolved. When an “ah-ha” moment occurs, it is usually accompanied by relief, satisfaction, joy, or a sense of accomplishment. However, it may cause frustration, guilt, or disenchantment. Either way, it is a uniquely emotional moment for the individual that hopefully leads to intrinsic motivation for change.

**Cognitive dissonance - A condition of conflict or anxiety resulting from inconsistency between one's beliefs and one's actions or when an individual holds two opposing viewpoints. Examples include: opposing the slaughter of animals but eating meat or knowing drug use is destroying their family but continuing to use.*

MODELS OF ADDICTION Theories for the Cause of Addiction

Because recovery is an intensely personal experience, it stands to reason that experts and individuals alike differ regarding what causes addiction and what the best course of treatment is for recovery. Some question the Self-Help concept and its effectiveness. Others believe that Self-Help is a part of recovery for all models of addiction. Chemical dependency treatment programs use a variety of models to determine how to treat the problem of addiction. Their approach to treatment varies depending on their belief of the cause of the addiction as well as the individual needs of the client and their response to the varying interventions. Since professional opinions differ, a generalized statement is made as to whether the model accepts the use of self-help groups as a legitimate part of treatment. This opinion may differ significantly depending on the treatment provider. To give some understanding and contrast, the following lists some of those Models of Addiction:

Dual Diagnosis Model

A chemical dependency diagnosis is accompanied by an Axis I or psychiatric diagnosis (includes Anxiety Disorders, Childhood Disorders, Cognitive Disorders, Dissociative Disorders, Eating Disorders, Factitious Disorders, Impulse Control Disorders, Mood Disorders, Psychotic

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Disorders, Sexual and Gender Identity Disorders, Sleep Disorders, Somatoform Disorders). One must control the disorder in order to treat substance abuse issues. The model suggests that the substance abuse disorder serves to self-medicate the psychiatric condition. This model may utilize self-help groups and sees substance abuse treatment as supporting of mental health interventions. (See Self-medication model below.)

Learning Model

This model views chemical dependency as the result of maladaptive habits. Learning new pro-social habits is a key to recovery. Self-Help is a significant part of treatment, utilized to reinforce positive behavioral change through pro-social interactions.

Medical Model

The medical model is a commonly accepted model. The medical model is an approach that aims to find medical treatments for diagnosed symptoms, in this case addiction (Laing, 1971). This model incorporates a "set of procedures in which all doctors are trained." This set includes complaint, history, physical examination, ancillary tests if needed, diagnosis, treatment, and prognosis with and without treatment. In this model, self-help and mutual-help treatment has traditionally been viewed as harmful since it allows the abusing individual to remain around the harmful influence of other abusers. As stated earlier, the view of the self-help model varies by provider and many medical personnel may consider self-help groups to provide a supportive function to the medical interventions.

Moral Model

This model relies on the belief that chemical dependency results from a moral weakness or lack of willpower. Self-Help groups are a significant part of treatment, serving to strengthen the individuals will to success and make right choices.

Self-Medication Model

This model considers chemical dependency as a symptom of another primary mental disorder. One must control the disorder in order to treat substance abuse issues. It may utilize self-help groups.

Social Model

States chemical dependency results from environmental, cultural, social, peer or family influences. This may utilize self-help groups.

Diseased Person Model (Disease Concept)

As a commonly accepted model, the concept is that substance use displayed by addicted individuals is the result of a lifelong disease that is biological in origin and exacerbated by environmental contingencies. This conceptualization renders the individual essentially powerless over his or her problematic behaviors and unable to remain sober by himself or herself. This disease will progress in ever worsening stages to death unless there is a therapeutic intervention. Self-Help groups are a significant part of treatment.

DISEASE CONCEPT AND SELF-HELP

As discussed, the disease concept indicates that the individual is essentially powerless over their problematic behaviors. Behavioral treatment, therefore, necessarily requires individuals to admit

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their addiction, renounce their former lifestyle, and seek a supportive social network who can help them remain sober. This leads to the concept of Self-Help, the realization that they are “powerless” to the substance use, and they need to seek help. These approaches have met considerable amounts of criticism, coming from opponents who disapprove of the spiritual-religious orientation on both psychological (Bandera, 1999) and legal (Wood, 2006) grounds.

Some medical and mental health professionals have criticized the self-help modality of treatment, claiming psychotherapy or professional counseling, or prescription of psychiatric drugs is more effective (see Medical Model). An additional criticism is that 12-step groups can further an attitude of learned helplessness (i.e., “It is not my fault because I have a disease!”). There are concerns about individuals meeting regularly with other addicts and discussing similar problems, believing this association would not promote healthy thinking for the addict but could reinforce the negative behaviors instead. Nonetheless, despite these criticisms, outcome studies reveal that affiliation with twelve-step programs is associated with abstinence success at 1-year follow-up (Moos, et.al., 1999).

Despite the potential conflict in ideology, today most mental health professionals readily refer patients to AA. Many draw on its 12-step principles or use 12-step counseling (often called 12-step facilitation) in their approach to therapy (Miller, 2010).

SELF-HELP AND TDCJ

Some believe that, while society will always need the services of health professionals with specialized knowledge and training, we are now living in a time when individuals are commonly assuming more control over their own health. The internet and the easy access to information may be one cause of this trend.

While most people recognize the value of professional treatment, Self-Help is often viewed as the conduit to growth in recovery. Self-Help can take many forms including learning to identify symptoms and take actions to counteract them, reading and learning about an illness and its treatment, learning and applying coping skills, attending support groups, and developing a support system on which to rely when necessary. Many of these processes, the ones that impact thinking or result from a change in thinking, are referred to as cognitive restructuring. Longitudinal studies (information gathered on multiple occasions over time) support the concept that self-help groups enhance treatment regardless of the model of addiction or behavior and improve recovery effectiveness (Kyrouz, Humphreys, et. al., 2001).

Recently, courts have ruled that parole and probation officers, counselors, and others who direct that an offender must attend self-help can be held “pecuniarily liable” if they fail to tell the offender (without being asked by the offender) that a secular self-help option is available (SMART Recovery, Volume 8, Issue 1, Winter 2002).

Consider these questions:

Is a Therapeutic Community (TC) a self-help program? *A TC does utilize peers to reinforce right living values and to promote intrinsic motivation for pro-social change.*

Do we offer programs that encourage offenders to practice and utilize pro-social tools before they are released from prison? *Cognitive intervention exercises promote intrinsic motivation for change by identifying thinking errors.*

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Do we try to motivate an offender to practice right living values – effect positive change in their own lives? *Peer encounter groups are designed to promote accountability and responsibility.*

Do we stress to offenders that they role-model right living values to other offenders? *TC has a structure with responsibilities and a line of communication.*

Do we use groups so that offenders can share experiences? *One example would be group thinking reports.*

Does TDCJ offer support groups such as Alcoholics Anonymous or Secular Organization for Sobriety (SOS)? *Yes*

Is the Winners' Circle a support group? *Yes. Beyond substance abuse issues, Winners' Circle is comprised of ex-offenders that show offenders that they can successfully stay out of prison after release.*

These are all examples of elements within a self-help program. As an evidence-based practice, TDCJ utilizes Self-Help groups to enhance clinical outcomes.

SUPPORT GROUPS - BEFORE WE BEGIN

As we have already expressed, recovery is an intensely personal experience. When we discuss the different self-help groups, we will represent the steps and processes as they were intended. Those who may have been involved with some of these groups may not interpret their experience as we present them. AA and other 12-step groups purport that the principals are “guides to progress.” AA itself claims that “no one has been able to maintain anything like perfect adherence to the principles. We claim spiritual progress rather than spiritual perfection (AA Big Book, pg 60).” This session is designed to give counselors a general overview of the self-help groups.

As we move forward with this session we will use the language of the support groups. Our review will not endorse or condemn any group, only illustrate. As counselors, we must respect and protect anyone's right to their religious belief or non-belief, and therefore we should not debate. As professionals we will review the following material to inform ourselves and to explore options of therapeutic treatment.

SELF-HELP AND ALCOHOLICS ANONYMOUS

It is difficult to discuss self-help programs without discussing Alcoholics Anonymous (AA). The original model of a self-help group was AA (Borman, 1992). Most discussions regarding self-help theory lead to AA at some point. Is the AA 12-step program the only example of a self-help program? No. There are also non-12-step substance abuse programs. The Secular Organization for Sobriety (SOS) is one example.

Most people, whether in recovery or not, have heard of AA. Though many don't know what the 12-steps entail – they know it is a 12-step program. AA is the most common substance abuse treatment program available to offenders. Offered through volunteer programs, most TDCJ units have an AA program. Other programs, such as SOS, may not be as readily available. Most people with a substance abuse problem that have chosen to enter a self-help treatment program started in AA. This does not mean AA was successful for them or that they stayed in the program, it simply means it is a common starting point. Many “spin-off” self-help groups

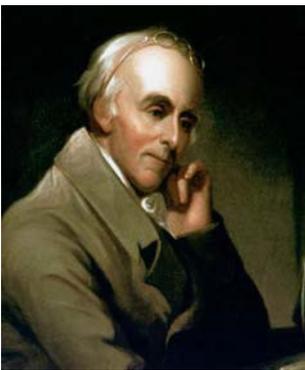
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utilized the 12-steps and adapted them to their own treatment program. The AA 12-step program has a proven and effective track record.

In a group we can learn from the successes as well as the difficulties of others. Just because someone has made a mistake, it does not mean they have to keep making the same mistake over and over again.

Pre-Alcoholics Anonymous

People have been making alcoholic beverages for most of recorded history. And the problems associated with drunkenness have been recorded for just as long. This section discusses the persons and organizations in America that eventually led to the formation of AA.



Dr. Benjamin Rush (1746 - 1813) - One of the signers of the Declaration of Independence and considered the Father of American Psychiatry, Rush pioneered the therapeutic approach to addiction (around 1785). Prior to his work, drunkenness was viewed as being sinful and a matter of choice. Rush believed that the alcoholic loses control over himself and identified the properties of alcohol, rather than the alcoholic's choice, as the causal agent. He developed the conception of alcoholism as a form of medical disease and proposed that alcoholics should be weaned from their addiction to alcohol (at this time in history, alcohol meant distilled spirits) via what were at the time thought to be less potent substances “*laudanum* (opium and alcohol), *or bitters infused in water* (beer and water mixed), *should be taken, and perhaps a larger quantity of beer or wine than is consistent with the strict rules of temperate living.*” He claimed three treatments were needed to cure an alcoholic: spiritual, physical, and psychological.

He is also considered to be an early advocate of Occupational Therapy. He wrote “*It has been remarked, that the maniacs of the male sex in all hospitals, who assist in cutting wood, making fires, and digging in a garden, and the females who are employed in washing, ironing, and scrubbing floors, often recover, while persons, whose rank exempts them from performing such services, languish away their lives within the walls of the hospital.*” In other words, work contributes to therapy.

Inquiry into the Effects of Ardent Spirits upon the Human Body and Mind. Rush, Benjamin (1805). Philadelphia: Bartam.

DAAC 2341 COUNSELING ALCOHOL AND OTHER DRUG ADDICTIONS, 2008, Austin Community College

Medical Inquiries and Observations, Upon the Diseases of the Mind. Rush, Benjamin. Philadelphia: Published by Kimber & Richardson, no. 237, Market Street; Merritt, printer, no. 9, Watkins Alley, 1812.



Rev. Lyman Beecher (1775 - 1863) - In 1812, Rev. Lyman Beecher asked other Congregational ministers to assist him in forming a program to combat intemperance (drunkenness). They reported back that “after faithful and prayerful inquiry” they believed that nothing could be done. Rev. Beecher continued to speak out against drunkenness, but then against liquor, and in 1826 was a co-founder of the American Society for the Promotion of Temperance (American Temperance Society). Its purpose in the beginning was to encourage people to moderate their drinking, in other words to slow down and cut

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back, to think about the time and place and how much, and of what, and why. The focus was on distilled beverages, not so much on wine, ale, and beer. In 5 years there were 2,200 local chapters with 170,000 members in the US who had taken a pledge to not partake of distilled beverages. Five years later this had grown to 8,000 chapters with 1,500,000 members. The movement merged with the American Temperance Union and began to spread into other areas such as the abolition of slavery, women's rights, and total abstinence of all alcohol. Unfortunately, the combination of these different ideologies caused some major financial supporters along with many members to pull out and the movement began to die.

Beecher, Charles, ed. *Autobiography, Correspondence, etc., of Lyman Beecher D.D.*, Vol. 1. New York: Harper & Brothers, 1866.

American Temperance Society (1826) - The American Society for the Promotion of Temperance, also known as the American Temperance Society, was formed in 1826. Its purpose in the beginning was to encourage people to moderate their drinking, in other words to slow down and cut back, to think about the time and place and how much, and of what, and why. The focus was initially on distilled beverages and not so much on wine, ale, and beer. In 5 years there were 2,200 local chapters with 170,000 members in the US who had taken a pledge to not partake of distilled beverages. Five years later this had grown to 8,000 chapters with 1,500,000 members. The movement merged with the American Temperance Union and began to spread into other areas such as the abolition of slavery, women's rights, and total abstinence of all alcohol. Unfortunately the combination of these different ideologies caused some major financial supporters along with many members to pull out and the movement began to die.

The Washingtonian Movement (1840) - The Washingtonian Movement was formed by six men while they were drinking in a bar. Their idea was that by sharing their alcohol experience, helping each other, and relying on Divine aide, they could keep themselves and each other sober. The group initially met in that same local tavern where they formed, until the bar owner's wife complained about losing so many good customers to the group. The Movement quickly grew and spread across the US. The Movement members spoke openly and publicly about their drinking and recovery, often to huge 'open to the public' forums. At these, often a hundred or more people would come forward to take the pledge to join them and abstain from alcohol. At their peak, the movement may have had 300,000 members. The success was short-lived, and the movement died out in a few years. Several reasons have been put forth as to the reason why a strong, growing, movement dropped from sight almost as quickly as it had emerged: 1) There were some conflicts with other temperance groups; 2) Some men with only a few weeks of sobriety spoke out publicly and then failed in their own sobriety; 3) The group departed from their initial purpose of "helping the individual alcoholic" and began to push for prohibition of all alcoholic beverages and the abolition of slavery; and, 4) They also became non-religious and non-spiritual to the extent that they were accused of being "humanists" ("humanists" believe that there is no such thing as "God" and that humans are the highest form of evolutionary life – this philosophy was very unpopular at the time). The movement died out so thoroughly that AA co-founders Bill and Dr. Bob, when asked if they had borrowed any ideas from the Washingtonians, stated that they had never heard of them. However, that does not mean that some of the principles to which the Washingtonians adhered did not filter down to AA. In fact, they did. The question itself prompted the researching of the Washingtonians. When AA's "*Twelve Steps and Twelve Traditions*" was written, the chapter on Tradition 10 devotes nearly one-third of its print to what AA learned from The Washingtonian Movement.



Woman's Christian Temperance Union (1873) - The Woman's Christian Temperance Union was founded in 1873 to combat the influence of alcohol on families and society. Some members in New York would go into saloons singing and praying. The group expanded into such areas as labor reform, fighting prostitution, women's rights and suffrage, and involvement in public health concerns such as sanitation and the outlawing of tobacco. They even pushed for churches to stop using wine in the religious ceremonies and to use grape juice instead because they said that wine contained "*the narcotic poison, alcohol, which cannot truly represent the blood of Christ*".

Membership grew to over 372,000 in 1931 and then began a general decline down to 50,000 members in 1989. The group continues to fight against: 1) the use of beverage alcohol in any form, 2) the use of tobacco, 3) the use of illegal drugs, 4) gambling, and 5) pornography. Mrs. Annie Wittenmyer (pictured) was elected as the first National President of the WCTU.

<http://wctu.org/issues.html>



The Emmanuel Movement (1906) - The Emmanuel Movement was a psychologically-based approach to religious healing introduced in 1906 as an outreach of the Emmanuel Church in Boston, Massachusetts. In practice, the religious element was de-emphasized and the primary modalities were individual and group therapy. Episcopal priests Elwood Worcester and Samuel McComb established a clinic at the church which lasted 23 years and offered both medical and psychological services. The primary long-term influence of the movement, however, was on the treatment of alcoholism.

The original purpose was to improve the care of tuberculosis patients living in the poorest sections of town, and initially there was no clergy involvement and no religious component. Rev. Worcester was so impressed by the results of the program that he asked if it would work for the "*nervously and morally diseased*" [alcoholics]. This resulted in meetings each week which began with hymns and prayers, and then a lecture by a clergyman or medical doctor, followed by an hour of fellowship. What was learned was that the combination of spirituality, very simple psychological treatment, and fellowship, aided in achieving and maintaining sobriety. The Emmanuel Movement had what were termed "lay therapists" who were volunteers trained by the doctors on the job. They provided treatment in the form of brief analysis, being supportive, and giving directions to the patient for making changes in life. The doctors had 3 rules for working with alcoholics at the church: 1) they must come voluntarily from their own desire to stop drinking, not solely because of pressure from others, 2) they must be willing to accept the goal of total abstinence, for "*the attempt to convert a drunkard into a moderate drinker...cannot be done...*", and 3) they must be dry during the first interview and pledge to be abstinent for one week. Pictured is the Rev. Elwood Worcester (undated).

White, William L. (1998). *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*. Bloomington, Ill.: Chestnut Health Systems. p. 100.

Dubiel, Richard M. (2004). *The Road to Fellowship: The Role of the Emmanuel Movement in the Development of Alcoholics Anonymous*. S.I.: Iuniverse Inc.

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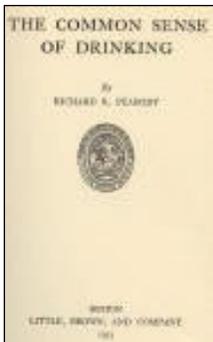


The Jacoby Club (1909) - A nonalcoholic Emmanuel Church member named Ernest Jacoby started “The Jacoby Club” in the church basement for men who were affected by drinking to meet and help each other. The club motto was “*A club for men to help themselves by helping others*”. There were no membership fees and the only requirement for membership was “*an expressed desire to lead an honorable life and a willingness to aid other men less fortunate*”. There was one rule, which was not to come to the church drunk. Those members who failed to appear for the

meeting were sought out by a special committee. (This dates back to the time of the Puritans, when part of the duty of the church usher was to go and check on those members not in attendance, as they may be ill or injured and require assistance.) Although the club was sponsored by and met in the church, many faiths were represented among the members and there was a very broad religious tolerance. A church newsletter in 1910 states that it was not an ordinary temperance society and that “*careful scientific treatment by qualified physicians and clergymen is administered to those who need it*”. The group became separate from the church and movement in 1913. The club remained active through the 1930’s and in 1940 provided space for early AA meetings in Boston when the AA program was brought there by Paddy Keegan. Pictured is the Emmanuel Episcopal Church, built in 1861. The church is still very active today.

Courtenay Baylor (1870 – 1945?) - In 1913 a recovering alcoholic named Courtenay Baylor became one of the “lay therapists” of the Emmanuel Movement and was probably the first paid alcoholism counselor.

In 1916 Mr. Baylor wrote “*We have come to feel that it is unwise to attempt to accomplish the work in a few interviews, and an agreement is made with those who come that they will abide by our instructions for a year. This means that they see us frequently at first. Periods between visits are then lengthened, a course of reading is taken up and various exercises are carried through.*” He further stated “*Getting the man to stop drinking is only the first step in a very long march. All the negative traits induced by alcohol must be eliminated and the positive traits put in their places. Irritability, self-pity, fear, worry, criticism of friends, bitter hatred of enemies, lack of concentration, lack of initiative and action, all these must be worked out of the character. The entire mental process must be changed, a new sense must be grown, one that can recognize the soul; when this is accomplished we have the man himself cured from alcoholism.*” That second statement sounds a lot like the steps of AA, only the first of which addresses alcohol while the remainder addresses the person’s character.

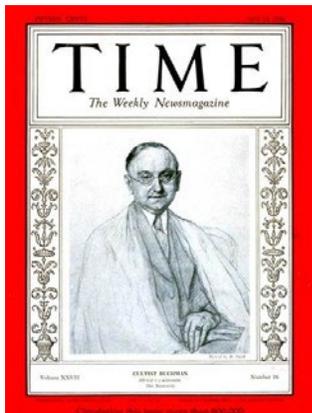


Richard Rogers Peabody (1892 – 1936) - Richard Rogers Peabody served as a Captain during World War I in the American Expeditionary Force. Upon returning from World War I he became an alcoholic. He lost his inheritance because of his drinking and his wife to an affair. After their divorce, he sought help through the Emmanuel Movement and later wrote a book, *The Common Sense of Drinking* (pictured), in which he described a secularized treatment methodology. He was the first authority to proclaim that there was no cure for alcoholism. His book became a best seller and was a major influence on Alcoholics Anonymous founder Bill Wilson. Peabody died at age 44. There were conflicting opinions about Peabody's death but most agree he died of

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alcoholism. Peabody wrote *“The first step to sobriety is surrender to the fact that the alcoholic cannot drink again without bringing disastrous results...this surrender is the absolute starting point. The conviction of its supreme importance is an absolute necessity. With surrender, halfway measures are of no avail.”* and *“...intellectual surrender by no means settles the question.”* He had also said that the person must have a conviction that he needs help, and that he sometimes made prospects convince him that they were truly alcoholic. One of the things Peabody had his patients do was to every night write down their next days schedule to 30 minute intervals, and throughout the day to note exceptions to the schedule, the reason for the change, and whether these reasons were legitimate or rationalizations. He said that did three things: 1) Gave the patient something concrete to do toward changing himself; 2) Trained the patient to take charge of and responsibility for his own life; and, 3) Prevented idleness. Later, when Dr. Jellinek reviewed Peabody’s treatment and writings he concluded that *“In this country, Peabody has probably exerted more influence than anyone else on the psychotherapy of alcohol addiction.”*

The Devil and Bill Wilson, *The Washington Post* on May 3, 2004, David Von Drehle
Peabody, Richard (April 1930). *The Common Sense of Drinking*. Boston: Little, Brown, and Company.
http://www.austince.edu/ecoccia/daac_2341_f08/history.htm



The Oxford Group (1921) - The Oxford Group was started by Frank Buchman, a Lutheran Minister, who did not smoke or drink.

According to him, this was an attempt to recapture the spiritual movement and power of 1st century Christianity. This was done through surrender to God, rigorous self-examination, confessing their character defects to another human being, making restitution, and giving without thought of reward. Emphasis was placed on Bible study, prayer, and seeking guidance from God. The program revolved around what they called the Four Absolutes: honesty, unselfishness, purity, and love, which were borrowed from the book *“the Principles of Jesus”* written by Robert E. Speer. There were the Four Practices:

1) the sharing of our sins and temptations with another Christian life given to God; 2) surrender our life, past, present, and future, into God’s keeping and direction; 3) restitution to all whom we have wronged directly or indirectly; and, 4) listening for God’s guidance and carrying it out. They also had the Five C’s: confidence, confession, conviction, conversion, and continuance. And the Five Procedures: 1) give in to God; 2) listen to God’s direction; 3) check guidance (meaning compare the guidance to Scripture and discuss prayerfully with other Christians); 4) restitution; and 5) sharing (your Christian witness and confession of your sins to another). Oxford Group members were encouraged to check with each other about decisions to be made and actions already taken. Along with a general improvement of life and attitude of many members, there was also some success with sobriety through the Oxford Group. In fact, Carl Jung states in his *“The Symbolic Life”*, that *“For instance, when a member of the Oxford Group comes to me in order to get treatment, I say “You are in the Oxford Group; so long as you are there, you settle your affair with the Oxford Group. I can’t do it better than Jesus.”* (Pictured) Rev. Frank Buchman made the cover of Time for his work on Apr. 20, 1936.

Tom Driberg, *The Mystery of Moral Re-Armament: A Study of Frank Buchman and His Movement*, p. 11-12 p.52, Secker & Warburg, 1964



Rowland Hazard III (1881 – 1945) - Rowland Hazard's struggles with alcoholism led to his direct involvement in the chain of events that gave rise to what is today Alcoholics Anonymous (AA), where he is remembered as "Rowland H.," though Rowland himself never actually joined AA. His own efforts at recovery were markedly influenced by his consultation with pioneering psychologist Carl Jung. Jung pronounced Rowland a chronic alcoholic and therefore hopeless and beyond the reach of medicine as it was at the time (a credible opinion, considering Jung's unique role in the development of psychoanalysis). The only hope Jung could offer was for a life-changing "vital spiritual experience" - an experience which Jung

regarded as a phenomenon. Jung further advised that Rowland's affiliation with a church did not spell the necessary "vital" experience. This prognosis so shook Rowland that he sought out the Oxford Group, which was dedicated to the vigorous pursuit of personal change, and to extending the message of hope through change by means of "personal" evangelism: one changed person sharing his experience with another.

Dubiel, R. M. (2004) *The Road to Fellowship: The Role of the Emmanuel Movement and the Jacoby Club in the Development of Alcoholics Anonymous*. New York: iUniverse. 191 pp.



Edwin (Ebby) Throckmorton Thacher (1896 – 1966) - In August of 1934, Mr. Hazard and other Oxford group members helped to keep Ebby Thatcher from being committed to an asylum due to his drinking. They began working with him and taking him to Oxford Group meetings which led to Ebby's own sobriety. Encouraged in the example of personal evangelism, Ebby later sought out an acquaintance and drinking friend of his own – Bill Wilson. Ebby carried the message of sobriety to Bill Wilson on November, 1934 in New York. You can read about that in chapter 1 of the AA Big Book, *Alcoholics Anonymous*.



Bill Wilson (1895 – 1971) - Co-Founder of Alcoholics Anonymous. In November, 1934, Ebby Thatcher visited his old school friend, Bill Wilson, in his Kitchen. Bill was an alcoholic. Bill pushed a drink across the table to Ebby. Ebby refused. "Come, what's all this about?" asked Bill. "I've got religion," responded Ebby. Chapter 1 of Alcoholics Anonymous is dedicated to Bill's Story. In this pivotal moment Bill Wilson realized he needed help so he used the philosophies of the Oxford Group and gained sobriety. After a time, Bill felt he needed to share his reformation with other alcoholics – he would deem it a necessary "step" to his recovery. He wanted to share with other alcoholics a set of principle and steps that that helped him

gain and maintain sobriety. It was during this time that Bill met with Dr. Bob Smith who was also an alcoholic at the Oxford Group.



Dr. Bob Smith (1879 – 1950) - Co-Founder of Alcoholics Anonymous. An alcoholic in the Oxford Group, who was “sponsored” by Bill Wilson. Along with Wilson and other members, Smith developed the basic ideas of AA as a program of spiritual and character development at his home.

Alcoholics Anonymous (1935) - Alcoholics Anonymous was founded in Akron, Ohio by Bill Wilson and Dr. Bob Smith, both of whom had been involved in the Oxford Group. They borrowed many of the Oxford Group’s ideas, principles, and slogans. The Rev. Samuel (Sam) M. Shoemaker gets a lot of credit for many of the AA ideas that came from the Oxford Group. This is due to the fact that he was the priest at Calvary Episcopal Church in New York City where Bill Wilson attended Oxford Group meetings, as well as the fact that Rev. Sam was a strong supporter of AA and publically declared that the church could learn a lot from AA.

The early AA meetings were mostly prayer meetings and Bible studies, and the group had no official name. Getting into the group was difficult. The alcoholic did not sign up, he was recruited. In the early days, AA members would first interview the man’s wife and then his boss. Only then would they approach the prospective member. Dr. Bob was known to take prospective newcomers upstairs and tell them that if they wanted to get and stay sober that they had to get on their knees, accept the God of the Bible, and ask for His forgiveness and help.

According to *“AA History and Bible Roots”* by Dick B., in the early days in Akron when someone was placed in the hospital for detox the only reading material allowed in the room was the Bible. He also states that prospects were required to accept Jesus Christ as Lord and Savior before they could belong to the group. The AA members considered the Bible’s book of James, Jesus Sermon on the Mount, and 1 Corinthians 13 to be essential. It was reported that someone asked Dr. Bob about the meaning of the slogan *“first things first”* and Dr. Bob responded that it referred to the Bible verse, Matthew 6:33 *“Seek ye first the kingdom of God and His righteousness, and all these things shall be added unto you.”*

The group discussed having a name, and the leaning was toward calling themselves *“The James Club”* because so much time was spent with the Bible’s book of James. When the Big Book, *“Alcoholics Anonymous”* was published in 1939 the group still did not have an official name and they took on the name of the book.

History is important to the AA organization which is why we cover it in this session. The founders researched all these groups and took the ideas from all these individuals. They wanted to incorporate what was successful and discard the ideas that did not work. Today we refer to this process as Evidence-Based Practices.

ALCOHOLICS ANONYMOUS

The A.A. Preamble:

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

Again, it is difficult to discuss self-help programs without discussing AA. AA formalized the 12-step program which epitomizes self-help recovery. In addition, most groups that utilize a 12-step process adapted their steps from AA – so AA is a good starting point. One in 10 Americans have attended a 12-step group and two-thirds of those ever treated for alcoholism have attended at least one AA meeting (Miller, 2010).

AA - THE SPIRITUAL EXPERIENCE

There is no question that the founders of AA were devout Christians and incorporated those Christian beliefs into the 12-steps. Indeed, Dr. Bob's first instruction to a prospective member was to make get him on his knees to pray for help. But the AA founders soon recognized that alcoholics who enter a recovery program may not be ready, mentally, physically, or emotionally, to convert to a religious faith, so they stopped doing this (*Dr. Bob and the Good Oldtimers*).

So what does this mean for the alcoholic who wants help? Do they have to be a Christian to join? Do they have to become a Christian after they join? Do faithful Muslims and Hindus have to seek help elsewhere? What if the alcoholic is an atheist?

For those AA members who accept a Divine Presence, "*God as we understood Him*", it means just that - *their* understanding of God (God, Allah, Buddha, etc.). For those who are not sure about, or simply reject the idea of a deity, the Higher Power can be the program or the people in the program. Early on, AA recognized that atheists and agnostics needed help too (*Chapter 4, We Agnostics, AA Big Book*). Regardless of faith and understanding of faith, many feel one has to have a spiritual experience that ultimately leads to a spiritual awakening. So what do these terms mean?

In the 12-step community the word *spiritual* usually does not mean the same thing as the word *religious*. For many, spiritual refers to being in touch with and living on the basis of "reality".

The "spiritual experience" is one life-changing episode that allows the alcoholic or addict to see the full impact of their addiction, the reality. This experience is generally associated with some sort of revelation of a need for change. This need or desire for change is what creates the intrinsic motivation to "work the steps" and directs the individual to a path of recovery.

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The spiritual awakening occurs gradually through working the steps of recovery. In this sense a spiritual awakening, whatever else it might include, is an awakening to seeing and dealing with the reality in one's own life and in relationships with other people and with a Higher Power.

So to answer the questions: No you do not have to be Christian to join or remain in AA. The deity of the individual's faith is respected. The choice not to accept a deity is respected. AA stresses they are an organization that is there to help members quit drinking.

But these issues (and specifically the terms) have caused confusion and misunderstanding on all sides. And to compound the issue, "AA has no opinion on outside issues!" (Alcoholic Anonymous Traditions #10). Essentially, AA is a target that will not fight back, which makes them an easy target for their critics.

Some Church leaders and groups have criticized AA for allowing members to retain "*God as we understood Him*" as opposed to following the church's directions and interpretations. Likewise, the idea that a Higher Power could be anything other than God has drawn criticism. Other church groups have welcomed AA from the beginning recognizing the value to the alcoholic.

Secular groups have criticized the strong religious connection saying the group is too "churchy" and only acts as an arm for Christian recruitment. In some cases, these faith-based references have deterred people from joining AA, or have caused them to quit after they start. Some have even referred to AA as a religious cult-like group.

It should be mentioned that the individual AA meetings may also differ. While some meetings stress God as the Higher Power and are more religious in nature, some meetings do not and focus on the spiritual awakening in general terms.

THE TWELVE STEPS

Since we will discuss multiple 12-step programs, we shall approach discussion of the 12-steps from multiple perspectives and sources (not just AA). Though the language may change slightly between groups, the intent and the focus of the step remains the same. Though we illustrate these differences, we refer to alcohol and alcoholism throughout this discussion. Remember the addiction or psychological disorder can be substituted throughout.

Our stories disclose in a general way what we used to be like, what happened, and what we are like now. If you have decided you want what we have and are willing to go to any length to get it—then you are ready to take certain steps.

How It Works (beginning on page 58 of "Alcoholics Anonymous")

The 12-steps are broken down into three sections:

Steps 1, 2, & 3 – DECISION STEPS - decisions must be made by the individual regarding their substance abuse and the manageability of their personal life.

Steps 4 through 9 – ACTION STEPS - where the individual puts his/her decisions into action.

Steps 10, 11, & 12 – MAINTENANCE STEPS - where further action or a continuance of the action steps promote the maintenance of sobriety.

DECISION STEPS

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Step 1 - We admitted we were powerless over alcohol (our addiction) - that our lives had become unmanageable.

Step one is likely the most important step for the alcoholic and indicates an honest recognition of their substance abuse and the fact that they are unable to effectively manage their daily life due to that addiction. This honest realization is often referred to this as “hitting rock bottom”. This can be a very emotional time for the alcoholic or addict (anywhere from relief or happiness to shame, guilt or depression).

Step one involves two parts: (1) an honest realization of ones addiction and (2) that one’s life had become unmanageable.

Part one is usually obvious to the alcoholic or addict – generally, reaching this point means having lost power of choice. Willpower becomes practically non-existent and much of the daily behavior focuses on that next drunk or high. In most cases that recognition is what brought them to the 12-step program in the first place.

Part two of this statement is often more difficult for the alcoholic or addict to grasp, but equally as important as the first. It is difficult for anyone to admit that they have lost control and their lives have become unmanageable. Alcoholics and addicts commonly become adept at manipulating their circumstance to give the appearance of “being in control” in order to hide their addiction (delusion of power or being in control). At some point this behavior becomes habitual and they may continue to believe their own lies (denial). Unfortunately it may take a tragedy or crisis to break through their delusion of power - a divorce, a family member's addiction, a runaway child, a terminal illness, a bankruptcy, or a death. Further, their mental state, from years of substance abuse may also impact this realization. Simply put, the person’s brain chemistry, as the result of a long substance abuse period, may not allow them to fully understand this concept.

So does an alcoholic or addict have to hit bottom before this program can be impactful? The answer is that few people will sincerely try to practice the program steps unless they have hit bottom. For practicing the remaining eleven steps means the adoption of attitudes and actions that almost no one continuing to use would dream of taking. This “desire for help” and “practicing” all come from an intrinsic motivation to “fix” the addiction and creates the self-help motivation towards recovery.

The first step is to admit the truth of where I am; that I am really powerless over this addiction and that I need help.

Step 1 discussion adapted from: *A Hunger for Healing, Twelve Steps and Twelve Traditions, Serenity, A Companion for Twelve Step Recovery, AA Big Book, 12Step.org*

Step 2 - Came to Believe that a Power greater than ourselves could restore us to sanity.

Step 2 is a step of hope, faith and realization. In spite of all of the alcoholic’s or addict’s failures in life - all of the broken promises, hard feelings, disappointments, failures, destructive behavior, hatred, anxiety, depression or guilt - there MUST be hope in a *Power* greater than themselves that can restore life where there is freedom from the insanity of addictive behaviors.

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This step is also partly about “peace of mind”. Accepting life on life’s terms. This helps to bring tolerance, patience, gratitude, and honesty which generally produce more of the same. Making all those changes is difficult, and in this society of instant gratification people sometimes expect that the change will be quick, and that they will be accepted by others instantly. The reality is usually that this process of change is slow, and that others will be even slower to believe it. One day at a time.

A *Power greater than ourselves* may, of course, mean God or the deity of our faith – but not necessarily. If it is God, AA is mindful to remind members that it is the alcoholic’s own conception of God as *they* understand him. A *Power greater than ourselves* may also be the AA group, the 12-step program, or a sponsor. One unique example was an AA member who used a doorknob as his higher power. He explained that he could yell, scream, and plead for the door to open – it would not open. He could throw things at the door – it would not open. If however he reached out to the knob, and came into a right relationship with the knob, then the knob would open the door. Although unusual, this illustrates the importance of Step 2 – that the alcoholic accept the idea that a Power greater than their addiction exists, and accept that this Power is able to set them on the road to recovery and freedom.

At some point we realized we needed the help of some Power greater than our addiction. Our understanding of a Higher Power is up to us. No one is going to decide for us. We can call it the group, the program, or we can call it God. The only suggested guidelines are that this Power be loving, caring and greater than ourselves. We don't have to be religious to accept this idea. The point is that we open our minds to believe. We may have difficulty with this, but by keeping an open mind, sooner or later, we find the help we need. -Narcotics Anonymous Basic Text

Step 2 discussion adapted from *N.A. Big Book p.47, 12Step.org, Narcotics Anonymous Basic Text*

Step 3 - Made a decision to turn our will and our lives over to the care of God as we understood Him.

There is no question that the founding fathers of AA were devout Christians and incorporated those beliefs into the 12-steps. Indeed, Dr. Bob’s first instruction to a prospective member was to make get him on his knees to pray for help. In some cases, these faith-based references have deterred people from joining AA or other 12-step groups, or have caused them to quit (not relapse) after they start. Controversy regarding faith-based treatment has spurred the formation of several secular recovery groups like the Secular Organizations for Sobriety (SOS). This controversy continues to raise passionate arguments.

So what does Step 3 mean for the alcoholic or addict? Although the AA founding fathers were strong Christian believers, they recognized that addicts who enter a recovery program may not be ready, mentally, physically, or emotionally, to convert to a religious faith. For those who accept a Devine Presence, *God as we understood Him* may be their understanding of God (let go and let God). For those who are not sure about, or simply reject the idea of a deity, the Higher Power can be the program or the people in the program (same as Higher Power described in Step 2).

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“As you understand God:” may and often does change for the alcoholic or addict over time while participating in 12-step program.

When, therefore, we speak to you of God, we mean your own conception of God. Do not let any prejudice you may have against spiritual terms deter you from honestly asking yourself what they mean to you. At the start, this was all we needed to commence spiritual growth, to effect our first conscious relation with God as we understood Him. Afterward, we found ourselves accepting many things which then seemed entirely out of reach. That was growth, but if we wished to grow we had to begin somewhere. - AA Big Book, p.47

Step 3 is about accepting new ideas that commence spiritual growth. It is a starting point. Accepting this one idea makes it easier to accept another idea and so on. This decision ultimately leads to action.

Step 3 is where I decide to trust God with my recovery. I have admitted my powerlessness to overcome my addictive behaviors on my own. I have realized that there is a Higher Power that can deliver me from the insanity of my addiction. Now I am ready to make the step of giving these matters over to this Higher Power, to God as I understand God.- From 12Step.org

In a prison setting, Step 3 is generally as far as the offender should go within the 12-steps. There are several reasons for this: Simply put – time. Many of TDCJ’s programs are 6 months long, and even in the free world very few people begin the 4th step within 6 months of beginning a 12-step life. The Steps are a methodical process that takes time and thought (One Day at a Time, Easy Does It). Generally the only prize for doing the steps quickly is relapse. Another reason is the availability, or lack thereof, of a suitable sponsor. In the free world, the sponsor is generally a phone call away and there is the ability to meet face to face at just about anytime of the day or night that is needed—not so in prison. Steps 4 and 5 - Going over what you truly have done to friends and family is very emotional and that kind of emotion, in prison, even in treatment setting, may not offer sufficient support or opportunity to process the emotions in a productive way. Some things that the offender may have done, if divulged to staff, would require mandatory reporting to officials. Since the 4th step is to be written, there would be a written confession that could be used against the offender, and doing so would cause the other offenders to no longer trust the staff or the process.

The best advice is to have the offender who is involved in 12-step recovery to slow down and, although thinking about the 4th and other steps is good, to wait to actually work on the 4th step with their sponsor upon release.

Step 3 discussion adapted from *N.A. Big Book p.47, 12Step.org, Narcotics Anonymous Basic Text*

ACTION STEPS

Step 4 - Made a searching and fearless moral inventory of ourselves.

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It is advisable that before the 12-step participant begins Step 4, they need to have and speak with a sponsor (a sponsor is someone experienced with the program and competently knows the workings of the 12-steps). Now they begin the action steps and they need to seek the guidance of a more experienced member. **Staff and counselors should not act as a sponsor to confined offenders.**

“A business which takes no regular inventory usually goes broke. Taking commercial inventory is a fact-finding and a fact-facing process. It is an effort to discover the truth about the stock-in-trade. One object is to disclose damaged or unsalable goods, to get rid of them promptly and without regret. If the owner of the business is to be successful, he cannot fool himself about values.” Twelve-step participants do exactly the same thing with their lives.

The purpose of a searching and fearless “moral” inventory is to sort through the confusion and the contradiction of their lives so that they can find out who they really are. They are starting a new way of life and need to be rid of the burdens and traps which have controlled them. As they approach this step, most are afraid that there is a monster inside them that, if released, will destroy them. This fear can cause them to put off this inventory or may even prevent them from taking this crucial step at all. Most will find that they were neither as terrible, nor as wonderful, as they supposed. They are surprised to find that they have good points in their inventory. Anyone who has some time in the program and has worked this step will tell you that the Fourth Step was a turning point in their life. Some make the mistake of approaching the Fourth Step as if it were a confession of how horrible they are and what a bad person they have been. In this new way of life, a binge of emotional sorrow can be dangerous (This is why a sponsor is important before starting this Step). This is not the purpose of the Fourth Step. They are trying to free themselves of living in old, useless patterns. They should take the Fourth Step to gain the necessary strength and insight which enables them to grow.

Here is where the recovering person will list those people, places, things that are connected with his or her feelings of anger, fear, resentment, envy, greed, impatience, etc. They should also look at their social relations, sexual behaviors, and financial behavior. They should look at why they felt or acted the way they did in those situations. As they do they begin to uncover their defects of character. Writing these things down helps to keep them from overlooking too many defects. Actually seeing the list, written down, helps to break through any denial that is left and impacts the person with the enormity of what truly was done to self and others. They will save what is written. It will be needed for some other steps.

It should also be noted that there will be things that have been forgotten that may come to mind in the future. Some of these were simply forgotten due to time. Others were not remembered due to having operated in a blackout. There will also be those who believe they were harmed, and the recovering person never had any idea that he or she had done so. These kinds of things may come up even years later from a family member or old friend. So, this step, along with others, will have to be revisited. This program is about progress, not perfection.

One of the things that are often done at this point is that the sponsor will have the person make a gratitude list, which consists of people, places, and things that the recovering person is grateful to have in his or her life. After all, this is about balance. They did some bad things, and they also did some good or had some good happen to them.

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One thing to be cautious of is the creation of a false history. We have already stated that an alcoholic or addict lives with denial and may start to believe their own lies. As one can imagine, it may be difficult to create a moral inventory when their history is what they created. This is another important role the sponsor plays. The sponsor will use techniques to help the alcoholic or addict reach the truth.

Step 4 discussion adapted from *A Hunger for Healing Narcotics Anonymous Basic Text AA Big Book*

Step 5 - Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

This step is relatively self-explanatory. Once the alcoholic or addict has completed the moral inventory of Step 4, they must confess those wrong-doings to God (Higher Power), themselves, and another human being(s). Admitting the EXACT nature of our wrongs—specifics, not generalizations (including date, time, and location if you remember those) is expected. Few Steps are harder to take than this one. But scarcely any Step is more necessary to longtime sobriety and peace of mind.

This step is not so much about a “confession” as it is about building character. Make no mistake, without the confession there is no building of character. There are no shortcuts to this step. (Staff and counselors are NOT to hear an offender’s 5th step admission. This admission may involve a confession to crimes which the counselor would be required to report.)

Rev. Dr. Dale Ryan once said, “The specifics of step 4 make step 5 a lot more painful...and a lot more powerful. It is in admitting to the exact nature of our wrongs that we begin to develop the willingness to change that will be central to step 6. If we avoid the pain of step 5, we will never move on to step 6.”

Because these areas are so sensitive and very personal, it is important to exercise care in choosing the person or persons with whom they formally share their fifth step. Such individuals should be trustworthy and somewhat detached from the situations about which they will share. For example, one would not usually call on a spouse or immediate family member to hear this confession. In fact, it is quite common to choose a therapist or pastoral counselor for this purpose. Also, such individuals should be compassionate, not condemning.

*Having taken my personal inventory in step 4, I am now ready to share that inventory. I share it with my God, with myself and with another human being. This allows my history to become more real with me. It begins to become in my mind what it truly is, namely "my history". By sharing it with another person, I begin to pull down the fake truths of my life - the façades and the games - and I begin to be who I truly am and build my life with others on the basis of honesty and truth.
From 12Step.org*

Step 5 discussion adapted from *Twelve Steps and Twelve Traditions, Serenity, A Companion for Twelve Step Recovery, 12Step.org*

Step 6 – We’re entirely ready to have God remove all these defects of character.

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The goal here is spiritual release, not spiritual self-punishment. A sincere readiness, in their heart and mind, that they are truly willing for God (or Higher Power) to remove those defects of character that have enabled their addictive behaviors.

When working Step 6, it is important the alcoholics or addicts not place unrealistic expectations on themselves. This is a step of willingness. That is the spiritual principle of Step 6. It is as if to say that they are now willing to move in a spiritual direction. Being human they will, of course, periodically wander.

When we tried to clean ourselves up with our own power and "discipline" we kept ourselves agitated, confused, in denial, and worn out, and we were in almost constant emotional pain... But it was in doing the sixth Step that I saw why I had become so exhausted. I'd been trying to do God's part in the spiritual growth and healing process.
A Hunger for Healing, p. 112-113

“At Step Six, many of us balked—for the practical reason that we did not wish to have all our defects of character removed, because we still loved some of them too much.”
Twelve Steps and Twelve Traditions

Step 6 discussion adapted from *A Hunger for Healing, Serenity, A Companion for Twelve Step Recovery*, 12Step.org

Step 7 - Humbly asked God to remove our shortcomings.

The whole emphasis of Step 7 is on humility. Step 7 is similar to Step 3 (Made a decision to turn our will and our lives over to the care of God as we understood God). It is more specific, however, because now the alcoholic or addict has completed their personal inventory and so has a better idea of the roots of their addictive behaviors. In this Step they surrender and ask God to remove these defects of character. “*I do this with a sincere and humble heart, knowing that only in such a way can I find my path to true sanity and peace*”.

This may also mean action on the alcoholic’s or addict’s part in getting rid of sources that lead them to addictive behaviors. If it is their pride that makes them believe that they can still live with these sources of temptation, then the sources need to go along with the sense of pride. They must rid their life of those things, people, or situations that are causing them to fall or stumble.

Although Step 7 is the shortest step in terms of wording and is perhaps the least discussed in recovery groups, it is probably the most potent of the twelve. It embodies the miracle of transformation as we turn over to God our broken, defective personalities in order that He might mold them into healthy, effective instruments of His will.
Serenity, A Companion for Twelve Step Recovery, p. 54-55

Step 7 discussion adapted from *Serenity, A Companion for Twelve Step Recovery*, 12Step.org

Step 8 - Made a list of all persons we had harmed, and became willing to make amends to them all.

While Step 4 (Made a searching and fearless moral inventory of ourselves) was a personal housecleaning, Step 8 is a social housecleaning. In Step 8 they are setting out to clean up all the

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bruised relationships and the pockets of guilt, pain, fear, resentment, and sadness that are stored inside, stuck to shameful past deeds. For this unresolved material blocks them from loving other people, themselves, and God in the present.

Step 8 is not easy; it demands a new kind of honesty about relations with other people. The Eighth Step starts the procedure of forgiving others and possibly being forgiven by them, forgiving themselves, and learning how to live in the world. By the time they reach this step, they have become ready to understand rather than to be understood.

“Often [Step 8] it will trigger insights into ourselves and our past behaviors that may not have come to light in the moral inventory of Step Four.”- Martin Davis, The Gospel and the Twelve Steps

Reflecting on all levels of their awareness is very important to a thorough 8th Step. When making a list of the persons they have harmed, they should consider the following:

The name of the person who has been harmed...

Memories of harm done...

Thoughts about the harm...

Feelings about the harm...

Intentions you now have...

Amends you can make for the harm caused...

The final difficulty in working the Eighth Step is separating it from the Ninth Step [actually making amends]. Projecting about actually making amends can be a major obstacle both in making the list and in becoming willing. We do this step as if there were no Ninth Step. We do not even think about making the amends but just concentrate on exactly what the Eighth Step says which is to make a list and to become willing. The main thing this step does for us is to help build an awareness that, little by little, we are gaining new attitudes about ourselves and how we deal with other people. - Narcotics Anonymous Basic Text

Step 8 discussion adapted from *Narcotics Anonymous Basic Text, A Gentle Path Through the Twelve Steps*, by Patrick Carnes, p. 159-160, *The Gospel and the Twelve Steps*

Step 9 - Made direct amends to such people wherever possible, except when to do so would injure them or others.

Step 9 completes what was started in Step 8. They make amends to those they have harmed. Pay back debts owed. Apologize. Write letters. Find time to do and say things that would help heal the damage that they have done. They try to bring goodness where previously they had brought discord and destruction. The very spirit of Step 9 reflects the readiness to take the full consequences of their past acts, and to take responsibility for the well-being of others at the same time.

Although these reparations take innumerable forms, there are some general principles which we find guiding. Reminding ourselves that we have decided to go to any lengths to find a spiritual experience, we ask that we be given strength and direction to do the right thing, no matter what the personal consequences may be. We may lose our position or reputation or face jail, but we are willing. We have to be. We must not shrink at anything. - AA Big Book p.79

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In Step 8, they included *everyone* to whom they owed an amends. In Step 9, however, as they prepare to execute this step, they use a high degree of discretion regarding *to whom* they will make amends and *when and how* this should happen, remembering that ‘amends’ is not just an apology. In some cases it is not possible or practical to make amends (for example if someone has passed on – though one could write an apology letter and read it at the gravesite or to one’s sponsor). Though it may no longer be possible to make amends, it does not excuse the alcoholic or addict from making amends. The sponsor is usually sought for guidance on these creative matters.

Step 9 is not intended to injure others. For example, if an alcoholic or addict had an affair with a friend’s wife, an apology would reveal the affair and injure the friend, the friend’s wife, their marriage, and their children. To go to someone who is hurting from the burn of their misdeeds can be dangerous. Indirect amends may be necessary where direct ones would be unsafe or endanger other people. They must remember that when they make amends, they are doing it for themselves.

Step 9 discussion adapted from *Twelve Steps and Twelve Traditions, 12Step.org, AA Big Book*

MAINTENANCE STEPS

Step 10 - Continued to take personal inventory and when we were wrong promptly admitted it.

Now in the Maintenance steps, Step 10 begins laying the foundation for the rest of the alcoholic’s or addict’s life. It is a pledge to continually monitor their life with honesty and humility. It requires them to be vigilant against their addictive behavior and against the triggers for their addictive behavior. It requires them to adopt and practice the habit of accurate self-appraisal. Step 10 suggests they continue to take personal inventory and continue to set right any new mistakes as they go along.

Step 10 discussion adapted from *Twelve Steps and Twelve Traditions, AA Big Book*

Step 11 - Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of God's will for us and the power to carry that out.

Look at Step 11 as a continual reality check and moral compass. Step 11 provides daily spiritual maintenance promoting spiritual and emotional growth.

Over time, as we become comfortable with God, we will talk with Him as with a trusted friend. He will be the Person with whom we can conduct our daily inventories of grief and confession issues. And we will begin to sense His answers to our prayers... - Serenity, A Companion for Twelve Step Recovery

Step 11 discussion adapted from *Narcotics Anonymous Basic Text, Serenity, A Companion for Twelve Step Recovery, 12Step.org*

Step 12 - Having had a spiritual awakening as the result of these steps, we tried to carry this message to other alcoholics (addicts), and to practice these principles in all our affairs.

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Step 12 can be divided into three parts:

Having had a spiritual awakening - In the Twelve Step community the word *spiritual* usually does not mean the same thing as the word *religious*. For many, spiritual refers to being in touch with and living on the basis of "reality". In that sense a "spiritual awakening," whatever else it might include, is an awakening to seeing and dealing with reality in one's own life and in relationships with other people and with God (Higher Power).

We tried to carry the message to others - Twelve Step programs place great emphasis on outreach to those who still suffer. An oral tradition says, "You can't keep it unless you give it away." "Having received healing and spiritual renewal, we can retain them only as we offer them to others".

Patrick Carnes defines the benefits as:

By witnessing to others, your appreciation of the program and the program's impact on your life deepens.

By hearing the stories of new members, you are reminded of where you were when you started.

By modeling to others, you become aware that you need to practice what you preach.

By giving to others, you develop bonds with new people who really need you.

By helping others, you give what you have received.

By supporting new beginnings, you revitalize your own efforts.

And to practice these principles in all our affairs – This principle reminds the alcoholic or addict to continually practice and apply that which has been learned to everyday situations in their life.

The joy of living is the theme of AA's Twelfth Step, and action is its key word. Here we turn outward toward our fellow alcoholics who are still in distress. Here we experience the kind of giving that asks no rewards. Here we begin to practice all Twelve Steps of the program in our daily lives so that we and those about us may find emotional sobriety. When the Twelfth Step is seen in all its full implication, it is really talking about the kind of love that has no price tag on it. - Twelve Steps and Twelve Traditions, p. 106

Step 12 discussion adapted from *Serenity, A Companion for Twelve Step Recovery, A Hunger for Healing*, by J. Keith Miller, *Gentle Path Through the Twelve Steps*, by Patrick Carnes, p. 197, *AA Big Book, Twelve Steps and Twelve Traditions*

The 12 Traditions

AA also has its 12 Traditions. When AA first began, there were no "traditions". The traditions were first published in 1946 by Bill Wilson who originally chose to call them "Twelve Points to Assure Our Future". The 12 Traditions are mentioned to give further insight into the 12-step programs. All support groups that seek permission from AA to use the 12-steps must also adopt the traditions. Those who adopt a 12-step group without permission generally follow the traditions regardless.

- 1. Each member of Alcoholics Anonymous is but a small part of a great whole. AA must continue to live or most of us will surely die. Hence our common welfare comes first. But individual welfare follows close afterward.**

AA members learn that taking self out, otherwise not following his or her own desires and ambitions, is key to personal recovery. As the "*Twelve Steps and Twelve Traditions*" states

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“...most individuals cannot recover unless there *is* a group.” and “It becomes plain that the group must survive or the individual will not.”

- 2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.**

Those elected to positions serve by collecting the donations at meetings and then paying the bills, ordering AA materials, arranging meetings, etc., things that the group has said needs to be done.

- 3. Our membership ought to include all who suffer from alcoholism. Hence we may refuse none who wish to recover. Nor ought AA membership ever depend upon money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an AA group, provided that, as a group, they have no other affiliation.**

People who say that they are AA members are AA members, simply because they said so. The *“Twelve Steps and Twelve Traditions”* states “...we would neither punish nor deprive any AA of membership, that we must never compel anyone to pay anything, believe anything, or conform to anything.”

- 4. With respect to its own affairs, each AA group should be responsible to no other authority than its own conscience. But when its plans concern the welfare of neighboring groups also, those groups ought to be consulted. And no group, regional committee, or individual should ever take any action that might greatly affect AA as a whole without conferring with the trustees of the General Service Board. On such issues our common welfare is paramount.**

Remember, the original tradition 3 stated in part: “Any two or three alcoholics gathered together for sobriety may call themselves an AA group provided that as a group they have no other affiliation.” This applies here in tradition 4 also as having some other affiliation would impact other groups and AA as a whole.

The local group members decide what day they meet, what time they meet, where they meet, how long the meetings are, what kind of meetings they are, and many other things, without needing any input from anyone else.

- 5. Each Alcoholics Anonymous group ought to be a spiritual entity having but one primary purpose—that of carrying its message to the alcoholic who still suffers.**

As the *“Twelve Steps and Twelve Traditions”* states “...we know we can seldom keep the precious gift of sobriety unless we give it away.” So, individually and collectively, we stay sober by helping other alcoholics get and stay sober.

- 6. Problems of money, property, and authority may easily divert us from our primary spiritual aim. We think, therefore, that any considerable property of genuine use to AA should be separately incorporated and managed, thus dividing the material from the spiritual. An AA group, as such, should never go into business. Secondary aids to AA, such as clubs or hospitals which require much property or administration, ought to be**

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incorporated and so set apart that, if necessary, they can be freely discarded by the groups. Hence such facilities ought not to use the AA name. Their management should be the sole responsibility of those people who financially support them. For clubs, AA managers are usually preferred. But hospitals, as well as other places of recuperation, ought to be well outside AA—and medically supervised. While an AA group may cooperate with anyone, such cooperation ought never go so far as affiliation or endorsement, actual or implied. An AA group can bind itself to no one.

An AA group ought never endorse, finance or lend the AA name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose. The *“Twelve Steps and Twelve Traditions”* discusses some of the problems in the early days of AA that led to this tradition being written, and then says, “These adventures implanted a deep-rooted conviction that in no circumstances could we endorse any related enterprise, no matter how good. We of Alcoholics Anonymous could not be all things to all men, nor should we try.”

- 7. The AA groups themselves ought to be fully supported by the voluntary contributions of their own members. We think that each group should soon achieve this ideal; that any public solicitation of funds using the name of Alcoholics Anonymous is highly dangerous, whether by groups, clubs, hospitals, or other outside agencies; that acceptance of large gifts from any source whatever, is unwise. Then too, we view with much concern those AA treasuries which continue, beyond prudent reserves, to accumulate funds for no stated AA purpose. Experience has often warned us that nothing can so surely destroy our spiritual heritage as futile disputes over property, money, and authority.**

Every AA group ought to be fully self-supporting, declining outside contributions. There are no dues or fees, members voluntarily donate for meeting space rent, coffee, the printing of books and the cost of mailing them, etc.

- 8. Alcoholics Anonymous should remain forever nonprofessional. We define professionalism as the occupation of counseling alcoholics for fees or hire. But we may employ alcoholics where they are going to perform those services for which we might otherwise have to engage nonalcoholics. Such special services may be well recompensed. But our usual AA “12-step” work is never to be paid for.**

Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers. This does NOT mean that AA members cannot work as substance abuse counselors separate from AA. They can. AA clubs sometimes need to hire people to clean, answer phones, and even cook. It is perfectly acceptable to hire AA members for these purposes. What this tradition is really about is that it IS NOT acceptable for AA to hire people, whether members or not, to work with alcoholics as something like professional sponsors or as “a paid twelfth-stepper.”

- 9. Each AA group needs the least possible organization. Rotating leadership is the best. The small group may elect its secretary, the large group its rotating committee, and the groups of a large metropolitan area their central or intergroup committee, which often employs a full-time secretary. The trustees of the General Service Board are, in effect, our AA General Service Committee. They are the custodians of our AA Tradition and**

the receivers of voluntary AA contributions by which we maintain our AA General Service Office at New York. They are authorized by the groups to handle our over-all public relations and they guarantee the integrity of our principle newspaper, the AA Grapevine. All such representatives are to be guided in the spirit of service, for true leaders in AA are but trusted and experienced servants of the whole. They derive no real authority from their titles; they do not govern. Universal respect is the key to their usefulness.

AA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve. For many people, the words “organized” and “organization” bring to mind “authority” and “power”, usually from the top down. AA practices power and authority from the bottom up.

10. No AA group or member should ever, in such a way as to implicate AA, express any opinion on outside controversial issues—particularly those of politics, alcohol reform, or sectarian religion. The Alcoholics Anonymous groups oppose no one. Concerning such matters they can express no views whatever.

Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy. Individuals who are members of AA may of course speak out publically on other issues, but in doing so should not mention their affiliation with AA so not to imply AA takes the same position.

11. Our relations with the general public should be characterized by personal anonymity. We think AA ought to avoid sensational advertising. Our names and pictures as AA members ought not be broadcast, filmed, or publicly printed. Our public relations should be guided by the principle of attraction rather than promotion. There is never need to praise ourselves. We feel it better to let our friends recommend us.

Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films. Relapse unfortunately does sometimes happen. What kind of damage to AA would be done if several members “came out” publicly and then had public relapses? And why would someone want to be identified in the newspaper or on TV as a former alcoholic? In regards to the 11th tradition, the *“Twelve Steps and Twelve Traditions”* states “...it represents far more than a sound public relations policy. It is more than a denial of self-seeking. This Tradition is a constant and practical reminder that personal ambition has no place in AA.”

12. And finally, we of Alcoholics Anonymous believe that the principle of anonymity has an immense spiritual significance. It reminds us that we are to place principles before personalities; that we are actually to practice a genuine humility. This to the end that our great blessings may never spoil us; that we shall forever live in thankful contemplation of Him who presides over us all.

Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities. Being “anonymous” publically is different from privately. It is alright to tell your doctor, and maybe a few others such as ones preacher, employer, friend, because: 1) one must protect oneself—if ‘they’ know then maybe they will not offer that drink or that piece of

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Rum cake; 2) one must help others—‘they’ may know of someone who needs help; and, 3) if one should start down the “relapse road” maybe ‘they’ will see it and call it to ones attention before that first drink is actually taken.

With a basic understanding of the 12-steps, and a basic understanding of the 12 Traditions, we can now move forward to discuss some of the support groups that may impact our profession. This next session is split into 12-step and non-12-step groups for reference. Although we cannot cover every group in detail, we have included some additional information into some of the groups in order to give a greater understanding of their purpose.

12-STEP GROUPS

Today, with poly-substance abuse (involvement with more than one type of drug) there can be confusion for new members at a recovery group, when it comes to the right topic for discussion at that group. The best guidance is to discuss problems with alcohol at an Alcoholics Anonymous meeting, problems with cocaine at a Cocaine Anonymous meeting, gambling at Gamblers Anonymous, and sex addiction at Sex Addicts Anonymous. We will now present some self-help group and some back ground regarding those groups.

Al-Anon & Alateen

Al-Anon was formed in 1951 by the wife of AA co-founder Bill W. as a 12-step program for the family and friends of the alcoholic. Alateen is a part of Al-Anon program that focuses on the children of alcoholics.

Al-Anon's program of recovery is based on the Twelve Steps and Twelve Traditions of Alcoholics Anonymous. The Steps are the foundation for personal recovery in Al-Anon, and the Traditions help Al-Anon groups sustain their unity and fellowship.

Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454
(757) 563-1600
www.al-anon.org

Adult Children of Alcoholics (ACoA)

Adult Children of Alcoholics is a 12-step recovery program for those adults who, as children, grew up in an alcoholic or otherwise dysfunctional family. *We discover how childhood affected us in the past and influences us in the present.* It was founded in 1978 in New York.

The Laundry List—14 Traits of an Adult Child of an Alcoholic

1. We became isolated and afraid of people and authority figures.
2. We became approval seekers and lost our identity in the process.
3. We are frightened of angry people and any personal criticism.
4. We either become alcoholics, marry them, or both, or find another compulsive personality such as a workaholic to fulfill our sick abandonment needs.
5. We live life from the viewpoint of victims and we are attracted by that weakness in our love and friendship relationships.

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6. We have an overdeveloped sense of responsibility and it is easier for us to be concerned with others rather than ourselves; this enables us not to look too closely at our own faults, etc.
7. We get guilt feelings when we stand up for ourselves instead of giving in to others.
8. We became addicted to excitement.
9. We confuse love and pity and tend to “love” people we can “pity” and “rescue.”
10. We have “stuffed” our feelings from our traumatic childhoods and have lost the ability to feel or express our feelings because it hurts so much (Denial).
11. We judge ourselves harshly and have a very low sense of self-esteem.
12. We are dependent personalities who are terrified of abandonment and will do anything to hold on to a relationship in order not to experience painful abandonment feelings, which we received from living with sick people who were never there emotionally for us.
13. Alcoholism is a family disease; and we became para-alcoholics and took on the characteristics of that disease even though we did not pick up the drink.
14. Para-alcoholics are reactors rather than actors.

ACA WSO
P.O.Box 3216
Torrance CA 90510 USA
562-595-7831
<http://www.adultchildren.org/>

Marijuana Anonymous (MA)

Marijuana Anonymous is a 12-step recovery program which was founded in 1989 by combining Marijuana Smokers Anonymous (Orange County) with Marijuana Addicts Anonymous (San Francisco) and Marijuana Anonymous (Los Angeles). Other 12-step marijuana recovery groups joined the organization later. *The following is taken directly from their web site:*

Has smoking pot stopped being fun?

Do you ever get high alone?

Is it hard for you to imagine a life without marijuana?

Do you find that your friends are determined by your marijuana use?

Do you smoke marijuana to avoid dealing with your problems?

Do you smoke pot to cope with your feelings?

Does your marijuana use let you live in a privately defined world?

Have you ever failed to keep promises you made about cutting down or controlling your dope smoking?

Has your use of marijuana caused problems with memory, concentration, or motivation?

When your stash is nearly empty, do you feel anxious or worried about how to get more?

Do you plan your life around your marijuana use?

Have friends or relatives ever complained that your pot smoking is damaging your relationship with them?

According to the website - If you answered yes to any of the above questions, you may have a problem with marijuana.

Marijuana Anonymous World Services
P.O. Box 7807
Torrance, CA 90504
USA
Toll Free 1-800-766-6779

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<http://www.marijuana-anonymous.org/contactus.shtml#contact>

Narcotics Anonymous (NA)

Narcotics Anonymous officially began in 1953 in California. There had been attempts prior to this to establish recovery meetings for drug addicts – but without much success. In 1944 Bill Wilson of AA was asked about a 12-step program for addicts.

NA received notice from AA on 14 September 1953 that they could use the AA steps and traditions but not the AA name (they were at that time calling themselves AANA). The group then officially changed its name to Narcotics Anonymous, and unlike the other NA type groups specifically attempted to form a network of groups that would be mutually supporting. One early problem in some locations was anti-drug laws that made it illegal for drug addicts to meet together for any reason.

NA Main Office
PO Box 9999
Van Nuys, California 91409 USA
Telephone (818) 773-9999
Fax (818) 700-0700
www.na.org

Cocaine Anonymous (CA)

Cocaine Anonymous was founded in California in 1982, and uses the 12-steps as adapted from AA. As of 2009, CA reports that there are several thousand CA groups in the US.

CA World Service Organization
21720 S. Wilmington Ave., Ste. 304
Long Beach, CA 90810-1641
310-559-5833
www.ca.org

Crystal Meth Anonymous

CMA—Crystal Meth Anonymous is a 12-step recovery program for methamphetamine addiction and was founded in 1994 in West Hollywood, California.

CMA General Services
4470 W Sunset Blvd Ste 107 PMB 555
Los Angeles CA 90027-6302
<http://www.crystalmeth.org/>

Celebrate Recovery

Celebrate Recovery was founded in 1991 by a preacher with the intent of using the 12-steps and their Biblical basis to form a group whose focus is Christianity and utilizing the Christian faith and the 12-steps for healing of any number of *“hurts, hang-ups, or habits”*.

Here are the 12-steps of the Celebrate Recovery program:

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1. We admitted we were powerless over our addictions and compulsive behaviors. That our lives had become unmanageable. (Romans 7:18 I know that nothing good lives in me, that is, in my sinful nature. For I have the desire to do what is good, but I cannot carry it out.)
2. Came to believe that a power greater than ourselves could restore us to sanity. (Philippians 2:13 For it is God who works in you to will and to act according to his good purpose.)
3. Made a decision to turn our will and our lives over to the care of God. (Romans 12:1 Therefore, I urge you, brothers, in view of God’s mercy, to offer your bodies as living sacrifices, holy and pleasing to God—this is your spiritual act of worship.)
4. Made a searching and fearless moral inventory of ourselves. (Lamentations 3:40 Let us examine our ways and test them, and let us return to the LORD.)
5. Admitted to God, to ourselves, and to another human being, the exact nature of our wrongs. (James 5:16a Therefore confess your sins to each other and pray for each other so that you may be healed.)
6. We are entirely ready to have God remove all these defects of character. (James 4:10 Humble yourselves before the Lord, and he will lift you up.)
7. Humbly asked Him to remove all our shortcomings. (1 John 1:9 If we confess our sins, he is faithful and just and will forgive us our sins and purify us from all unrighteousness.)
8. Made a list of all persons we had harmed and became willing to make amends to them all. (Luke 6:31 Do to others as you would have them do to you.)
9. Made direct amends to such people whenever possible, except when to do so would injure them or others. (Matthew 5:23-24 Therefore, if you are offering your gift at the altar and there remember that your brother has something against you, leave your gift there in front of the altar. First go and be reconciled to your brother; then come and offer your gift.)
10. Continued to take personal inventory and when we were wrong, promptly admitted it. (1 Corinthians 10:12 So, if you think you are standing firm, be careful that you don’t fall!)
11. Sought through prayer and meditation to improve our conscious contact with God, praying only for knowledge of His will for us and the power to carry that out. (Colossians 3:16a Let the Word of Christ dwell in you richly.)
12. Having had a spiritual experience as the result of these steps, we tried to carry this message to others, and practice these principles in all our affairs. (Galatians 6:1 Brothers, if someone is caught in a sin, you who are spiritual should restore him gently. But watch yourself, or you also may be tempted.)

Celebrate Recovery also has 8 Recovery Principles based on the Beatitudes, which are:

1. Realize I’m not God; I admit that I am powerless to control my tendency to do the wrong thing and my life is unmanageable. (Matthew 5:3 “Happy are those who know they are spiritually poor”)
2. Earnestly believe that God exists, that I matter to him, and that he has the power to help me recover. (Matthew 5:4 “Happy are those who mourn, for they shall be comforted”)
3. Consciously choose to commit all my life and will to Christ’s care and control. (Matthew 5:5 “Happy are the meek”)
4. Openly examine and confess my faults to God, to myself, and to someone I trust. (Matthew 5:8 “Happy are the pure in heart”)
5. Voluntarily submit to every change God wants to make in my life and humbly ask Him to remove my character defects. (Matthew 5:6 “Happy are those whose greatest desire is to do what God requires”)

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6. Evaluate all my relationships; offer forgiveness to those who have hurt me and make amends for harm I've done to others except when to do so would harm them or others. (Matthew 5:7 "Happy are the merciful" and Matthew 5:9 "Happy are the peacemakers")
7. Reserve a daily time with God for self examination, Bible readings and prayer in order to know God and His will for my life and to gain the power to follow His will.
8. Yield myself to God to be used to bring this Good News to others, both by my example and by my words. (Matthew 5:10 "Happy are those who are persecuted because they do what God requires")

This group has also produced a Bible with explanatory notes geared to their recovery program, the "*New International Version, Celebrate Recovery Bible*", and other products. As a side note, there was already in existence a Bible with most of its notes geared to 12-step recovery, "*The New Living Bible, Life Recovery Bible*".

Area contacts can be made through the group's webpage.
<http://www.celebraterecovery.com/>

Nar-Anon

Similar to Al-Anon, Nar-Anon, a 12-step program for family and friends of drug addicts was originally founded in California, but the first attempt failed. In 1968 it was revived, articles of incorporation were filed in 1971, and the Nar-Anon World Service Office was established in Torrance California in 1986. Also see Families Anonymous and/or Co-Anon, for family and friends of addicts.

Nar-Anon Group Headquarters
22527 Crenshaw Blvd # 200B,
Torrance, CA 90505
(310) 534-8188
http://nar-anon.org/Nar-Anon/Nar-Anon_Home.html

Sex and Love Addicts Anonymous

SLAA---The Augustine Fellowship of Sex and Love Addicts Anonymous. This 12-step fellowship was founded in Boston in 1976 by some AA members. Open to men and women, it offers help to anyone who has a sex addiction or love addiction or both. Meeting times and locations are generally published, and there are often "open" meetings. They also have a "meeting through the mail" titled "*The Journal*" which is patterned after the AA Grapevine. They also hold internet and phone meetings.

Fellowship-Wide Services
1550 NE Loop 410, Ste 118
San Antonio, TX 78209
Phone number available on website – Email requests are preferred.
www.slaafws.org

Sex Addicts Anonymous (SAA)

Sex Addicts Anonymous, began in Minneapolis, MN in 1977 by 10 men--9 psychotherapists and a judge. Most of these 12-step meetings do not publicize the times and locations, instead access is through a local phone number or PO Box. The prospective newcomer is then met by one or

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more members and “checked out” prior to being escorted to a meeting. This is due to an attempt to ensure that members are kept safe from both prying eyes and sexual predators. SAA members define their own boundaries between sober, healthful sexuality, and the old sexually compulsive rituals. Members are urged to respect the sobriety definitions of others no matter how much that differs from oneself. One of the things that is suggested is that members make a chart with circles. The inner circle being forbidden actions, the outer circle being actions that are acceptable, and the middle circle being those that might be okay but also might indicate a pending relapse—a sort of danger area.

Sex Addicts Anonymous website states in part: *“As a fellowship of recovering addicts, Sex Addicts Anonymous offers a message of hope to anyone who suffers from sex addiction...we came to realize that we were powerless over our sexual thoughts and behaviors...we discovered that we were unable to stop acting out sexually...The basic principles of recovery practiced by SAA are found in the Twelve Steps and Twelve Traditions of Alcoholics Anonymous. ...we are, indeed, grateful for permission to modify and apply the steps and traditions to sex addiction...”*
SAA

ISO (International Service Organization) of SAA
PO Box 70949, Houston, TX 77270
1-800-477-8191,
www.saa-recovery.org.

Codependents of Sexual Addiction (COSA)

COSA—Codependents of Sexual Addiction is a twelve-step recovery program for men and women whose lives have been affected by another person's compulsive sexual behavior. COSA was formed in 1978 by the spouses of several of the psychotherapists who had founded SAA and is a 12-step support group for those who are or were in a relationship with a sex addict. They have a monthly newsletter which is mailed to paid subscribers. The annual convention is conducted jointly with SAA.

International Service Organization of COSA (or ISO of COSA)
PO Box 14537
Minneapolis MN 55414 U.S.A.
Phone: 1-763-537-6904
www.Cosa-recovery.org

Sexaholics Anonymous (SA)

Sexaholics Anonymous 12-step recovery program started in Silicon Valley, California in 1978. SA carefully patterned everything after AA and adopted a fellowship wide definition of sobriety. A 1982 mention of the SA post office box in a Dear Abby column resulted in 3,000 inquiries. The stated goal of SA is desire to stop lusting and become sexually sober. They also state *“any form of sex with oneself or with partners other than the spouse is progressively addictive and destructive.”*

Sexaholics Anonymous International Central Office
PO Box 3565
Brentwood, TN 37024
Phone: (615) 370-6062

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<http://www.sa.org/>

S-ANON International Family Groups

S-ANON was formed in 1982 in Los Angeles as a 12-step recovery program by some of the spouses of SA members. S-Anon is a program of recovery for those who have been affected by someone else's sexual behavior. S-Anon is based on the Twelve Steps and the Twelve Traditions of Alcoholics Anonymous.

S-ANON International
P.O. Box 111242
Nashville, TN 37222-1242
TEL: (800) 210-8141 or (615) 833-3152
www.sanon.org

Sexual Compulsives Anonymous (SCA)

Sexual Compulsives Anonymous is a 12-step program founded in 1982 in New York City to address sexual compulsion among gay and bisexual men. Today the program is LGBT-friendly (Lesbian, Gay, Bi-sexual, Transgender), and has an increasing number of women and heterosexual men participating. The only requirement for membership is a desire to stop having compulsive sex. SCA supports healthy sexual expression and does not expect its members to repress their sexuality. Sexual Recovery Plans are said to be similar to the food plans of Overeaters Anonymous and to the three circles used in Sex Addicts Anonymous. These recovery plans have three columns: abstinence (which are relapse behaviors which must be abstained from), high risk (which are behaviors, emotional states, and situations which make for vulnerability to relapse), and recovery (which are positive behaviors).

Here are the 20 questions of SCA:

1. Do you frequently experience remorse, depression, or guilt about your sexual activity?
2. Do you feel your sexual drive and activity is getting out of control? Have you repeatedly tried to stop or reduce certain sexual behaviors, but inevitably you could not?
3. Are you unable to resist sexual advances, or turn down sexual propositions when offered?
4. Do you use sex to escape from uncomfortable feelings such as anxiety, fear, anger, resentment, or guilt which seem to disappear when the sexual obsession starts?
5. Do you spend excessive time obsessing about sex or engaged in sexual activity?
6. Have you neglected your family, friends, spouse or relationship because of the time you spend in sexual activity?
7. Do your sexual pursuits interfere with your work or professional development?
8. Is your sexual life secretive, a source of shame, and not in keeping with your values? Do you lie to others to cover up your sexual activity?
9. Are you afraid of sex? Do you avoid romantic and sexual relationships with others and restrict your sexual activity to fantasy, masturbation, and solitary or anonymous activity?
10. Are you increasingly unable to perform sexually without other stimuli such as pornography, videos, "poppers", drugs/alcohol, "toys", etc.?
11. Do you have to resort increasingly to abusive, humiliating, or painful sexual fantasies or behaviors to get sexually aroused?

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12. Has your sexual activity prevented you from developing a close, loving relationship with a partner? Or, have you developed a pattern of intense romantic or sexual relationships that never seem to last once the excitement wears off?
13. Do you only have anonymous sex or one-night stands? Do you usually want to get away from your sexual partner after the encounter?
14. Do you have sex with people with whom you normally would not associate?
15. Do you frequent clubs, bars, adult bookstores, restrooms, parks and other public places in search of sexual partners?
16. Have you ever been arrested or placed yourself in legal jeopardy for your sexual activity?
17. Have you ever risked your physical health with exposure to sexually transmitted diseases by engaging in "unsafe" sexual activity?
18. Has the money you spent on pornography, videos, phone sex, or hustlers/prostitutes strained your financial resources?
19. Have people you trust expressed concern about your sexual activity?
20. Does life seem meaningless and hopeless without a romantic or sexual relationship?

SCA

P.O. Box 1585, Old Chelsea Station
New York, NY 10011
212-439-1123
www.sca-recovery.org

Gamblers Anonymous (GA)

Gamblers Anonymous is a 12-step program for problem gamblers which began in Los Angeles in 1957. It also has auxiliary groups, Gam-Anon and Gam-A-Teen.

International Service Office
P.O. Box 17173, Los Angeles, CA 90017
(213) 386-8789 - Fax (213) 386-0030
www.gamblersanonymous.org

GROW

GROW is a peer support and mutual-aid organization for recovery from, and prevention of, serious mental illness. GROW was founded in Sydney, Australia in 1957 by Father Cornelius B. "Con" Keogh, a Roman Catholic priest, and psychiatric patients who sought help with their mental illness in AA. Consequently, GROW adapted many of AA's principles and practices. As the organization matured, GROW members learned of Recovery International, an organization also created to help people with serious mental illness, and integrated pieces of its will-training methods. GROW groups are open to anyone who would like to join, though they specifically seek out those who have a history of psychiatric hospitalization or are socioeconomically disadvantaged. Despite the capitalization, GROW is not an acronym.
www.grow.au.net

The GROW 12-steps of Recovery and Personal Growth

1. We admitted we were inadequate or maladjusted to life.

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2. We firmly resolved to get well and cooperate with the help that we needed.
3. We surrendered to the healing power of a wise and loving God. (For Atheists and Agnostics, “We trusted in a health-giving power in our lives as a whole.”)
4. We made a personal inventory and accepted ourselves.
5. We made a moral inventory and cleaned out our hearts.
6. We endured until cured.
7. We took care and control of our bodies.
8. We learned to think by reason rather than by feelings and imagination.
9. We trained our wills to govern our feelings.
10. We took our responsible and caring place in society.
11. We grew daily closer to maturity.
12. We carried GROWs hopeful, healing, and transforming message to others in need.

GROW in America

P.O. Box 3667

Champaign, IL

61826

1-888-741-GROW

<http://growinamerica.org>

www.grow.au.net

Overeaters Anonymous (OA)

Overeaters Anonymous was founded in 1960, and its World Service Office is in Rio Rancho, New Mexico. OA is a 12-step program for anyone with problems related to food, including but not limited to compulsive overeaters, binge eaters, bulimics, and anorexics. The organization recommends “A Plan of Eating” - a schedule of what to eat and when to eat it. OA states that it has 6,500 groups meeting in over 75 countries.

Also see “Food Addicts Anonymous” (foodaddictsanonymous.org), founded in 1987. Their World Service Office is in West Palm Beach, Florida.

Overeaters Anonymous, Inc.

PO Box 44020

Rio Rancho, New Mexico 87174-4020

505-891-2664

<http://www.oa.org/>

Emotions Anonymous (EA)

This 12-step program is intended for those who suffer from problems as diverse as depression, anger, broken or strained relationships, grief, anxiety, low self-esteem, panic, abnormal fears, resentment, jealousy, guilt, despair, fatigue, tension, boredom, loneliness, withdrawal, obsessive and negative thinking, worry, compulsive behavior and a variety of other emotional issues.

A similar group, Neurotics Anonymous has also seen a resurgence since 2007.

Emotions Anonymous International

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PO Box 4245, St. Paul MN 55104-0245
Phone: (651) 647-9712
<http://emotionsanonymous.org/>

Co-Dependents Anonymous (CoDA)

Co-Dependents Anonymous was founded in 1986 in Phoenix Arizona, as a 12-step program for those who want to develop functional and healthy relationships. Codependence has been described as developing in children in dysfunctional families (denial, shame-based rules, not knowing what normal is) where the children learn to overcompensate for their parents disorders and develop an excessive sensitivity to others needs and then develop an addiction to certain mood-altering behaviors. CoDA has over 1200 active groups in the US.

CoDA, Fellowship Services Office
PO Box 33577
Phoenix, AZ 85067-3577
(888) 444-2359
www.codependents.org

Debtors Anonymous (DA)

Debtors Anonymous was founded in 1971 by some AA members who said that their financial problems were caused by the addictive disease compulsive debting. The only requirement for membership in this 12-step program is a desire to stop incurring unsecured debt.

According to Debtors Anonymous, there are 12 signs of compulsive debting, which are:

1. Being unclear about your financial situation. Not knowing account balances, monthly expenses, loan interest rates, fees, or contractual obligations.
2. Frequently “borrowing” items such as books, pens, or small amounts of money from friends or others, and failing to return them.
3. Poor saving habits. Not planning for taxes, retirement or other not-recurring but predictable items, and then feeling surprised when they come due; a “live for today, don’t worry about tomorrow” attitude.
4. Compulsive shopping: Being unable to pass up a “good deal”; making impulsive purchases; leaving price tags on clothes so they can be returned; not using items you’ve purchased.
5. Difficulty in meeting basic financial or personal obligations, and/or an inordinate sense of accomplishment when such obligations are met.
6. A different feeling when buying things on credit than when paying cash, a feeling of being in the club, of being accepted, of being grown up.
7. Living in chaos and drama around money: Using one credit card to pay another; bouncing checks; always having a financial crisis to contend with.
8. A tendency to live on the edge: Living paycheck to paycheck; taking risks with health and car insurance coverage; writing checks hoping money will appear to cover them.
9. Unwarranted inhibition and embarrassment in what should be a normal discussion of money.

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10. Overworking or underearning: Working extra hours to earn money to pay creditors; using time inefficiently; taking jobs below your skill and education level.
11. An unwillingness to care for and value yourself: Living in self-imposed deprivation; denying your basic needs in order to pay your creditors.
12. A feeling or hope that someone will take care of you if necessary, so that you won't really get into serious financial trouble, that there will always be someone you can turn to.

Debtors Anonymous also has a 15 question "test", which they say most compulsive debtors will answer "yes" to at least 8. The questions are:

1. Are your debts making your home life unhappy?
2. Does the pressure of your debts distract you from your daily work?
3. Are your debts affecting your reputation?
4. Do your debts cause you to think less of yourself?
5. Have you ever given false information in order to obtain credit?
6. Have you ever made unrealistic promises to your creditors?
7. Does the pressure of your debts make you careless of the welfare of your family?
8. Do you ever fear that your employer, family, or friends will learn the extent of your total indebtedness?
9. When faced with a difficult financial situation, does the prospect of borrowing give you an inordinate feeling of relief?
10. Does the pressure of your debts cause you to have difficulty sleeping?
11. Has the pressure of your debts ever caused you to consider getting drunk?
12. Have you ever borrowed money without giving adequate consideration to the rate of interest you are required to pay?
13. Do you usually expect a negative response when you are subject to a credit investigation?
14. Have you ever developed a strict regimen for paying off your debts, only to break it under pressure?
15. Do you justify your debts by telling yourself that you are superior to the "other" people, and when you get your "break" you'll be out of debt overnight?

DA states: *If you answered yes to eight or more of these questions, the chances are that you have a problem with compulsive debt, or are well on your way to having one.*

Debtors Anonymous
General Service Office
PO Box 920888
Needham, MA 02492-0009
Toll Free: 800-421-2383 - US Only
781-453-2743
<http://www.debtorsanonymous.org/>

Workaholics Anonymous (WA)

Workaholics Anonymous was founded in 1983 in New York as a 12-step program for those who are "*powerless over compulsive work, worry, or activity*" and those who suffer from procrastination or work aversion. They not only have in-person meetings, but also meetings on line and by phone for those too busy or otherwise unable to attend in person. According to their

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website, WA has a list of 20 questions to find out if you might be a workaholic. The site states that if you answer of “yes” to 3 or more you might be a workaholic. Here are the questions.

1. Do you get more excited about your work than about family or anything else?
2. Are there times when you can charge through your work and other times when you can't?
3. Do you take work with you to bed? On weekends? On vacation?
4. Is work the activity you like to do best and talk about most?
5. Do you work more than 40 hours a week?
6. Do you turn your hobbies into money-making ventures?
7. Do you take complete responsibility for the outcome of your work efforts?
8. Have your family or friends given up expecting you on time?
9. Do you take on extra work because you are concerned that it won't otherwise get done?
10. Do you underestimate how long a project will take and then rush to complete it?
11. Do you believe that it is okay to work long hours if you love what you are doing?
12. Do you get impatient with people who have other priorities besides work?
13. Are you afraid that if you don't work hard you will lose your job or be a failure?
14. Is the future a constant worry for you even when things are going very well?
15. Do you do things energetically and competitively including play?
16. Do you get irritated when people ask you to stop doing your work in order to do something else?
17. Have your long hours hurt your family or other relationships?
18. Do you think about your work while driving, falling asleep or when others are talking?
19. Do you work or read during meals?
20. Do you believe that more money will solve the other problems in your life?

Workaholics Anonymous
World Service Organization
Post Office Box 289
Menlo Park, California 94026-0289
Phone: (510) 273-9253
<http://workaholics-anonymous.org>

Recovering Couples Anonymous (RCA)

Recovering Couples Anonymous began in 1988 in Minneapolis, MN by 3 couples with recoveries in SAA, COSA, BAA (Bulimics & Anorexics Anonymous), CODA (Codependents Anonymous), and Al-Anon. The concept is to work through the 12-steps as a couple, and all of the issues in each person's 12-step programs are relevant so the twosome can develop greater openness, honesty, and trust. *The only requirement for RCA membership is a desire to remain in a committed relationship.*

Recovering Couples Anonymous
P.O. Box 11029
Oakland CA 94611
Phone: 781-794-1456
www.recovering-couples.org

Clutterers Anonymous (CLA)

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Clutterers Anonymous is a 12-step program for people who share a common problem with the accumulation of clutter (commonly referred to as hoarding). Founded in Simi Valley California in 1989.

Also see Messies Anonymous (not affiliated with CLA).

The following quiz is from the CLA website:

1. Do you have more possessions than you can comfortably handle?
2. Are you embarrassed to invite family, friends, health care providers, or maintenance workers into your home because it is not presentable?
3. Do you find it easier to drop something instead of putting it away, or to wedge it into an overcrowded drawer or closet rather than finding space for it?
4. Is your home, or any part of it, unusable for its intended purpose, with a bed you can't sleep in, a garage you can't park in, a kitchen you can't cook in, or a table you can't use for dining?
5. Is clutter causing problems at home, at work, or in your relationships?
6. Do you hesitate sharing about this problem because you feel embarrassment, guilt, or shame about it?
7. Do you have a weakness for discarded objects, bargain items, freebies, reading materials, or yard sales?
8. Do you use avoidance, distraction, or procrastination to escape dealing with your clutter?
9. Does your clutter create a risk of falling, fire, infestation, or eviction?
10. Do you avoid starting assignments, miss deadlines, or abandon projects because you can't find the paperwork or material you need?
11. Do you have difficulty making decisions about what to do with your possessions, daily living, or life in general?
12. Do you rent storage space to house possessions that you rarely use?
13. Do cleaning, organizing, follow through, upkeep, and maintenance all become daunting tasks, making the simplest of chores insurmountable?
14. Do you bring an item into your home without designating a place for it and releasing an equivalent one?
15. Do you believe that there is all the time in the world to clean your house, finish those projects, and read all those piles of old magazines or newspapers?
16. Are you easily sidetracked, moving from one project to another, without finishing any of them?
17. Are you constantly doing things for others while your own home is out of order?
18. Do you often replace possessions rather than find or clean those you already have?
19. Does perfectionism keep you from doing anything at all?
20. Does clutter cause you to have late charges added to your monthly financial obligations?
21. Do you feel a strong sense of emotional attachment towards your possessions, which makes it difficult to release them?
22. Do you consider all your possessions to be of equal worth, whether or not the objects have financial, functional or sentimental value?
23. Do you waste your valuable time and talents by constantly rescuing yourself from clutter?
24. Does clutter keep you from enjoying quality leisure time?
25. Is the clutter problem growing?

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Several yes answers may indicate a problem.

Clutterers Anonymous World Service Organization (CLA WSO)
PO Box 91413
Los Angeles, CA 90009-1413
<http://sites.google.com/site/clutterersanonymous/>

NON-12-STEP GROUPS

Rational Recovery (RR)

Rational Recovery (a for-profit), founded in 1986 by Jack and Lois Trimpey, is an abstinence-based approach to recovery that is the self-proclaimed "antithesis and irreconcilable arch-rival of Alcoholics Anonymous." Mr. Trimpey writes books and he provides seminars and on-line courses. RR has no group meetings, and is outspoken against 12-step programs (specifically learned helplessness, labeling, and a non-secular views), against treatment centers, and against in-prison treatment.

Dissatisfied with the Alcoholics Anonymous point of view that Alcoholism is a disease and believing instead that Alcoholics can stop drinking whenever they choose, he decided to found Rational Recovery.

Rational Recovery is described, on its website, as family centered. Through the Rational Recovery network Self-Help groups teach a rehabilitation skill called Addictive Voice Recognition Technique, or AVRT. AVRT can be better understood by thinking of the addictive voice as the thoughts and feelings that support drinking. Along those lines the thoughts and feelings that support abstinence are you. Learning to recognize the addictive voice it becomes "not you", it becomes "it". By thinking that "it" wants a drink, not that you do; you can define exactly what it is that is causing you to drink. You can choose not to listen to "it" by choosing never to drink again.

Recognizing "it" when it pops into your head defeats the short term desire to drink and this habit becomes entrenched and automatic leading to complete recovery. "The only time you can drink is now; the only time you can quit for good is right now." "I will never drink again" becomes, "I will never drink now." It is their belief that recognizing and defeating the internal voice that urges one to drink is a significant and powerful technique which an individual can use in their daily life to take control of their drinking problem.

Jack Trimpey is the author of *The Small Book* and *Rational Recovery: The New Cure for Substance Addiction* (which has the straightforward subtitle of "Anyone can Quit, Right Now and for Good")

According to Trimpey, 40% to 70% of people who recover from serious addictions do so without attending Self-Help groups such as Alcoholics Anonymous. Rational Recovery claims up to a 65% long term recovery rate for alcohol addiction, including many after they had failed to be helped by the 12-step programs such as Alcoholics Anonymous.

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Interestingly enough an independent study by Marc Galanter M.D. by the New York University Medical School at Bellevue Hospital found that 74% of those who attended Rational Recovery Self-Help groups for four months were abstinent.

<http://www.alcoholrehab-program.com/alcoholic-rehabilitation-models/rational-recovery>

Rational Recovery
PO Box 800
Lotus, CA 95651
530-621-2667
<https://rational.org>

SMART Recovery

SMART Recovery (1992) is an abstinence-based, not-for-profit organization that uses "common sense self-help procedures" designed to empower participants to abstain and to develop a more positive lifestyle.

SMART Recovery is an acronym that stands for Self-Management and Recovery Training. The program is based on the Rational Emotive Behavior Therapy (REBT), developed by Psychologist Albert Ellis in the 1950's. The system is a "mental health and educational program" as it states on the web site, "We're not trying to cure an imaginary disease. We're concerned with changing human behavior."

Much of the information imparted by SMART Recovery is drawn from the field of cognitive-behavioral therapy (CBT), and particularly from Rational Emotive Behavior Therapy. According to the web site, CBT views addictive behavior more as a complex maladaptive behavior than as a disease and the purpose of the organization is to help individuals gain independence from addictive behavior.

SMART Recovery emphasizes a Four Point Program:

Enhancing motivation.

Refusing to act on urges to use.

Managing life's problems in a sensible and effective way without substances.

Developing a positive, balanced, and healthy lifestyle.

Unlike Rational Recovery, SMART utilizes group meetings under the direction of trained volunteers.

SMART Recovery serves as both an alternative to the 12-step programs and as a supplement to the 12-steps fellowships. Many members of SMART Recovery also attend 12-step support groups. Spirituality is not a part of the SMART Recovery program. However, alternative seekers are not allowed to bash the 12-step program during SMART Recovery meetings and likewise 12-step members are not allowed to evangelize their higher power message. SMART Recovery neither encourages nor discourages spirituality or religion. The program provides the secular tools without religion or spirituality.

<http://alcoholism.about.com/cs/non/a/aa990623.htm>

SMART Recovery

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7304 Mentor Avenue
Suite F
Mentor, OH 44060
440-951-5357
<http://smartrecovery.org/>

Secular Organizations for Sobriety (SOS)

Also known as SOS and Save Our Selves, was founded in 1986 by James Christopher, who had gotten sober in AA in 1978, but wanted a program for atheists, agnostics, and secular humanists.

SOS says, in part: *“Secular Organizations for Sobriety or Save Our Selves is dedicated to providing a path to sobriety that is an alternative to those paths depending upon supernatural beliefs [specifically a higher power]. We respect diversity, welcome healthy skepticism, encourage rational thinking as well as the expression of our feelings, and we each take responsibility for our individual sobriety daily. Our focus is on the priority of abstaining from alcohol and other mind-altering drugs. We respect the anonymity of each person. This is a self-help, nonprofessional group. At the meetings we share our experiences, understandings, thoughts, and feelings. To break the cycle of denial and achieve sobriety, we first acknowledge that we are alcoholics/addicts. We reaffirm this truth daily and accept without reservations—one day at a time—the fact that as clean and sober individuals, we cannot and do not drink or use, no matter what. Since drinking/using is not an option for us, we take whatever steps are necessary to continue our sobriety priority lifelong. We can achieve “the good life”. However, life is also filled with uncertainties; therefore, we do not drink/use regardless of feelings, circumstances, or conflicts. We share in confidence with each other our thoughts and feelings as sober, clean individuals. Sobriety is our priority, and we are each responsible for our lives and our sobriety.”*

SOS and Mr. Christopher’s writings are often critical of AA and the idea of a higher power and the involvement of religion in the AA recovery program.

The SOS program is commonly offered in TDCJ and attended by offenders.

SOS International Clearinghouse
The Center for Inquiry – West
4773 Hollywood Blvd.
Hollywood, CA 90027
Phone: (323) 666-4295
<http://www.cfiwest.org/sos/index.htm>

Winners Circle

Winners Circle is a peer led, peer driven support group designed to address the special needs of formerly incarcerated men and women who are in recovery. Membership is open to formerly incarcerated individuals as well as their families, friends, and allies. The only criterion is a desire to participate in ones own healing and recovery, and to aid in that of others by providing encouragement and support.

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Founded by recovering ex-offenders for recovering ex-offenders, Winners Circle groups are normally found in the larger cities but are spreading into other areas. The groups offer expanded opportunities for staying clean and sober, and crime free. Most groups use some 12-step principles and mix in some confrontation techniques learned in Therapeutic Community programs in prison, actively pointing out the self-defeating thinking and behaviors of members. Parole Offices are often helpful in locating meetings on a local level.

Dallas, Texas
Maple Avenue Plaza II
5415 Maple Ave. Ste. 203 Dallas, TX 75234
214.941.3500 x255
<http://www.texaswinnerscircle.com>

Other Groups

There are many other groups such as:
Online Gamers Anonymous
Pagans in Recovery
Parents Anonymous (for parents who abused their children)
Smokers Anonymous
Nicotine Anonymous
Support groups for Parents who have lost Children
Support groups for people recovering from traumatic brain injury
Support groups for people with diabetes

We have attempted to fairly represent each group mentioned. As counselors, we are required to present alternatives to incarcerated felons. There are obviously many groups we have not discussed. Illustrated here by the number of groups that were described, is the importance of self-help groups in therapy and recovery.

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