

Guideline Title	
SOURCE	National Institute on Alcohol Abuse and Alcoholism Project MATCH Monograph Series
PUBLISH DATE	1998, reprinted 1999
WEBSITE	Project Match Volume 1: Twelve Step Facilitation Therapy Manual (nih.gov)
<p>GUIDELINE OVERVIEW – The 12-Step facilitation is intended for use in brief individual outpatient treatment for persons who satisfy the criteria for a diagnosis of alcohol dependence and abuse. It is intended to be consistent with active involvement in Alcoholics Anonymous. The overall goal of this program is to facilitate patients’ active participation in the fellowship of AA. This treatment program has 2 major goals, which relate directly to the first 3 Steps of AA:</p> <p>1) Acceptance:</p> <ul style="list-style-type: none"> - Acceptance by patients that they suffer from the chronic and progressive illness of alcoholism. - Acceptance by patients that they have lost the ability to control their drinking. - Acceptance by patients that, since there is no effective cure for alcoholism, the only viable alternative is complete abstinence from the use of alcohol. <p>2) Surrender: Acceptance by patients that:</p> <ul style="list-style-type: none"> - Since there is no effective cure for alcoholism, the only viable alternative is complete abstinence from the use of alcohol; and - the fellowship of AA has helped millions of alcoholics to sustain their sobriety and that the patient’s best chances for success are to follow the AA path. <p>These 2 major treatment goals are reflected in a series of specific objectives that are congruent with the AA view of alcoholism – Cognitive, Emotional, Behavioral, Social and Spiritual.</p> <p>The facilitation program consists of 12 sessions, divided as follows: 12 individual sessions with alcoholic patients if they are single or 10 individual sessions plus 2 conjoint sessions with patients and their partners if they are in a stable relationship. A maximum of two individual emergency sessions as needed. The above sessions are intended to be offered within a period of 12 consecutive weeks. Any core or elective session may be repeated if needed to complete the 12-session schedule.</p> <p>The 4 core topics are as follows: Topic 1: Program Introduction Topic 2: Step 1—Acceptance Topic 3: Steps 2 and 3—Surrender Topic 4: Getting Active</p> <p>The 6 Elective Topics are: Topic 5: Genograms Topic 6: Enabling Topic 7: People, Places, and Things Topic 8: HALT (Hungry, Angry, Lonely, and Tired) Topic 9: Steps 4 and 5—Moral Inventories Topic 10: Sober Living.</p>	
Recommendation Summary	<p>The therapist uses patients’ reports of their experience between sessions to actively facilitate their involvement in AA. The 12-Step therapist encourages attendance at AA meetings, monitors patient involvement in AA, and actively promotes a progression toward greater involvement in AA, for example, by going to meetings that require more personal involvement, such as “Step” meetings and “discussion” meetings.</p> <p>The therapist: - Clarifies the role of therapist versus sponsor and refuses to become a sponsor while helping the patient find one; - Remains vigilant for signs of denial, particularly in patient accounts of slips, and explains slips in terms of denial; - Suggests recovery tasks that will enhance patients’ understanding of alcoholism and AA as well as their successful integration into the fellowship of AA.</p> <p>Session Format: Part 1: Review. In addition to briefly reviewing sober days and slips, the review time (10-15 minutes) should be used to talk about the patient’s reactions to readings and to meetings that were attended since the last session; Part 2: New Material; Part 3: Recovery Tasks Each session should end with specific suggestions—recovery tasks—for the patient to follow up on between sessions.</p>
Assessment, Treatment, and Risk Management Assessment	<p>The facilitation program is designed for persons who satisfy the criteria for a diagnosis of alcohol dependence and abuse.</p> <p>When working with patients who may be actively drinking or whose sobriety is compromised by slips, it is not uncommon for therapists to be confronted by various “emergencies” such as: - Patient Is Consistently Late for Appointments/ Cancels Sessions; - Patient Comes to Session Drunk</p>

	<p>Patient Resists Going to Meetings; -Patient Uses Other Substances; -Patient Appears Clinically Depressed or Psychotic Emergencies of a psychiatric nature (e.g., suicidal thinking, psychosis, violence, self-injury). These may require either an emergency session with the therapist or referral to an emergency mental health service for evaluation and possible intervention. In such instances, patients' continued involvement in the facilitation program may require review. In general, uncomplicated medical detoxification (up to 72 hours) should not disqualify patients as long as they are willing to continue and as long as the 12 sessions can still be provided within 12 weeks. In addition to having to deal with emergencies of a psychiatric nature, and possibly detoxification, contact with the therapist outside of scheduled treatment hours, for example, as a method of helping patients cope with urges to drink or dealing with slips, is discouraged in this program. Instead, patients should be consistently encouraged to turn to the resources of AA as the basis for their recovery. The therapist may offer specific advice and help in this regard, such as assisting a patient in contacting the AA Hotline or the patient's sponsor.</p>
<p>Treatment Settings</p>	<p>The therapeutic approach underlying this manual is grounded in the principles and 12 Steps of AA. Therapy is delivered in a structured situation. All treatments are manual guided and administered by experienced therapists who receive specialized training in the project intervention. Therapists closely follow the procedures outlined in their manual, with regular supervision (by observation of videotapes) from both local and project-wide clinical supervisors.</p>
<p>Psychiatric Management</p>	<p><u>Role of the Therapist:</u> The primary role of the therapist is as a facilitator of patients' acceptance of their alcoholism and of a commitment to the fellowship of Alcoholics Anonymous as the preferred path to recovery.</p> <p><u>Education</u> All MATCH therapist candidates are required to meet the following selection criteria:</p> <ol style="list-style-type: none"> (1) completion of a master's degree or above in counseling, psychology, social work, or a closely related field, (2) at least 2 years of clinical experience after completion of degree or certification, (3) appropriate therapist technique, based on a videotaped example of a therapy session with an actual client submitted to the primary investigator at each site and to the Yale Coordinating Center, and (4) experience in conducting a type of treatment consistent with the MATCH treatment they would be conducting and experience treating alcoholics or a closely related <p><u>Status With Respect to Recovery:</u> Twelve-Step therapists, being professionals, whose goal is to facilitate and encourage active participation in Alcoholics Anonymous, need not be personally in recovery. However, they must be knowledgeable of and comfortable with the foundation of 12-Step recovery as described in AA Conference-approved literature. Therapist self-disclosure of recovery status is to some extent a clinical issue (i.e., dependent on the particular case), but generally speaking, the authors encourage honesty in the therapeutic relationship.</p>