

# 12 Step Facilitation

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12 TSF

How does it  
work?

Why does it  
work?

Does it  
work?





When Suggesting 12  
TSF....



# Frequent Responses

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“I am not a group-type person”

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“I am not a person who shares problems in public”

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“I did try it and it didn’t work”

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“I have gone to so many meetings, I could write the AA Book by heart”

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“My sponsor relapsed”

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“I didn’t like how I was being hit on”

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“I am not a religious person”



Addiction

=

Isolation



FQ JIXDYMEBSLJBWXDUNL  
GFBWLC TFP OIZQAYW XAT  
MYVLOYFJRCVUNIJPNJKI  
WZUXQURAXIOMVMVOFTDC  
VYCDYCJMKOPXEFRSPCOB  
KBJIMVKIVAGVGRQNTZK  
ZHYBSECNIMDGOMFVETOE  
CIPUYKFIXOCTFZCXJEAR  
YKRVEGICRLXCLKLCTRD  
QLGZRWF PFOE IYFVRMZHX  
RPZYDUIVTEAXLJWSIRUC  
JLAVMPLOTYCKIBQYWYPK  
BPF RDJTVAQIFSTZVFMJC  
SYECVINGFBRNYUCBSNTD  
CFIBRMSZJEDXRWTKADFE

# EARLY RECOVERY

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Many symptoms either are or overlap with:  
Severe Bipolar, ADHD, PTSD, Social Avoidance

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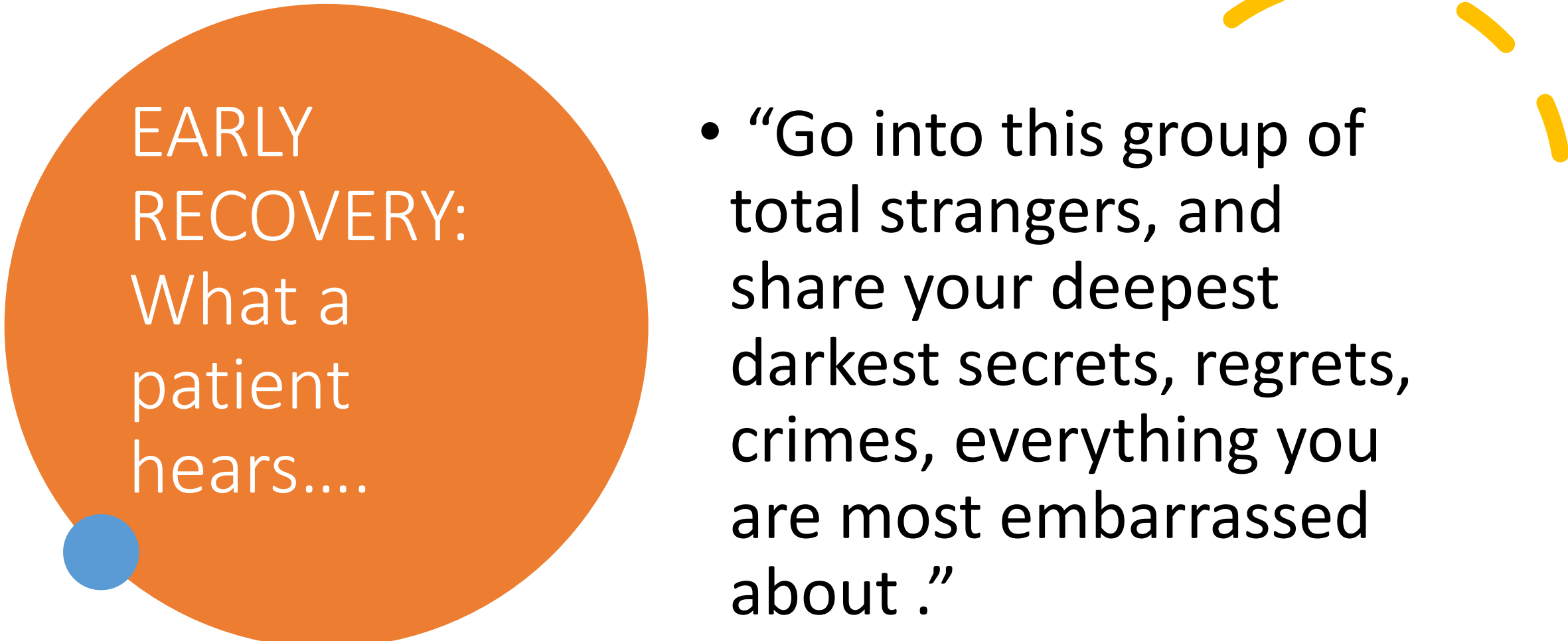
Due to: Low Endorphins, Dopamine,  
Serotonin, But Hyper Cortisol/Stress  
Response from Kappa receptor stimulation

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Irritable, Depressed, Highly Self-Conscious,  
Feeling Judged, Impulsive, Distractable,  
Disorganized, Over Reactive

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Nothing feels good, and “by the way, just  
leave me alone”



EARLY  
RECOVERY:  
What a  
patient  
hears....

- “Go into this group of total strangers, and share your deepest darkest secrets, regrets, crimes, everything you are most embarrassed about .”



# How Does It Work?

1

Anonymity:  
leave identity  
at the door

2

Use 'I'  
Statements

3

Avoid Cross  
Talk

4

Get a Sponsor

# “I’m Not a Group-Type Person”

Social Avoidance, Anxiety

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graph TD; A[Social Avoidance, Anxiety] --> B[Self-conscious heightened]; B --> C[Quick to feel judged]; C --> D[PTSD triggered];
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Self-conscious heightened

Quick to feel judged

PTSD triggered

# “I’m Not a Group-Type Person”

Self reliant



Successful at Work: “I don’t have time”



“Do Better on my own”



“I am not one of those people”





“Free...”

- Double-Edged Sword
- How good can it be if its FREE?
- “And anyway, Paradise Island Treatment Center told me I was cured after spending \$60,000
- Bill Wilson wanted “Franchise AA” hosted dinner with John D. Rockefeller
- 1940: Rockefeller was amazed at AA success and told Bill:
- “One of the best credits of AA program is that it is NOT trying to make money. You should keep it free”

First Goal:

- Get into the Rooms
- Attend Open Meetings
- Beginner Meetings



Thrive:  
**Refer  
Yourself**



**THRIVE**  
PEER RECOVERY SERVICES

MAAEZ: Making  
AA Easy



# MAAEZ

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- Introductory session: 4 core sessions:
- Spirituality: wide range of definitions
- Principles, Not Personalities: deal with myths, different types of meetings, etiquette, rituals, tradition



# MAAEZ

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- **Sponsorship:** Explain purpose of a sponsor, Guidelines for picking sponsor, role playing asking for a temporary sponsor, overcoming rejection, etc
- **Living Sober:** tools for staying sober are tackled: triggers to relapse, service, and avoiding slippery people, places and things.

# 12 TSF

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AA, NA, CA, HA, OYPA; Open,  
Closed

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Agnostics and Atheists in AA

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GA, SA, CSA, OA. Women-Only,  
Men-Only, LGBTQ

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Al-Anon, Al-Ateen, Double Winners

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Keep List AA meetings most  
welcoming

# Southgate Fellowship

5.0(1) · Alcoholism treatment program

Maple Heights, OH

[DIRECTIONS](#)

# Club 24 CLE

5.0(12) · Alcoholism treatment program

Cleveland Heights, OH · In Well Prepared Media Group LLC

Open · Closes 10:30PM · (216) 932-8910

[\*\*Their website mentions aa meetings\*\*](#)

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[WEBSITE](#)  
[DIRECTIONS](#)

# Serenity Social Club

4.8(19) · Social services organization

4821 Turney Rd # 2

· Opens 6PM · (216) 883-4131

**"Great place to have fellowship and fun.."**

# Alcoholics Anonymous Cleveland District Office

4.2(17) · Alcoholism treatment program

1557 St Clair Ave NE

Open · Closes 5PM · (216) 241-7387

**website mentions fellowship halls**

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[WEBSITE](#)  
[DIRECTIONS](#)

## Just For Today Club

4.6(36) · Alcoholism treatment program

695 E 185th St

**"They have lunch time quick meetings that are REALLY good"**

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[WEBSITE](#)  
[DIRECTIONS](#)

## Forest city club

4.9(17) · Non-profit organization

2136 Broadview Rd

**"I love this place great meetings here"**

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# Bainbridge Recovery Club

5.0(1) · Mental health service

Chagrin Falls, OH · In Knowles Industrial Park

Open · Closes 11PM · (440) 543-6575

[WEBSITE](#)  
[DIRECTIONS](#)

# Intergroup Office

5.0(1) · Alcoholism treatment program

**[Address](#): 775 N Main St, Akron, OH 44310**

[DIRECTIONS](#)  
[WEBSITE](#)

# Night and Day Club.

4.7(141) · \$ · Café

Willoughby, OH

Open 24 hours · (440) 946-9682

Directions  
Website



*LIST OF* AA MEETINGS IN  
COLUMBUS, OHIO

- Central Ohio Group Fellowship

- Contact Info:

- Central Ohio Group Fellowship  
651 W. Broad Street  
Columbus, OH 43215

- Phone: [\(614\) 253-8501](tel:6142538501)  
Email: [cogf@aacentralohio.org](mailto:cogf@aacentralohio.org)





# GOAL

- Initially to attend, and listen

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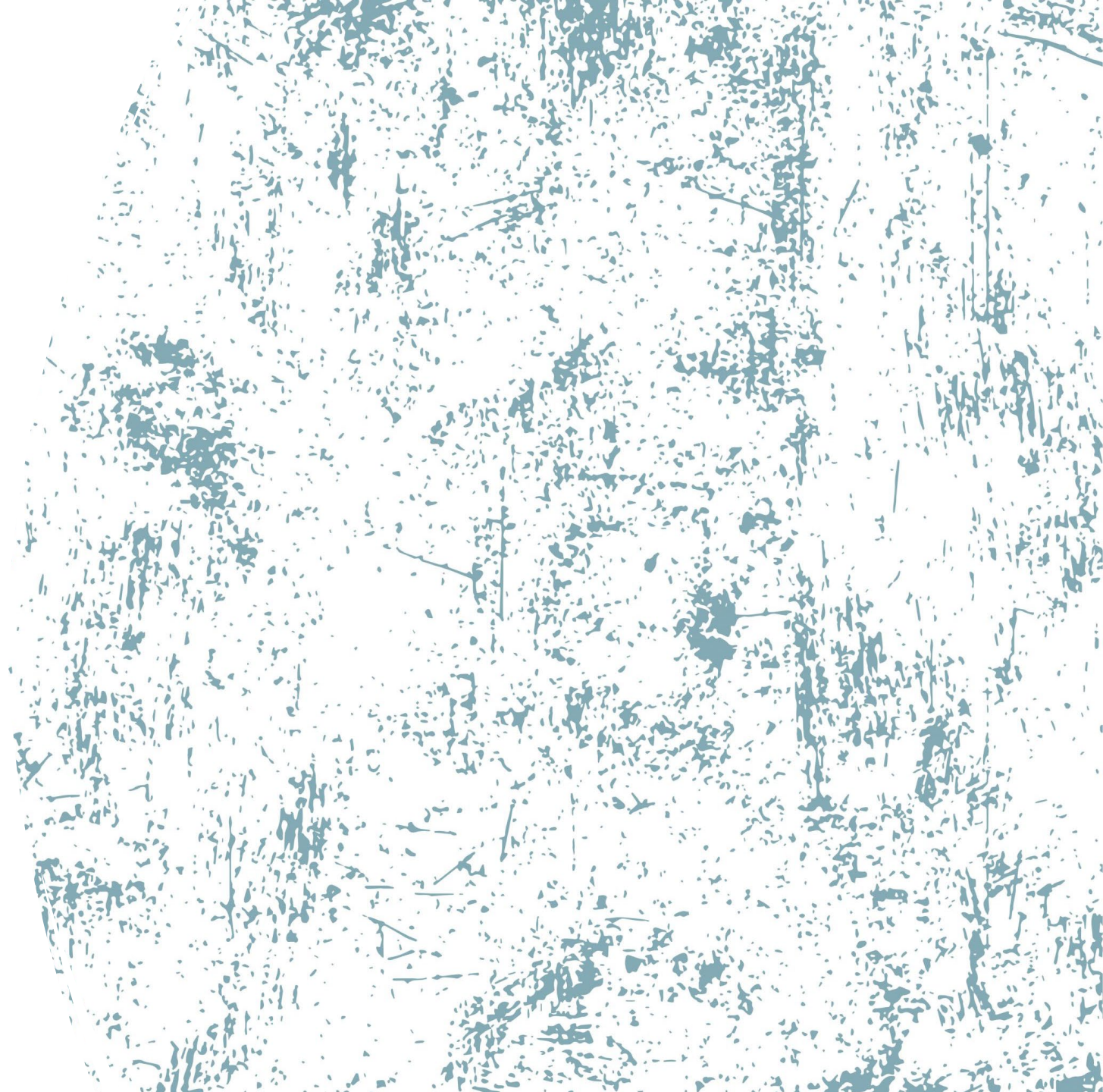
- Slowly initiate the longer journey: a day at a time, unpack the years and layers of denial
- The work of 12 Steps is steep and no one can do it alone
- Interact with the group: shake hands, look at people, smile



# Celebrities in AA Testimonial

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- Anthony Hopkins
- Jaime Lee Curtis
- Elton John
- Mel Gibson
- Eminem
- Lindsay Lohan
- Drew Barrymore
- Eric Clapton
- Demi Lovato
- Daniel Radcliffe



Brad Pitt and  
Bradley  
Cooper



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# Brad Pitt: “What AA did for me..”

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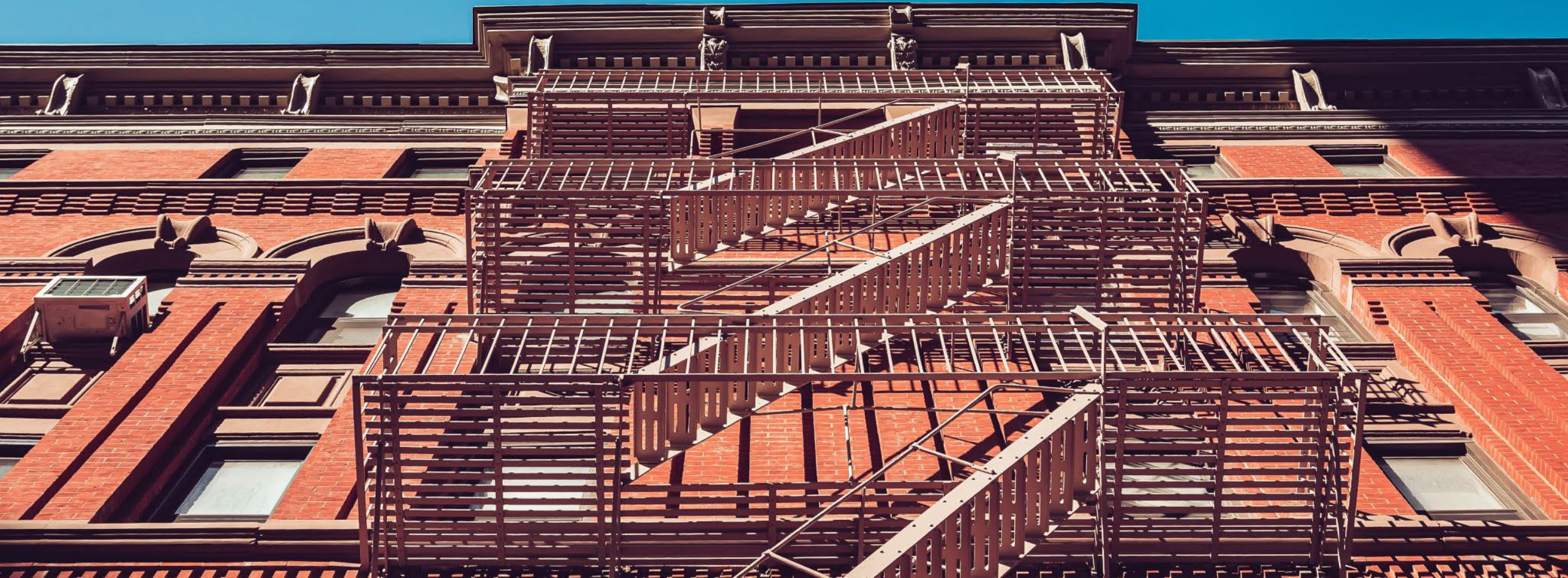
- Brad Pitt explained: “You had all these men sitting around being open and honest in a way I have never heard.

- “It was this safe space where there was little judgment, and therefore little judgment of yourself.

- “It was actually really freeing just to expose the ugly sides of yourself. There’s great value in that.”

- “I’m realizing ... that I value [my] missteps because they led to some wisdom, which led to something else. You can’t have one without the other.”

# Greatest Liability Becomes Greatest Asset





# 12 TSF Therapeutic Factors

# Therapeutic Factors of TSF

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- I Fellowship, Social Network
- II Character Defects
- III Balance



Social  
Fellowship:  
Addiction=  
Isolation



Why does TSF work:  
Fellowship: Social  
Interaction, Support

- Social interaction and support essential for the continued road of recovery.
- Opposite of Addiction = Connection and Fellowship





# Why does TSF work: Fellowship: Social Interaction, Support

- Self-reliance, will-power have brought success and achievement in other endeavors, however, has also empowered denial
- “Learning to ask for and accept help” is most challenging in recovery, especially for the self-made person



# Oxytocin

Hormone and a neurotransmitter increased in group activity associated with empathy, trust and relationship-building.

“Endogenous oxytocin, cortisol, and testosterone in response to group interaction” [Hormones and Behavior](#)

[Volume 139](#), March 2022, 105105



# Hormonal Changes Due to Groups



[Hormones and Behavior](#)

[Volume 139](#), March 2022, 105105

Endogenous oxytocin, cortisol, and testosterone in response to groups



# OXYTOCIN

- Hormone and a neurotransmitter increased in group activity associated with empathy, trust and relationship-building.
- **Oxytocin neurons mediate the effect of social isolation via the VTA circuits**  
Effect of increasing trust, relationship building, empathy



## II Character Defects, Triggers to Relapse

Steps 4-10:

Identify Defects,  
Shortcomings

List and Make Amends

Take Daily Inventory



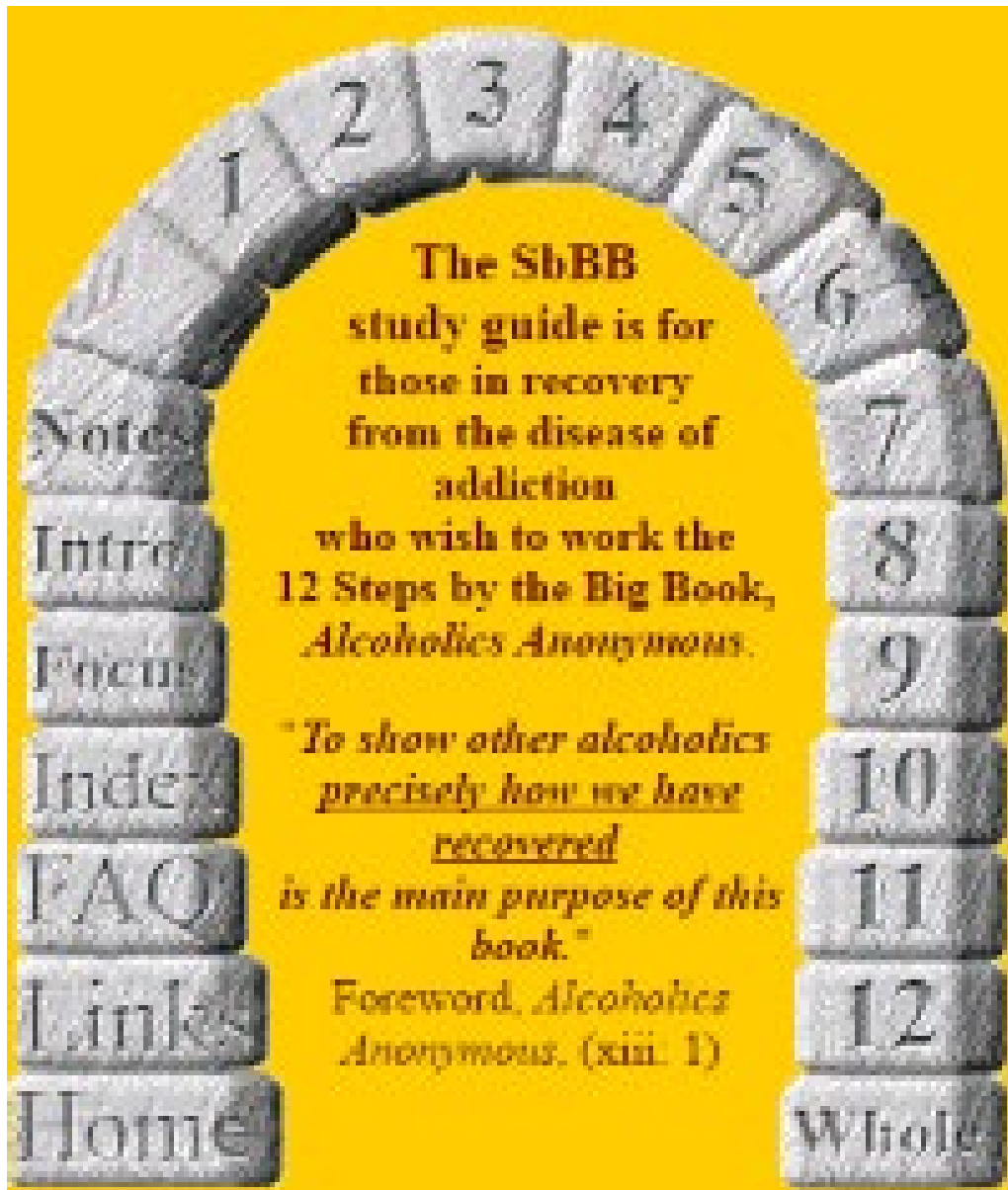
## II Character Defects

- As Denial is worked through, unpacking layer-by-layer intense regret, remorse
- Guilt and shame: re-lived, gradually worked through
- In this process: forgiving oneself
- Less vulnerable to relapse, to seek relief by using



# Fourth Step Worksheets Guides and 12 Steps Study Work Sheets

- **Step 4: “Made a searching and fearless moral inventory of ourselves.”**
- **NOTE: Scroll down this page for the links to the 5 worksheets that you can download.**



- Steps by the Big Book is a no-charge website for people in recovery from alcohol and drugs and other addictions who wish to study the 12 steps of Alcoholics Anonymous (AA) as part of a friendly, focused group, and work them according to the Big Book, Alcoholics Anonymous.

- Freely downloadable Word doc and PDF files are available for the following sections for Workbook for the 12 Steps of Alcoholics Anonymous (AA).





- Grudge List from this example (65: 2)

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- I'm resentful at: Who? (People, Places, Things, Institutions, Principles, etc.)

- The Cause: How? How they hurt or threatened me.

- Affects my: What? What part of self affected that I reacted to.



- ANGER <http://stepsbybigbook.net>
- Step 4 Resentment Inventory  
RESENTMENT (Part A) INVENTORY STEP 4  
How It Works Resentment (Part A) Grudge  
List Step 4: Made a searching and fearless  
moral inventory of ourselves.
- The 1ST and 2ND working of the grudge  
list: Who-How-What & Why If we were to  
live, we had to be free of anger. (66: 2) [Step  
Four is but the beginning of a lifetime  
practice. (12&12, 50: 2)]
- I ON YOUR OWN: STUDY- What did the  
Big Book authors say?



## II Character Defects, Triggers to Relapse

- TSF supportive group, sponsorship to unpack layers of shame, grief, guilt, and regret .
- Make Explicit Character Defects, write down, journal, share with one other person

## II Character Defects, Triggers to Relapse

- Process of OWNING them in their entirety, to make amends, then to LET GO
- Otherwise remain suppressed and self-battering, that much more easily triggered to relapse



A vibrant field of yellow and orange flowers, likely marigolds, is shown in the foreground. The flowers are in various stages of bloom, with some in sharp focus and others blurred. The background is a soft, hazy landscape with rolling hills under a bright, cloudy sky. The overall scene is bathed in warm, golden light, suggesting a sunrise or sunset.

III Balance, Emotional Sobriety –  
The Next Frontier



## III Balance:

- Workaholics, busy-holics need balance
- Finding a non-chemical way to enjoy: leisure pursuits, hobbies, exercise, activities
- How long to make a habit: ie, how long before the brain reinforces anticipation of an activity with release of dopamine?
- Just as addicted brain when shown drug paraphernalia lights up on PET scan, drug-seeking itself becomes a high, reinforced with dopamine
- New Habit: At least 4-6 weeks, varies with the activity,

“Even if I  
have a  
problem, I  
am too  
busy”

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“I am too busy with work as it is, so  
even if I wanted to, I don't have  
time for those meetings”

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Years of denial, self-reliance,  
success with work

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Learning to ask for help, and to  
be assertive for self-care are  
long range goals

“...and anyway, I am too busy working”

- Homeless men and women with SUD who enter Y-Haven, what % finish IOP and 1 year of residential w/o relapse? 62%
- What % of the 38% who relapsed while in residential treatment, relapsed in the first month of returning to work? 74%
- Prior to admission, what % worked more than 50 hours/week: 83%







# Workaholic, Busy-holic

- Workaholism afflicts a majority of men and women with SUD
- “Balance” is a foreign concept: time for self-care, leisure pursuit, hobby, meditation, exercise
- To the degree that recovery does not establish a non-chemical way to enjoy free-time, that much more vulnerable to relapse
- AA Meditation Groups are available for practicing mindfulness, relaxation, self-discipline

**DOES  
ALCOHOLICS  
ANONYMOUS  
WORK?**



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- JOURNAL ARTICLE
  - **A Distillation of a 2020 Cochrane Review for Clinicians and Policy Makers**
  - John F Kelly, Alexandra Abry, Marica Ferri, Keith Humphreys
  - *Alcohol and Alcoholism*, Volume 55, Issue 6, November 2020, Pages 641–651, <https://doi.org/10.1093/alcalc/aaa050>
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# Cochrane Systematic Research Reviews: 2020

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6,743 SR reviewed by 54 research collaborative groups

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Excluded 65% which were not in fact accurate comparisons of RCT

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Remaining 27 relevant studies, 10,565 participants

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Compared Differing Interventions, CBT, MET

# On-Going Systematic Research Reviews

- Match Program 1989
- PubMed 1946
- Embase. 1974
- CINAHL 1982
- ClinicalTrials.gov
- WHO
- ICTRP International Clinical Trials Registry Platform
- All non-English literature



# Keith Humphreys, PhD

- [Professor and the Section Director for Mental Health Policy in the Department of Psychiatry and Behavioral Sciences at Stanford University](#)
- Keith Humphreys is a Professor and the Section Director for Mental Health Policy in the Department of Psychiatry and Behavioral Sciences at Stanford University. He is also a Senior Research Career Scientist at the VA Health Services Research Center in Palo Alto and an Honorary Professor of Psychiatry at the Institute of Psychiatry, King's College, London. His research addresses the prevention and treatment of and recovery from addictive disorders, the formation of public policy and the extent to which subjects in medical research differ from patients seen in everyday clinical practice.
- For his work in the multinational humanitarian effort to rebuild the psychiatric care system of Iraq and in the national redesign of the VA health system's mental health services for Iraq war veterans, he won the 2009 American Psychological Association Award for Distinguished Contribution to the Public Interest. He and the authors of "Drug Policy and the Public Good" won the 2010 British Medical Association's Award for Public Health Book of the Year. Dr. Humphreys has been extensively involved in the formation of public policy, having served as a member of the White House Commission on Drug Free Communities, the VA National Mental Health Task Force, and the National Advisory Council of the U.S. Substance Abuse and Mental Health Services Administration.
- During the Obama Administration, he spent a sabbatical year as Senior Policy Advisor at the White House Office of National Drug Control Policy. He has also testified on numerous occasions in Parliament and advises multiple government agencies in the U.K.



**Dr. John F. Kelly** is the Elizabeth R. Spallin Associate Professor of Psychiatry in Addiction Medicine at Harvard Medical School, the founder and director of the Recovery Research Institute at Massachusetts General Hospital (MGH), the program director of the Addiction Recovery Management Service (ARMS), and the associate director of the Center for Addiction Medicine at MGH



Cochrane:  
AA/TSF  
performed  
best when  
comparing:

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Outcomes at 3, 6 and 9 months, 1 yr, 2 yrs, and 3 yrs

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LPA Longest period of abstinence,  
PDA Percentage days abstinent

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DDD Drinks per drinking day, PDHD  
Percentage days heavy drinking

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ARC Alcohol related consequences,  
RHC Reduced Health Care Costs



Fig. 1. Schematic overview of included studies.

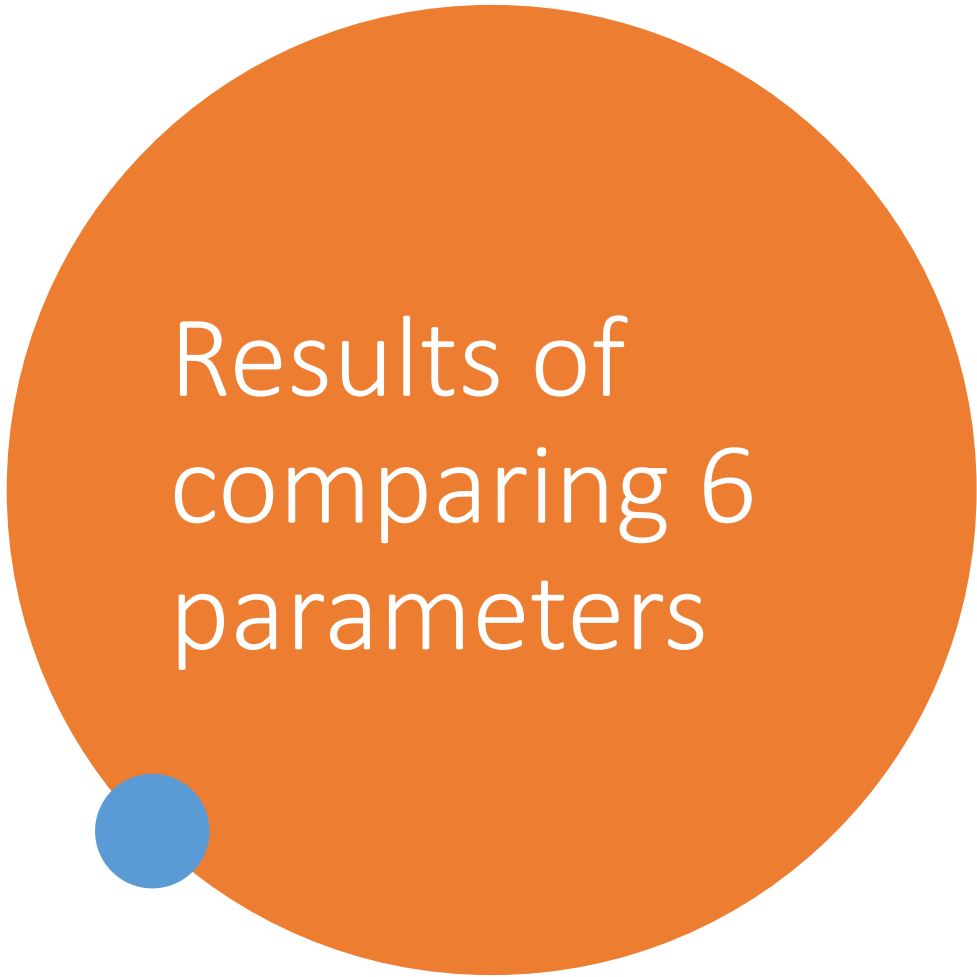
Schematic overview of included studies												
Design	RCT/Quasi-RCT				Non-randomized				Economic			
	S = 21 R = 27 N = 5787				S = 5 R = 7 N = 4375				S = 4 R = 5 N = 2657 <sup>a</sup>			
Manualization	All manualized		Part/non-manualized		All manualized		Part/non-manualized		All manualized		Part/non-manualized	
	S = 15 R = 21 N = 4086		S = 6 R = 6 N = 1701		S = 0 R = 0 N = 0		S = 5 R = 7 N = 4375		S = 1 R = 1 N = 279		S = 3 R = 4 N = 2378	
Theoretical orientation	Different	Variant	Different	Variant	Different	Variant	Different	Variant	Different	Variant	Different	Variant
	S = 11 <sup>b</sup> R = 16 N = 3266	S = 4 R = 5 N = 820	S = 4 R = 4 N = 1042	S = 2 R = 2 N = 659	S = 0 R = 0 N = 0	S = 0 R = 0 N = 0	S = 4 R = 6 N = 4180	S = 1 R = 1 N = 195	S = 1 R = 1 N = 279	S = 0 R = 0 N = 0	S = 2 R = 3 N = 1975	S = 1 R = 1 N = 403
Analysis subgrouping	1A	2A	1B	2B	3A	4A	3B	4B	5	5	5	5

STUDY	Abstinence			Drinking Intensity		Alcohol-Related Consequences	Alcohol Addiction Severity	Cost-Effectiveness
	Proportion Completely Abstinent	Percent Days Abstinent	Longest Period of Abstinence	Drinks Per Drinking Day	Percentage of Days Heavy Drinking	Alcohol-related Consequences	Alcohol Addiction Severity	Cost Savings
<b>RCTs/Quasi-RCT: All Study Treatment Conditions Manualized, AA/TSF vs. Other Clinical Interventions</b>								
Brooks 2003								
Brown 2002								
Davis 2002								
Kelly 2017								
Litt 2007								
Litt 2009								
Litt 2016								
Lydecker 2010								
MATCH 1997a <sup>1,2</sup>								
MATCH 1998a <sup>1</sup>								
MATCH 1998b <sup>1</sup>								
McCrary 1996								
McCrary 1999								
McCrary 2004								
Walltzer 2009 <sup>3</sup>								
Walltzer 2015								
<b>RCTs/Quasi-RCT: 1+ Study Treatment Conditions Non-Manualized, AA/TSF vs. Other Clinical Interventions</b>								
Blondell 2011								
Bogenschutz 2014								
Bowen 2014								
Herman 2000								
<b>RCTs/Quasi-RCT: All Study Treatment Conditions Manualized, AA/TSF vs. AA/TSF Variants</b>								
Kahler 2004								
Tinko 2006								
Tinko 2007								
Tinko 2011								
Vedterhus 2014								
Walltzer 2009 <sup>3</sup>								
<b>RCTs/Quasi-RCT: 1+ Study Treatment Conditions Non-Manualized, AA/TSF vs. AA/TSF Variants</b>								
Kaskutas 2009								
Manning 2012								
<b>Non-Randomized: All Study Treatment Conditions Manualized, AA/TSF vs. Other Clinical Interventions (No studies in this grouping)</b>								
<b>Non-Randomized: 1+ Study Treatment Conditions Non-Manualized, AA/TSF vs. Other Clinical Interventions</b>								
Blondell 2001								
Humphreys 1996								
Humphreys 2001								
Humphreys 2007								
Oulmette 1997 <sup>3</sup>								
Zemore 2018								
<b>Non-Randomized: All Study Treatment Conditions Manualized, AA/TSF vs. AA/TSF Variants (No studies in this grouping)</b>								
<b>Non-Randomized: 1+ Study Conditions Non-Manualized, AA/TSF vs. AA/TSF Variants</b>								
Grant 2017								
Oulmette 1997 <sup>3</sup>								
<b>Economic Analysis</b>								
Holder 2000								
Mundt 2012								

<sup>1</sup> For outpatients only on 90d


<sup>2</sup> At 6m follow-up but equivalent at 15m follow-up for consequences

<sup>3</sup> Study compares AA/TSF to another clinical intervention and an AA/TSF variant



Results of  
comparing 6  
parameters

TSF was just as effective in 7 studies, more effective in 20 studies:

- + Longer abstinence, particularly at 1 yr, 2 yr, 3 yr
  - Less Drinks Per Day, Less Severe Drinking
  - Fewer Health Care Problems
  - Fewer Consequences: DWI, Lost Relationships, Lost Jobs
  - Decreased Health Care Costs
- 

Cochrane: 2020

- “TSF: Relatively brief clinical intervention helps people with SUD to become engaged in a long-term freely available, community base recovery support resource that can help sustain ongoing remission.”



# References

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  - Published online 2009 Apr 1. doi: [10.1016/j.jsat.2009.01.004](https://doi.org/10.1016/j.jsat.2009.01.004)
- PMID: [19339148](#)
  - PMCID: PMC2746399
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  - PMID: [19339148](#)

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  - PMID: [23731422](https://pubmed.ncbi.nlm.nih.gov/23731422/)
  - PMCID: PMC3753023
  - NIHMSID: NIHMS494900
- [Dennis M. Donovan](#), [Michelle H. Ingalsbe](#), [James Benbow](#), and [Dennis C. Daley](#)

