

Therapeutic Factors and Psychological Concepts in Alcoholics Anonymous

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The Alcoholics Anonymous (AA) fellowship has been a constant in providing a solution for many individuals with alcohol use disorders. Millions of people have gained significant benefits from the vast array of therapeutic factors inherent in the AA model of support. Although abstinence and sobriety are the primary goals of AA support groups, numerous other positive emotional outcomes have been reported from participation in the fellowship. The authors of this paper explore and discuss several powerful emotional concepts found in counseling and psychotherapy and their function as therapeutic factors in AA recovery. Implications for counseling supervisors, counselor educators, and both addictions and mental health counselors, are discussed.

Keywords: Alcoholics Anonymous, therapeutic factors, addictions counseling, alcoholism, alcohol use

The Alcoholics Anonymous (AA) fellowship has been widely viewed as an important consideration for the treatment of addictions (DePue, Finch, & Nation, 2014; Gossop, Stewart, & Marsden, 2007; Kelly, Greene, & Bergman, 2016; Krentzman et al., 2011; Tonigan, & Beatty, 2011; Witbrodt, Kaskutas, Bond, & Delucchi, 2012). This article contributes to the body of literature regarding AA fellowship as an important efficacious self-help approach in the treatment of alcohol addiction (Gomes & Hart, 2009; Gossop

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et al., 2007; Sachs, 2006). In examining the processes of recovery in AA, research supports the actual practice of numerous constructs such as sponsor contact and sponsor therapeutic alliance that support psychological well-being and abstinence (Kelly et al., 2016). For example, polysubstance studies found that the use of 12 step attendance on-site fosters post-treatment and remission maintenance (Laudet, Stanick, & Sands, 2007) and substance abstinence and continued recovery (Tonigan, & Beatty, 2011). In counselor preparation and training programs these factors are routinely studied as essential elements of the counseling relationship, facilitating client insight and growth. In retrospect, the fellowship has several prominent psychological concepts integrated in its approach towards recovery of individuals from addiction (Kelly et al., 2016; Laudet et al., 2007; Sharf, 2012).

Counseling Research on Therapeutic Factors

The concept of therapeutic factors in counseling has been researched widely across many different theories, applications, and techniques within the profession. Similar in nature to research on common factors in psychotherapy, therapeutic factors are broad terms used to identify the healing or beneficial elements of an intervention. In his seminal work on group counseling, Yalom (1995) described therapeutic factors as “an enormously complex process that occurs through an intricate interplay of human experiences” (p. 1). Examples of these therapeutic factors include the instillation of hope, universality, imparting information, group cohesiveness, and catharsis. Equally foundational to the establishment of therapeutic factors in counseling is the work of Frank (1971) who examined the specific principles and modes of effectiveness that are possessed by a particular intervention. Due to the support group etiology of AA and being a lay-person conducted process, research has not abundantly examined therapeutic factors contained within the AA model.

AA Recovery

Gubi and Marsden-Hughes (2013) conducted a study of eight individuals with severe alcohol dependency who had attained abstinence time ranging from 8-48 years through participation in AA. The authors identified the following defining factors of AA recovery: sober; maintaining sobriety; sustained, life-long recovery management, and pro-social aid resources. The concept of sober refers to a commitment to not drink that evolves into maintaining sobriety manifested by an understanding that this maintenance is contingent upon one’s spiritual condition that is nurtured through the practice of the 12 steps. In the working of the steps, the individual develops the awareness that the drinking was a symptom of a deeper disease and an understanding that sustained, life-long recovery is not an event but a process; a way of being practiced for the remainder of one’s life. The person’s commitment to adhering to a spiritual program of recovery as suggested in AA, acquires a restructured orientation to the self in relation to others

which is to be of service to one's fellows; self-centered to selfless. They conceptualized recovery for members as seeing and hearing others' successes and experiencing the therapeutic conditions of empathy, unconditional positive regard, and congruence of those who have successfully maintained long-term recovery (Gubi & Marsden-Hughes, 2013). Sachs (2006) discussed these and other factors more comprehensively. Individuals with alcohol use disorders often present with multiple psychological disorders, a distorted sense of the self that inhibits the ability to view reality accurately, emotional dysregulation, and attachment issues. Therapists may have a tendency to view individuals with alcohol use disorders in one dimensional, simplistic and stereotypic fashion thereby failing to recognize the very real and distressing clinical complexities that are frequently present with alcoholism (Sachs, 2006). An understanding of the multiple dimensions that the individual possesses is necessary if the therapist is to be effective.

As it exists in counseling, so too there is a process operant in AA. When alcoholics begin their meeting attendance, the ground work is laid for affiliation and identification with other alcoholics (Sachs, 2006), quite possibly imbuing them with a sense of membership and belonging for which they may have yearned but has been long absent in their lives. Finding a sponsor and beginning to work the 12 steps extends the process further and deeper. The sponsor is the person who guides the individual through the steps; for example, providing structure, advice, and counsel. This is a profoundly authentic relationship as both share the same goal, which is to stay sober one day at a time. Sponsors use the knowledge gained from their experiences in AA to foster an honest, caring, supportive, encouraging, non-judgmental, challenging, and authentic relationship with sponsees. Similar to the counseling process where the formulation of a therapeutic alliance is critical to effectiveness, this intimate, intense, genuine relationship has the capacity for healing and growth to take place.

Through this relationship the alcoholic can begin to address the many issues attendant to the drinking problem, as well as other maladaptive spiritual, cognitive, affective, and behavioral maladies that may have plagued her/him even before the first drink was taken (Sachs, 2006). The overarching aim is for the sponsee to learn how to live an examined life through working the steps. Previous self-defeating, ineffective, and pathological ways of thinking, feeling, and doing give rise to a new paradigm that begins with the deconstruction of the utterly self-absorbed, insecure, fragile ego. The paradoxical experience of surrender; of admitting one's powerlessness over alcohol and achieving victory through abstinence is the prerequisite to the learning of new ways of being, believing, and living. Developing one's own conceptualization of a Higher Power in whom they believe and seek relocates the alcoholic from the center of their known universe of selfishness, self-seeking, and self-centeredness to an orientation based upon humility and selflessness. Thinking is restructured as the alcoholic comes to an awareness that they have been overinvested in drinking alcohol and have an impaired sense of self (Sachs, 2006).

The growth that comes with continued step work develops a person who stands in stark contrast to the active drinker. The recovering individual comes to understand that

humility means being teachable. The transformed individual has emerged spiritually oriented, with a capacity for empathy and altruism. The entanglements and self-loathing that once came from emotional dysregulation are few and far between and when they happen, the recovering person takes responsibility for their part in it and makes amends when appropriate. The attachment wounds from the family of origin are now resolved or more realistically scaled and the chronic, nagging fear of being abandoned again is alleviated through having deep and abiding relationships with others bound together by a singleness of purpose; staying sober and helping others do the same (Sachs, 2006).

The benefits of AA fellowship as a constant in providing a solution for many with alcoholism have been investigated previously (DePue et al., 2014; Kelly et al., 2016; Laudet et al., 2007; Zemore, 2007). Specific benefits of AA recovery espoused long-term coping skills (e.g., Gossop et al., 2007; Kelly et al., 2016) and abstinence (DePue et al., 2014; Gomes & Hart, 2009; Moos & Moos, 2007). There is significant evidence in support of sustained remission through AA recovery (e.g., Gomes & Hart, 2009; Gossop et al., 2007; Kelly & Myers, 2007; McKellar, Stewart, & Humphreys, 2003; Zemore, 2007). Research on AA fellowship has focused on selected elements such as Powerless-Empowerment Scale (Shearer & King, 2001), and reframing meaning making experiences of recovering individuals (Lawson, Lambert, & Gressard, 2011). Studies (Gossop et al., 2007; & Kelly et al., 2016) found a relationship between level of AA involvement and continued abstinence. For example, Kaskutas et al.'s (2005) study found that of 349 members with a low level of involvement attending AA for one year after treatment, 79% remained abstinent after attending 60 meetings in the first year after treatment, and 73% remained abstinent the fifth-year post treatment. In the group that attended 200 meetings in the first year, 61% remained abstinent the fifth-year post treatment. Participants whose attendance declined from 200 meetings in the first year to 6 meetings in the fifth year had a 43% abstinence rate. Taken together, the data from this study indicate that there are dynamics present for those in AA meetings that when utilized, contribute to continued abstinence. Supporting this notion, Gomes and Hart (2009) found that specific types of AA involvement (e.g., working steps, sponsor contact and strong sponsor alliance) provided significant 12 step participation, greater abstinence, and better emotional and existential well-being.

Counselors working with clients who experience alcohol use issues should strive to be consistent with the change processes that are found to be effective in addressing issues impacting recovering individuals. Further, it is incumbent upon counselors to be knowledgeable not only about 12 step programs and their efficacy, but about the dynamics of 12 step recovery. This knowledge can increase their effectiveness in providing effective services to with populations struggling with addition to alcohol. In a study on Project MATCH conducted over a two-year period, researchers (Butler Center for Research, 2010) used cognitive behavioral therapy (CBT), 12 step facilitation (TSF), and motivational enhancement therapy (MET) as important evidenced-based treatment approaches for alcoholism treatment. Although the authors found no significant differences among the three approaches, results indicated a considerable reduction in

drinking with TSF having a slightly higher effect. More so, they found that the utilization of TSF proved to be effective with clients who had a social support network prior to the study. Exploration of these theoretical underpinnings further expands the understanding that a variety treatment approaches that can be used to supplement alcoholism treatment.

Need for and Purpose of this Paper

In a global society such as the U.S wrought with mental health and addiction epidemics, ongoing research is needed to identify evidence-based interventions that benefit society. According to the National Alliance on Mental Illness (NAMI, 2017) approximately 1 in 5 adults (43.8 million) experiences mental illness in a given year, and 20.2 million adults (8.4%) had a substance use disorder (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Additionally, 7.9 million people had both a mental disorder and substance abuse disorder (SAMHSA, 2017). Given these staggering numbers, a combined effort to treat elements of both conditions, such as those found in AA groups, is required for a healthy society.

The purpose of this paper is to identify and define psychological concepts from Adlerian, behavioral, and cognitive therapies and illustrate their presence and usefulness in a program of recovery in AA, thus offering counselors a more in-depth understanding of the treatment of alcohol use disorders. The theoretical concepts explored in this conceptual paper include: social interest, encouragement, acting as if (Adlerian); positive reinforcement, extinction, self-efficacy (behavioral); and automatic thoughts, cognitive restructuring (cognitive). We will explore the therapeutic nature of these theories inherent in the AA model of support and change. Lastly, the article concludes with implications for both addictions and mental health practitioners, as well as counselor educators.

Adlerian Theory

Social Interest

Alfred Adler, a prominent theorist of the late 19th and early 20th centuries, introduced the concept of social interest, the embodiment of an individual's attitude towards others and society (Fall, Holden, & Marquis, 2004). According to Adler, human behavior is socially embedded (Carlson, Watts, & Maniacci, 2006; Maniacci, Sackett-Maniacci, & Mosak, 2014) and all individuals are born into a social group. Social interest is a mechanism of change and develops in three different stages: aptitude, ability, and secondary dynamic characteristics (Carlson, Robey, & Mason, 2016; Sharf, 2012). Adler believed that individuals have an innate aptitude for social interaction. As aptitude develops, individuals express the desire for social interaction through activities within their cultural structures (Fall et al., 2004; Sarf, 2012). Moreover, as ability develops,

secondary dynamic characteristics such as attitudes and interests (e.g., Sarf, 2012) begin to influence the ways in which an individual expresses his/her social interest through various activities (Carlson et al., 2016; Sharf, 2012). Despite Adler's belief that social interest was innate among individuals, he also believed that the parent-child relationship heavily influenced an individual's ability to interact with others in a constructive manner (Carlson et al., 2016; Sharf, 2012). Within this perspective, the development of individual social consciousness is critically shaped by both the outside world and family translated into action (Carlson, et al., 2006; Fall et al., 2004).

Given the scope of meaning of social interest (e.g., Carlson et al., 2016; Sharf, 2012), the connection between this theoretical concept and the First Tradition of AA (Alcoholics Anonymous World Services, 1981) is apparent. Tradition One states that "our common welfare comes first; personal recovery depends upon AA unity" (Alcoholics Anonymous World Services, 2001, p. 129). Unity is an extremely important function of AA and without it the existence of AA would be at risk of losing its effectiveness. Tradition One is also consistent with Ansbacher's (1992) description of social interest in terms of feelings (related to community belongingness) and actions (related to participation in the larger community). When individuals practice the principles and steps of AA, they not only strengthen themselves but the other individuals who are participating as well. As the recovering person struggling with alcoholic use issues practices the steps and traditions of the program, what she/he demonstrates to other members is movement toward a more satisfying and fulfilling life free of alcohol and of the despair, guilt, and shame associated with the incredible amount of psychic energy expended to maintain her/his addiction. In reality, one of the most effective public relations tool AA has is its members (Alcoholics Anonymous World Services, 2001). It is important for individuals beginning recovery to focus on the self; however, members need social connections for sustained recovery and unity (Alcoholics Anonymous World Services, 2001).

Carlson et al. (2016) and Sharf (2012) supported Adler's thoughts on social interest and its impact on psychological health. Through social interest individuals may find more meaning in life and may be less self-centered overall. For example, the issue of self-centeredness gets a fair share of attention in AA, as indicated in the Twelfth Step. The Twelfth Step in AA specifically addresses social interest in that it asks members to continue to convey the program to those suffering alcoholism (Alcoholics Anonymous World Services, 2001). This step promotes action on the part of members to attend to other alcoholics in need, and what transpires is a deep connectedness between members which is reflective of the concept of social interest. When AA members reach out to other alcoholics they find meaning in recovery and can explore other aspects of their lives through helping other members find their own meaning. In 12 step recovery there is the notion that one cannot keep the gift of recovery unless it is given away to others.

Schenker (2009) explored the similarity of Adler's theoretical concept of social interest with the philosophy of AA. He examined Adler's belief that social interaction has the potential to decrease the size of a person's ego, and compared Adler's theory of

social interest with AA's suggested program of taking inventory, affiliating with other recovering addicts, and making amends. Attending meetings and talking to other addicts is what will help individuals maintain their recovery (Schenker, 2009). In the AA Fellowship, social interest is a self-less endeavor; the encapsulation of self-to-others with the primary purpose of achieving results for the common good, since human behavior is strongly goal-oriented.

Exploring a psychodynamic perspective on self-efficacy of 12-Step programs, Khantzian (2014) espoused that emphasis is placed on experienced, interactive, and empathic approaches stressing structural, self-psychology, object relations, and attachment theory. This approach is in contrast to early classical psychoanalytic models that were impassive, detached, and more strictly interpretive in their methods. The contemporary models are adopted to explain and provide a basis for explaining how and why AA works. From this perspective, addiction is understood as a self-regulation disorder involving difficulties in regulating emotions, self-esteem, relationships, and behavior and how the working of AA address and correct these vulnerabilities (Khantzian, 2014).

Encouragement

An additional key concept in Adlerian theory is encouragement. Often clients come into therapy discouraged and may not believe they are capable of making the changes they need. Encouragement is an attitude that counteracts this thinking. When using encouragement counselors are asking the individual to use the assets that she/he possess and to think creatively for solutions. Encouragement has been highlighted as a very important aspect of the counselor-client relationship (Carlson et al., 2016; Maniacci et al., 2014; Sharf, 2012).

The idea of encouragement can also be connected to the AA concept of unity. Through the unity AA provides, members experience a sense of mutual support and belonging. As stated before, this unity imparts to individuals the encouragement and hope they need from others who understand what they are experiencing. The support and encouragement that members receive from others can give them the hope and strength they need to continue in recovery. As newly sober individuals begin attending AA meetings they encounter people who invest in their recovery by offering handshakes, literature, phone lists, meeting schedules, and other materials. A fundamental foundation stone upon which the unity rests is that AA is focused on one single accomplishment: staying sober and helping others succeed.

Acting As If

During the course of therapy, a client may be reluctant to take the necessary actions that are a prerequisite for change. To counteract this thought process, Adler employed the "acting as if" technique. Counselors using this technique ask participants to act as if the action they will eventually take will work (Sharf, 2012). Through this technique, clients

may experience new feelings and feel more comfortable in taking the actions necessary for change. It allows the client to explore new ways of behaving and thinking. Both Steps Two and Three of AA are consistent with this technique. Step Two states how individuals “came to believe that a Power greater than ourselves could restore us to sanity” (Alcoholics Anonymous World Services, 2001, p. 59). This step may be difficult for some people at first, especially after being habitually self-centered prior to entering recovery. Many may try to fight it at first but may be told by others that by acting as if they believe it (“or fake it till you make it”), they can begin to feel something different as part of the process of positive change.

For AA members, this is what acting as if is all about; putting faith in something in order to make positive changes in recovery. For those who may have had their struggles with organized religion or concepts of God, it might be suggested that “God” means “Good orderly direction,” or “Group of drunks.” If a newly sober member has no interest in God, or the concept of one, it may be suggested to simply make the group their Higher Power.

Step Three is the progression from the emergent belief (in something greater than self) of Step Two to action. In this step the alcoholic surrenders to the process of recovery and acts as if life will get better if they “make a decision to turn our will and our lives over to the care of God *as we understood Him*” (Alcoholics Anonymous World Services, 2001, p. 59). Again, individuals who are in the beginning stages of recovery will have to act as if they are capable of embracing this type of faith, even if they do not believe in it at first. There are difficulties a person can have when encountering the concept of spirituality in recovery, but these can be overcome by acting as if and accepting her/his personal conceptualization of a higher power. There are no requirements for a specific belief system in AA, or even a belief in God – “The only requirement for membership is a desire to stop drinking” (Alcoholics Anonymous World Services, 1981, p. 139). On numerous occasions, one of the three authors has participated in the Mustard Seed AA Meeting in Chicago, where newcomers are given a note card with a mustard seed taped to it and advised it only takes that much faith to begin. In accordance with AA’s anonymity, the specific author is not identified.

Behavioral Theory

Positive Reinforcement

The concept of positive reinforcement is universally recognized as being effective in bringing about desired behavior changes (Fall et al., 2004; Sharf, 2012). Positive reinforcement, a behavior modification approach, can take many different forms and involves the addition of something of perceived value to an individual (Pear & Simister, 2016). One example of positive reinforcement is an individual giving another praise for the completion of a task (Pear & Simister, 2016; Sharf, 2012).

The unity that AA values presents the newly sober member with an environment

that offers positive reinforcement, and is highlighted by the First Tradition. Through this unity, individuals in recovery feel more connected to others who are experiencing similar thoughts and feelings. This concept highlights the importance of positivity in recovery, rather than ordering or mandating it.

There are a variety of events found in AA meetings which put positive reinforcement into action. As mentioned earlier, the responses of many AA groups to the newcomer being recognized and welcomed are examples of positive reinforcement. Many groups celebrate sobriety anniversaries of its members presenting “chips” or “coins” for each successive month or year of sobriety. The recognition of the newcomer and celebration of anniversaries, simply put, is positive reinforcement for the behavior of attending meetings and sustained sobriety.

Extinction

The purpose of extinction is to remove or eliminate a response from a certain behavior no longer supported by positive reinforcement (Antony, 2014; Fall et al., 2004; Pear & Simister, 2016). In this concept, in the absence of positive reinforcement, an aversive response is used when addressing specific addictive behaviors such as drinking. The theory behind extinction is that if reinforcement or stimuli is not available, the individual will cease performing specific behaviors (Fall et al., 2004; Sharf, 2012).

The Third Tradition of AA lays out the only requirement for membership which is “a desire to stop drinking” (Alcoholics Anonymous World Services, 1981, p. 139). This tradition is consistent with the therapeutic concept of extinction because it targets the specific behavior to change, offering a chance for individuals to find new, more effective reinforcements and stimuli for their lives. As well, entry into recovery in AA assists individuals in identifying the stimuli and reinforcements that promote drinking behavior such as spending time in bars or socializing with other heavy drinkers. This tradition can ameliorate the fear behind new members joining the group. Individuals who come to AA with this desire are embraced by group unity. This type of open membership allows anyone who says they are a member of AA to feel connected to the group (Alcoholics Anonymous World Services, 1981).

When a newcomer begins attending AA meetings and finds a sponsor to help her/him work the program, the sponsor takes the role of a follow-up contact for support and strength. The stronger the sponsor alliance, the more chances of increased participation in 12 step and abstinence. On the other hand, the stronger the sponsor contact, the higher participation in 12 step, whereas, the stronger the sponsor alliance, the higher the chances of abstinence (Kelly et al., 2016). The sponsor may advise the newcomer to “change playgrounds, playmates, and playthings”, thus removing the reinforcements and stimuli that may trigger drinking behaviors and lead to extinction of the actions.

Self-Efficacy

Self-efficacy is another behavioral concept; described as a person's belief in his/her ability to accomplish tasks or achieve goals (Antony, 2014). An individual's sense of self-efficacy has a direct impact on behavior. Self-efficacy can be either high or low and is impacted by a variety of factors, such as lowering emotional arousal, verbal persuasion, performance accomplishments, and vicarious experiences (Pear & Simister, 2016; Sharf, 2012).

Steps One and Three of AA encompass the process through which self-efficacy can increase. By admitting their powerlessness over alcohol, individuals can begin the recovery process and have the potential for their self-efficacy for not drinking to develop. Step Three also plays a part in this because individuals alter their perceptions and learn coping skills to maintain their recovery. If a recovering person accepts Steps One and Three, perceptions about what can be accomplished brings about ability to change. As stated by AA (Alcoholics Anonymous World Services, 2001) "We are willing to grow along spiritual lines. The principles we have set down are guides to progress. We claim spiritual progress rather than spiritual perfection" (p. 60). The goal is not perfection but the realization of how behavior and attitudes can be different as a result of recovery.

Cognitive Theory

Automatic Thoughts

In general, cognitive behavioral therapy has been proven as an evidence-based approach in the treatment of alcoholism (Butler Center for Research, 2010). Automatic thoughts is a key concept in cognitive therapy. Automatic thoughts can occur at any given time and do not require any effort (Beck & Weishaar, 2014; Johnson, 2016; Sharf, 2012). An individual's automatic thoughts often develop after a reaction to a specific event. When certain events or stimuli are present it may trigger an automatic thought or an assumption by an individual (Beck & Weishaar, 2014; Johnson, 2016). While these thoughts may seem rational to the individual at the time, the thoughts may be highly distorted, inaccurate, and counter-productive. In order to change behaviors, it is important for individuals to become aware of these thoughts and the impact they have on behavior (Beck & Weishaar, 2014; Sharf, 2012).

Automatic thoughts can be intrusive and destructive for the newly sober person. There are any number of scenarios in which automatic thoughts can happen. The setting could be as simple as mowing the lawn on a hot summer day when the thought occurs that having a beer would be nice; and attendance at a wedding where people are drinking could trigger the thought that really joining the celebration means having a glass of champagne. All too often however, the person with an alcohol use disorder does not stop at one drink and the downward spiral begins anew. In the program of AA people get consistent messages and advice related to the thoughts about drinking. The

advice might be, “when was the last time you only had one drink;” or “play the scenario all the way out as it’s played out for you in the past;” or “pick up the phone before you have the first drink.” Such messages serve as cognitive defenses against automatic thoughts that may threaten sobriety.

At its core, a significant part of the recovery process suggested in the AA fellowship is about changing thoughts and behaviors that surround one’s addictions (Krentzman et al., 2011; Witbrodt et al., 2012). This orientation can be viewed as a way to alter an individual’s automatic thoughts regarding addictive behaviors. Step One is the beginning for individuals who are questioning their automatic thoughts. In AA literature “hitting rock bottom” is mentioned many times. This is seen as the absolute lowest point for an addict, and that each rock bottom moment will be different for each addict (Alcoholics Anonymous World Services, 2001). Every relapse or slip can be reflective of the cognition that one is not powerless over alcohol. Typically, taking the First Step usually happens after an individual has hit this stage in their addiction. Completing Step One is the point at which an individual’s automatic thoughts begin to be altered. This step addresses the influence and power of thoughts and how AA can help alter them during the recovery process.

Cognitive Restructuring

Beck and Weishaar (2014) indicated that cognitive restructuring requires that one examine schemas and automatic thoughts, and it is through this examination that individuals can begin to understand the negative impact of these two concepts. Through this concept the ultimate goal of therapy is to change the way a person thinks, which will impact one’s emotions, cognitions, and behaviors. This concept is used in cognitive, rational emotive behavior therapy (REBT) and behavioral therapies (Beck & Weishaar, 2014).

Cognitive restructuring can be seen throughout the 12 steps. The process of recovery is closely aligned with individuals changing their schemas and automatic thoughts. If individuals are working AA recovery then they are likely actively cognitively restructuring new ways of thinking about themselves, their drinking behavior (e.g., Witbrodt et al., 2012), their relationships (Kelly et al., 2016) and other dimensions of their lives that were negatively impacted by the drinking. Empirical research on AA highlights working on a 12-Step recovery program contributes immensely to abstinence (Witbrodt et al., 2012). When individuals accept and practice this method of recovery, including having a sponsor, working the steps (Kelly et al., 2016), and serving others, their views on how they live their lives with their addiction and what that means for them on a day-to-day basis undergoes significant restructuring.

Implications for Counselor Education and Practice

The relevance of this article speaks to the notion that there are a variety of possible ways

to treat clients with alcoholism and addiction in general. Such attestation also aligns with practical realities indicating the need for selecting a variety of treatment modalities that meet individual client treatment goals. The AA approach also provides an established and evidenced-based platform for both clinicians and counselor educators alike to model practice of care and pedagogical and curricular content. However, as some empirical studies suggested, attending conventional AA programs alone does not necessarily help; rather, other treatment alternatives such as peer-led self-help therapy groups, integrating 12 step process, and engaging in honest inventory work should be considered (Kownacki & Shadish, 1999; Witbrodt et al., 2012). Integrated approach is further echoed in contemporary AA treatment with emphasis on sponsor contact and stronger sponsor alliance (Kelly et al., 2016) and 12 step participation as a protective factor after a period of substance use (Tonigan & Beatty, 2011). This article also attempts to provide a framework for understanding the relevance of therapeutic factors of the AA fellowship in treatment conceptualization. Although the focus was on AA, the elements espoused in this review can be applicable to other forms of treatment and recovery programs. Future researchers may consider a focus on how theoretical integration of this nature may be applicable to other clinical treatment programs.

Given the efficacy of AA program of recovery, the attempt of this article to integrate diverse theoretical prisms is a call for emphasis on innovative applications of clinical relevance. Although the formation of worldviews of counselors in training regarding substance abuse treatment modalities are largely dependent upon training and knowledge (e.g., Carroll, 1999), recent empirical evidence suggests effective use of sponsor contact and stronger sponsor alliance as effective recovery benefits of the therapeutic alliance leading to sustained abstinence (Kelly et al., 2016). The perspectives reviewed herein are also worthy of consideration for training counselors to effectively begin to conceptualize evidence-based treatment modalities for clients. As in any theoretical review, this article does not represent any opinions of the AA Fellowship. Rather it is an effort to examine relevant, innovative treatment modalities specific to AA Fellowship. The ultimate goal is to tailor client treatment that promotes transformative changes for continued recovery (Lawson et al., 2011). Both addictions counselors and professional clinical counselors in practice may consider integrating this therapeutic treatise into their treatment planning with clients. Further research should consider the development of an instrument that integrates these clinical approaches in practice to ensure empirical relevance. In addition, future research should consider the application of diversity elements of recovery.

Modern Counseling Issues

A confusing but essential element of all AA treatment models is the concept of recovery. According to Gubi and Marsden-Hughes (2013), there is little consensus at policy or treatment level as to what defines “recovery” in the alcohol addiction field. The authors of this present paper discussed the processes involved in long-term

recovery such as: sober; maintaining sobriety; and recovery. It suggests a move away from the acute model of cure by brief, time-limited therapy, towards a model of sustained, on-going and life-long recovery management, combined with pro-social aid resources. Individuals need to observe, and hear, the success narratives of others, and the therapeutic conditions of empathy, unconditional positive regard and congruence need to be strongly experienced by the individual.

Gender had also been found as a relevant factor in the AA recovery. A few studies have focused on how gender affects recovery (Klein & Slaymaker, 2011; Krentzman et al., 2011). For example, the extent to which young women with substance use disorders (SUDs) affiliate with AA or other 12 step groups is currently unclear. Klein and Slaymaker (2011) examined 12 step involvement and its impact on outcome during the first 6 months following treatment among a sample of young adults attending 12 step-based residential treatment. Young women were just as likely as similar-aged young men to attend 12 step meetings and engage in prescribed 12 step practices like getting a sponsor. Frequency of meeting attendance predicted abstinence status and number of drinking days at 6 months in women, whereas 12 step experiences (e.g., getting a sponsor, considering oneself an AA member) predicted drinking days in men. The results contribute to knowledge of SUDs and their treatment among women in their late teens and early twenties, a population that has been quite understudied in the literature (Klein & Slaymaker, 2011).

Conclusion

AA, and its various subtypes, have revolutionized humanity's understanding and perspective on addiction. In addition to the millions of individuals who have benefitted from the therapeutic elements inherent in the support group model of counseling theory, AA has both relied upon, and established, numerous and powerful therapeutic factors that have exceeded its inception. Whether or not these therapeutic factors were preconceived as a stroke of brilliance on behalf of its founders, or they developed from the hard work of its members and natural evolutions of the group identity and process, the contributions of the AA model on the sobriety and mental health of its members cannot be underestimated. Decades of research now back the therapeutic efficacy of this model. The therapeutic factors identified in this review do not limit the presence of additional elements of the AA model yet to be recognized. Future research can explore more recent evidence-based models found hidden in AA treatment such as motivational interviewing, dialectical behavioral therapy, mindfulness, and others.

An awareness and understanding of the therapeutic factors contained in the AA model can have significant benefit to the modern counseling field. Mental health professionals and counselor educators can equally utilize the concepts and lessons learned from nearly 80 years of tradition and custom in the AA fellowship model. Alcoholic Anonymous has long been known as a valuable resource to its members and mental health professions who utilize it as a collateral resource in treatment planning.

Counseling and addiction educators would also be better served to embrace these powerful and life-changing principles.

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