Chapter 9

12-Step Philosophy

THE 12 STEPS AND TRADITIONS

Any exploration of the 12 steps must address spirituality. At the core of 12-step programs is an understanding of "the spiritual" and a way of living that is rooted in spiritual principles and practices and leads to a "spiritual awakening" (Alcoholics Anonymous World Services [AAWS], 1976, pp. 58–60). This awakening is the 12-step key to survival of alcoholism and addiction (Wilson, 1957/1988). For the 12-step participant, sobriety is the "first gift" of this spiritual awakening (Wilson, 1957/1988, p. 234). Today, many 12-step-inspired programs address a variety of disabling conditions, ranging from alcoholism (Alcoholics Anonymous [AA]) and substance (nonalcohol) addiction (Narcotics Anonymous [NA] or Cocaine Anonymous) to process addictions such as gambling (Gamblers Anonymous) or addictive sexual disorders (Sex and Love Addicts Anonymous). Twelve-step programs also facilitate recovery for people affected by the addictions of others, such as spouses and children of people with alcoholism and addiction (Alanon, Naranon, Alateen). The 12-steps consist of the "steps" as well as the traditions. Each form a philosophy for establishing a healthier and happier way of life for those struggling with addiction either themselves or within their relationship/family. The steps and traditions from AA are below (see Table 9.1 and Table 9.2). For NA, the steps and traditions are the same, with the exception that *alcohol* is replaced with *drug,* and *drinking* with *using*. However, in overall content and scope, they are identical.

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Table 9.1 The 12 Steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him.*
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Source: AAWS (1981).

Table 9.2 The 12 Traditions of Alcoholics Anonymous

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
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.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

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10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. 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.
12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

Source: AAWS (1981).

OVERALL PHILOSOPHY OF THE 12 STEPS

"Spiritual Rather Than Religious"

The 12 steps were originally written in 1939 by William Wilson, cofounder of AA, and revised by the earliest recovering members of that organization (Kurtz, 1979, 1992, 1996; Wilson, 1953). They were an attempt to provide insight into the recovery process as they had experienced it, or as they said, an effort to demonstrate "how it works" (AAWS, 1976, pp. 58–71; Forcehimes, 2004).

Wilson (1953) and others were self-conscious about the variety of influences that affected their experiences. They understood that the Oxford Group had provided them with some type of spiritual origins, but they felt the need to break away from the Oxford Group's overt religiosity (Kurtz, 1979). Thus, they proclaimed themselves "spiritual rather than religious," believing that their experiences and the steps they offered provided a wide-open set of beliefs and practices that could complement any religion and accommodate those with no religious faith (AAWS, 1985; Kurtz, 2008). The general philosophy that guided the development of the recovery process was guided by (a) the personal experience of the earliest recovery members, (b) how they understood what had happened to them, and (c) how they communicated this experience to others (Kurtz, 1979, 1982; White & Kurtz, 2008).

Contrary to the misunderstanding of some (e.g., Lé, Ingvarson, & Page, 1995), the founders and earliest members of the 12-step recovery movement underscored "the vital importance of the spiritual" (Kurtz, 1988) while integrating it within a new notion of illness. They simply did not accept a medical view of addiction. Addiction, they said, is a threefold condition of the physical, mental, and spiritual. This redefinition of illness that integrated the spiritual alongside the medical was hypothesized as one of the critical ways that the 12 steps facilitated recovery (Morgan, 1992; Siegler, Osmond, & Newell, 1968).

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General 12-Step Structure

Kurtz (2008) concisely reviewed the general structure of the 12 steps. Step 1 captures the experience of "utter defeat," which is the starting point in the 12-step process and typically referenced as "hitting bottom." Steps 2 and 3 start to instill hope and that sobriety comes by turning over one's life to another's care. This is not a passive handing-off our personal responsibility for recovery. Rather, to borrow from existentialism, these steps are in essence individuals admitting they have a problem and becoming less self-absorbed, which the 12-step philosophy argues is far more powerful than simply the cessation of use. Steps 4 and 5 immediately follow this self-admission and focus on self-knowledge and honesty. Steps 6 and 7 assist the recovering person in owning this newly sought personal responsibility via a process of opening one up for the process of personal change. Steps 8 and 9 make the process of personal change quite real (and raw) via the practices of the moral inventory and the philosophic act of confession. Steps 10 through 12 are basically the maintenance steps within a new recovering lifestyle.

The 12-step diagnosis of addiction focuses on "character defects" as the central spiritual problem (AAWS, 1976, 1981). Twelve-step literature discusses concepts such as "selfishness–self-centeredness" and "self-centered fear" as well as "self-will run riot" as the root of the addict's troubles (AAWS, 1976, p. 62; Kurtz, 2008). Thus, the 12 steps focus on spiritual attitudes and practices and not a traditional counseling framework. Kurtz and colleagues go as far as to demonstrate how these 12-step principles (surrender, self-examination, confession, service) are applicable to many Eastern and Western cultures (Kurtz, 2008; Kurtz & Ketcham, 1993).

12 STEPS AND COUNSELING

Despite the uniqueness of the 12 steps, there are still critical associations between the 12 steps and traditional substance use disorder (SUD) counseling. For example, two decades ago Bristow-Braitman (1995) noted the presence of evidence in favor of the integration of evidence-based clinical approaches with the 12 steps. Since that initial observation, other well-established counseling theories have utilized elements of the 12 steps in the conceptualization regarding how and why people change, such as the transtheoretical (DiClemente, 1993; Prochaska & DiClemente, 1986) and motivational enhancement (Miller & Rollnick, 2002) models. For example, Martin and Simh (2009) highlighted the spiritual nature of Miller and Rollnick's (2002) motivational interviewing through counselor-facilitated self-exploration and continual support. However, critical to this chapter is the consideration that motivation is never given by the counselor. Rather, motivation arises if the client desires change. Gorski (1989) described the shift in motivation for a life

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change as a teachable moment, but this moment is only teachable if it arrives and is accepted by the client.

Thus, 12-step involvement complements other clinical interventions, whether inpatient or outpatient. They are now considered a best practice in the overall process of addiction treatment (Department of Veterans Affairs, Department of Defense, 2015; Gossop, Stewart, & Marsden, 2007; McLellan, 2006; Moos & Moos, 2004, 2006; Tonigan, 2001). For instance, Moos and Moos (2004, 2006) have shown that 12-step participation combined with formal treatment (either concurrently in combination or before/after formal treatment) improves outcomes and may even be equal or superior to current evidence-based treatments alone. Other considerations of the 12 steps see it as one of many facets that help facilitate "recovery capital," which is the amount and quality of internal and external resources expended to achieve and sustain recovery and includes behaviors and attitudes such as having and using (and eventually becoming) a sponsor, regularly attending meetings, and "working" the steps (Laudet, Becker, & White, 2009; Laudet, Morgen, & White, 2006), or conceptualized as a guiding framework for use in integrating spiritual components and discussions into the counseling process (Morgen, Morgan, Cashwell, & Miller, 2010), whereas others see the 12 steps as facilitating the development of important recovery components such as self-efficacy, social support, and positive psychology (Straussner & Byrne, 2009).

12-STEP THEMES

Morgen and Morgan (2011) formulated a thematic organization of the 12 steps centered on the primary conflicts and struggles inherent within that step(s). This thematic guide helps the counselor develop a connective link between the 12-step and SUD treatment client experiences. As conceptualized by Morgen and Morgan, the spiritual, philosophical, and theological 12-step content is quite applicable to the individual and group treatment processes. In fact, being able to bring these matters up in the traditional treatment setting would likely enhance recovery efforts and should be applied to the client's struggles with recovery from other disorders (such as co-occurring psychiatric disorders). The thematic breakdown of the steps as devised by Morgen and Morgan follow below.

Steps 1 Through 3

> We rely on our faith and believe that this decision is one of the best decisions we've ever made.
>
> —*Narcotics Anonymous (1993, pp. 28–29)*

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Morgen and Morgan (2011) noted two crucial spiritual, philosophical, and theological components: essential limitation and surrender/confession. Each is addressed individually.

Essential Limitation. Step 1 underscores the consistent, but difficult, truth about the human existence: "To be human, to be essentially limited . . . is to be essentially dependent" (Kurtz, 1982, p. 54). To acknowledge powerlessness (Step 1) is to accept the truth of essential limitation. You cannot do everything and anything. You will make mistakes. Thus, being in the situation of addiction and the associated psychosocial damages and dysfunction is normal. Clients have made mistakes and need to begin understanding how their limitations facilitated their addiction. The notion of limitation is the prerequisite consideration individuals must make before they can move on to the other steps. How and why should you "work" the steps if you do not have a limitation in needed of addressing?

In a paradoxical manner, the notion of acceptance of oneself as limited and flawed brings the calming realization that one is not (nor was one ever) expected to be perfect or consistently in control. To accept oneself as imperfect allows one to also let go of all the cognitive and emotional "tricks" we try to pull on ourselves to maintain an illusion of control. In brief, a major philosophical breakthrough is that the individual recognizes two things: First, it is fine to be human, and second, he or she had been engaged in a futile attempt to not be human (e.g., being perfect, not accepting faults), which was destined to fail every time.

The notion of universal human imperfection helps forge the sense of community within a 12-step meeting. If one is imperfect, then so is everyone else. The self-acceptance of limitation allows the individual to accept the imperfection in the other members. This facilitates a sense of belonging. Accepting the paradox of limitation is not "contrary to the underlying principles of counseling [autonomy, self-efficacy]," as some have maintained (Lé et al., 1995, p. 605). It is just the opposite.

Surrender and Confession. Surrender is a paradox in that to regain power over his or her life, the client must abdicate any control he or she currently possesses (Jensen, 2000; Kurtz, 1982; Swora, 2004). Counseling a client through Steps 1 to 3 entails supporting the client in this difficult task of confronting shame and guilt over past actions (Swora, 2004). The counselor must understand that the addictive behaviors (e.g., drug or alcohol use, gambling, sexual acts) were only a symptom of a larger control issue.

Counseling through Steps 1 to 3 is actually counseling a client toward a state of willingness or readiness to change (AAWS, 1981). However, Gorski (1989) cautioned that before giving up control, the client will first attempt to control the

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problematic behavior (e.g., drug or alcohol use). Clients may adjust substance dosage or frequency, or change their primary substance used. The counselor should conceptualize these actions as a reluctance to surrender. The counselor should also see this reluctance as normal because surrender is difficult, particularly for an individual who has never before truly surrendered. That is why Morgen and Morgan (2011) saw the early steps as the important preliminary work before one can actually start the process toward a spiritual awakening. Specifically, they argued that these steps entail the combatting of narcissism. In the realm of addiction, narcissism can manifest as a perceived ability to control addiction or that the varied and serious associated life issues can all be handled with no assistance (other than that of substance use). Numerous sources clearly note the obvious, that narcissism is incompatible with spiritual development due to the close-mindedness of the narcissistic individual (AAWS, 1981; Burijon, 2001; Hart & Hugget, 2005). However, the counselor must understand that narcissism is not done out of malice but usually develops as a self-protective shield from the serious issues in need of exploration and change (Morgen & Morgan, 2011). Clients are narcissistic because they are—for lack of a better phrasing—just not ready yet. This is why 12-step programs refuse "none who wish to recover" (AAWS, 1981, p. 189). If they do truly "wish" to recover, by default they are not narcissistic.

Steps 4 Through 9

> We are no longer ignorant of our character defects, and this awareness hurts.
>
> —*Narcotics Anonymous (1993, p. 60)*

Morgen and Morgan (2011) argued that Steps 4 through 9 constitute the bulk of the life-changing work in the process of moving toward a spiritual awakening. They conceptualized this work via the concept of humility.

Humility. Here, the client's perspective and framework for living and being in the world will become clear (Jensen, 2000). Steps 4 to 9 represent a juxtaposition of outward public expressions of regret and remorse alongside an internal debate regarding the new direction of one's life (Maxwell, 1982). Working Steps 4 to 9 means clients have initially overcome the defensiveness and denial resulting from the shame and guilt of past actions. They still feel this pain, but now they are able to manage the discomfort and use it as a guide moving forward. Specifically, they are ready to engage in the development of a moral inventory and making amends.

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The moral inventory is a blunt, honest, and comprehensive self-review performed in an effort to construct a new addiction-free way of engaging with the world. Morgen and Morgan (2011) noted that the 12-step philosophy does not mandate with whom the moral inventory must be shared. Thus, a sponsor and a counselor can each play a critical role in the construction and review of the inventory. A counselor working with a client in Steps 4 to 9 helps the client with the process known as "letting go" (Kurtz & Ketcham, 1993). Here, the counselor works within the process in which the client builds the strength and willingness (through 12-step group support, sponsor mentoring, and higher power) to create a moral inventory (a humbling act) that then facilitates enhanced humility, because an effective moral inventory delves deeper into prior wrongful and harmful acts. Ford (1996) cautioned, though, that most SUD treatment programs fail to effectively train clients on the self-reflection and coping skills and strategies required with the high emotionality elicited via a fearless, moral inventory. Consequently, Morgen and Morgan argued that the responsibility for teaching these skills may fall on the counselor.

Knack (2009) pointed out that the 12 steps and counseling share the "talking cure" as a primary mechanism for change. Thus, the counselor role in the process, according to Morgen and Morgan (2011), focuses on engaging the client in spiritual and philosophical discussions on despair, regret, guilt, and self-doubt. Otherwise, clients will not have their negative affect/mood and cognitions under control. Morgen and Morgan also added that this counselor role is heightened if working with an SUD client with a co-occurring psychiatric disorder. This would produce a scenario where the moral inventory would become overwhelming. Furthermore, the act of creating a moral inventory and seeking amends may increase psychological distress so that by focusing on the SUD the client may become more at risk for a relapse of the co-occurring psychiatric disorder (e.g., the client engaging in a fearless moral inventory and revisiting the past ways in which she had been cruel to her spouse may exacerbate her co-occurring major depressive disorder).

Steps 10 Through 12

> The message we carry is that, by practicing the principles contained within the Twelve Steps, we have had a spiritual awakening.
>
> —*Narcotics Anonymous (1993, pp. 118–119)*

Morgen and Morgan (2011) described these steps as indicative of clients having achieved a more stable footing. Having faced their addiction and the damage caused by their dysfunction, they come out the other side healthier, stronger, and

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more focused individuals. The spiritual awakening is the clarity obtained via facing the addiction, being victorious, and now having a newfound purpose. A client once described it to me like this:

> You ever have the flu for a week? You feel like crap, house goes to crap. Then, you wake up one day and the chills, cough, sweats, aches, and fever are gone. You can smell things again 'cause you're not stuffed up. Your sense of taste is back. You vacuum, do laundry, clean dishes, and get things back to how they should be and it all seems kinda new and wonderful 'cause it wasn't that way for a bit. You have something to do again. You go to work, to school, run errands, whatever.

Morgen and Morgan (2011) described how storytelling and fellowship are the two principle features of these final steps. Each is addressed below.

Storytelling. Morgen and Morgan (2011) described how 12-step recovery is a narrative form of spiritual counseling. In listening to members tell their stories, the new member learns how to tell his or her story, to see things from a unique perspective, to identify character defects, and to "work the steps" toward a solution. In the telling of their story, a new recovery narrative, developed via a serious and deep cognitive, emotional, behavioral, and spiritual exploration, is born and replaces the older addiction self-narrative (Brown, Peterson, & Cunningham, 1988; Morgan, 1992). This process in and of itself is a source of resilience that fuels the recovery potential. But the process must be carefully monitored as it can also serve as an impetus for relapse. For instance, Morgen and Morgan (2011) stated:

> The unfolding story of the costs—and fleeting benefits—of addiction inevitably leads to the experience of regret. Many poor and selfish choices form the heart of the addict's career, and the labeling of one's difficulties as illness or disease does not fully diminish the experience of guilt and shame. Indeed, understanding these choices as part of a spiritual problem invites application of spiritual principles for resolution. As the recovering client remembers poor choices and mixed motives, this regret and shame threaten to reignite stresses that can overwhelm the resolve to stay sober. They can become a catalyst for relapse. (p. 235)

Brach (2004) discussed the "trance of unworthiness" that many live with as a result of their personal narrative. There is a need for healing and freedom from this narrative—freedom to move beyond the negative and start a healing process that enables a new narrative. These last few steps are a sort of debriefing process where all the heavy-lifting work from the prior stages (e.g., essential limitation, surrender

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and confession, moral inventory, and humility) is appropriately conceptualized by clients in their new self-narrative. This is the new story they take out into the world. This is the new story they will share with other recovering individuals.

Fellowship. The concluding three steps (10–12) also stress the need for fellowship or social support, which is critical to recovery (Laudet et al., 2009; Laudet et al., 2006). The 12th step is never ending. It is a lifelong maintenance and refinement process. What worked once may need adjustment as life changes. Morgen and Morgan (2011) noted that a counselor role of critical importance is to stress a "keep coming back" philosophy and encourage the client to continue attending their home group. Knack (2009) also discussed how client engagement in meetings can enhance their self-esteem. This can happen in a few ways. One is when the client recognizes and explains the value of his or her experiences to a newer 12-step member. Counselors should praise the client's new status as role model. Another way is that clients may also see just how far they have come in their recovery. Seeing a new 12-step member in distress and recalling their own similar plight provides a tangible marker that permits clients to truly see the progress made and that all the work involved was well worth the effort. This also reinforces the need for continual 12-step home group engagement.

Counselors also need to look out for clients who believe they no longer need the support of their 12-step group. For instance, De Leon (2000) discussed the flight-into-health phenomenon where individuals may begin to diminish their need for treatment after the first signs of progress. Gorski and Miller (1986) discussed a similar phenomenon in the recovery phase, noting that the client's new substance-free lifestyle needs continual maintenance. Thus, Morgen and Morgan (2011) noted how one more example of the fellowship is how within the joint role of the 12-step group and counselor there is a continual reinforcement of the 12 steps as a spiritual awakening that influences all other life areas.

12-STEP MEMBERSHIP AND MEETING BASICS

Osten and Switzer (2014) pointed out how 12-step meetings mirror much of the group therapy principles discussed by Yalom (1995). For example, meetings enable individuals to feel less isolated in their recovery, feel a sense of hope in the recovery process, receive information critical to their success, develop a deep bond with others, and learn new socialization and coping skills. Twelve-step meetings are unique, and a new counselor with no addiction counseling experience (academic or applied) would be less likely to have ever seen a meeting (as opposed to the countless hours of watching and facilitating group counseling sessions in

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graduate training) when compared with a counselor with addiction training and clinical experience. Thus, some of the basics are discussed below.

General Meeting Logistics

Sobriety is not a requirement for 12-step participation. The only requirement is that an individual professes a desire to cease using substances. This means that a member can attend a meeting while under the influence of a substance in order to gain support to stop. Over the years, I have worked with numerous clients who attended an AA or NA meeting while under the influence because—despite being cognitively impaired by the alcohol or heroin—they recognized their degree of dysfunction and sought support. On more than one occasion I have heard of a 12-step member driving an intoxicated member to the local hospital so they could be evaluated and potentially referred to detoxification services. That member, *who was a total stranger,* sat with the intoxicated individual for hours in the emergency room. I typically do not see this degree of dedication and support in any of the treatment groups that I run.

There are two meeting types: open or closed. Open meetings are for anyone who wishes to attend and not just designated for those struggling with addiction or recovery. Typically, these are groups attended by those who are addicted/in recovery alongside family, friends, addiction counseling students, and others who simply want to offer support and/or learn more about addiction and the 12-step process. Closed meetings are only for individuals working on addiction or recovery issues.

Meetings also take a few different formats. A speaker meeting involves a person (called the *lead*) sharing their story of addiction and recovery. A discussion meeting is where members who wish to discuss issues are encouraged to share anything they want in the meeting. The content does not have to be directly or indirectly associated with addiction or recovery. Step meetings involve the group reading parts of the 12-step literature and discussing among one another.

Meetings can run between 1 and 2 hours. A quorum for a 12-step meeting is simply two members in that this is the minimum number of members required in order to have a sharing of personal reflections and thoughts regarding addiction and recovery.

Meetings are well organized. For instance, there is a no cross-talk rule. This prohibits members from talking over one another or having side discussions. Discussions between members are not supposed to be critical. Members do not critique another's sobriety. Instead, members share their experiences (positive and negative) in order to provide inspiration, hope, or example to another member.

A counselor should be well versed regarding the availability of 12-step groups in the area. If needed, there are accurate and up-to-date online sources for locating

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a meeting via a ZIP code search (see www.aa.org or www.na.org). Furthermore, a counselor should try to attend open groups to foster a better understanding of how these groups work.

Sponsorship

Sponsors have only one role, and it is critical. They (as sponsors) share with the newly recovering individual (the sponsee) how the 12-step experience helped them achieve sobriety and stability. The sponsor-sponsee relationship lasts for as long as it is beneficial.

Newly recovering individuals are encouraged to obtain sponsorship as soon as possible (and as soon as they are ready for this relationship). Individuals can find a sponsor in a few ways. They can approach a member who has said things of importance and relevance to the individual looking for a sponsor, or an individual can approach the 12-step group leader and inquire as to who may make a good sponsor. The sponsor-sponsee relationship starts as a temporary one. Both parties need time to decide if this relationship works for them. There also tends to be a lot of pressure regarding the sponsor-sponsee relationship. Sponsees sometimes hope to find the "best" sponsor on the first attempt. They hope to "nail it" with their first choice and have their lifelong support person in place. Similarly, some sponsors feel a pressure to be the ultimate hall-of-fame sponsor. They either get far too involved in their sponsee's life and/or they feel a tremendous deal of misappropriated responsibility and guilt if the sponsee relapses or leaves the 12-step group. Consequently, the counselor should try to address these misperceptions as early as possible, for instance, checking in with clients who are sponsors to see if they are taking on more personal ownership than warranted, or helping the sponsee work toward a more pragmatic and realistic perspective that, just like recovery, finding the "right" sponsor for them is an imperfect process.

"It's Too Religious for Me" or "It's Not My Religion"

As discussed by Doweiko (2015), the 12 steps have their origins in a Christian religious perspective. The Oxford Group devised their philosophy on a few sources, one of which was the text *The Principles of Jesus* (Speer, 1902). This is why the 12-step programs of AA/NA took on the mantra of spiritual, not religious. They wanted a more open and flexible forum for as diverse a gathering of addicted and recovering men and women as possible. However, there are still a few obstacles for individuals referred to the 12 steps.

First, though God is defined by the individual member, there is still a reference to God. Agnostics and atheists have a problem with the references to God throughout the steps. Second, as noted by Osten and Switzer (2014), the reference to God

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seems to be from the Judeo-Christian perspective. If one's religion entails the worship of Allah, the omission of the name *Allah* may dissuade the individual from engaging with the 12 steps. Third, though the 12 steps are "spiritual," many meetings do have an underlying bias toward the Christian (as opposed to Jewish) religious perspective. A few papers have addressed the clinical questions and challenges counselors and their clients should consider when referring some Jewish men or women to an AA/NA group (Master, 1989; Steiker & Scarborough, 2011). Over the past few years, though, groups have sprung up dedicated to Jewish men and women struggling with addiction and recovery. Thus, the counselor should seek these meetings out for referral if the Jewish client expresses discomfort due to the Christian perspective of the 12 steps.

SPECIAL POPULATIONS

Adolescents

Alateen is a part of Al-Anon, which is the 12-step support system for families struggling with a loved one's addiction. Alateen is specifically designed for the children of an addicted family member (usually a close relative such as a parent or sibling). Because the adolescent is not struggling with an addiction but rather the ramifications of a loved one's addiction, the purpose of the 12 steps are different. Alateen meetings are almost always closed meetings. Anonymity is tantamount to the success of 12-step support, especially so for adolescents. Furthermore, empirical findings for Alateen or Al-Anon groups are difficult to find, primarily due to the act of research inquiry within the group being seen as contrary to the 12-step traditions (Timko et al., 2013).

Adolescents basically work the 12 steps themselves, despite not struggling with addiction. The 12 steps are a good general guide for anyone struggling with any issue to use in an attempt to enhance personal understanding of thoughts, emotions, and behaviors (Morgen et al., 2010; Morgen & Morgan, 2011). Thus, the adolescent works through the steps in an attempt to make peace with and heal from the emotional wounds caused by the addicted parent/family member. Alateen meetings typically focus on adolescent conflicts and struggles regarding making sense of their parent/family member's addiction and (if possible) facilitating a reconciliation with the family member while establishing a new relationship postaddiction.

Older Adults

Though spirituality is considered a useful tool for working with older adults with SUDs (Diallo, 2013), it was not easy to find many articles that addressed the efficacy of 12-step groups with older adults. However, two studies do demonstrate

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that the 12-steps seem applicable and effective with older adults. In these two studies, older individuals (ages 55 years or older) with SUDs were matched with younger (ages 21–39 years) and middle-aged (ages 40–59 years) individuals with SUDs on the basis of demographic factors and co-occurring psychiatric disorder status. These three groups all attended a similar number of 12-step meetings during and in 2 years following residential treatment. All had a sponsor. Those who attended more 12-step meetings and those who had a sponsor in the first year experienced better 1-year alcohol and psychiatric outcomes. Furthermore, those who attended more meetings and had a sponsor in the second year reported less alcohol consumption at the 5-year follow-up. Of importance here is that the three age groups did not differ regarding the relationship between 12-step engagement and SUD and psychiatric symptom outcomes (Lemke & Moos, 2003a, 2003b). Consequently, it seems that, at least in these two studies, older adults can obtain just as much benefit from the 12-step experience as younger adults. In brief, there may just need to be some age-appropriate accommodations made to the groups whether in content (e.g., the topics covered in a discussion or speaker group) or general logistics (e.g., meeting locations on a ground floor or a building with an elevator, meetings running closer to 1 rather than 2 hours in length, or the time of day for a meeting).

QUESTIONS TO CONSIDER AS YOU MOVE ON TO CHAPTER 10

Question 1: Can existential theory, in some manner, help you as a counselor trying to assist a client to integrate the 12-step and counseling processes? Do you feel that the other theories of counseling also permit for such a dialogue? Why or why not?

Question 2: Do you think a client can become too engrossed within the concepts of a 12-step program without truly embracing the cognitive, emotional, and behavioral acts implied by these concepts (e.g., one day at a time)? If you encounter such a client, how do you redirect the client to engage with the 12-step program in a more adaptive and active strategy?

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