Presenter Bio

Summary: Dr. Melissa A. Milliken, Doctor of Education in Counselor Education and Supervision, IL LPC & AZ LCPC, Online Faculty in the Clinical Mental Health Counseling Program at Grand Canyon University

Dr. Melissa A. Milliken is full-time faculty in the Clinical Mental Health Counseling program at Grand Canyon University in Phoenix, Arizona. Her degrees include a Doctor of Education in Counselor Education and Supervision from Sarasota Argosy University in 2016, Master of Arts in Community Counseling from Chicago Argosy University in 2011, and a Bachelor of Science in Elementary Education from Quincy University in 2005. Her research interests include teaching to the whole student, teaching styles/learning styles, elementary education, school-wide discipline programs, addiction/SUDs, 12-step programs, 12 Step Facilitation, 12-Step Integration, counseling ethics, counselor education and supervision, CBT, SFT, PTSD and autism. Dr. Milliken holds independent professional counseling licenses in both Illinois and Arizona. Highlighted clinical experiences include inpatient and outpatient treatment of substance use disorders and an emergency room setting evaluating/placing individuals with psychosis and harmful ideations. Previously, she taught elementary education. Her proudest “accomplishment” is always her children.
Learning Objectives

Learning Outcomes/Objectives:
- compare and contrast TSF and TSI.
- explain what TSI is at its core as well as its efficacy.
- summarize which parts of TSI are clinical and which parts should remain non-clinical
- explain how other evidence-based counseling approaches are used in synchrony
- explain some common ethical conflicts for addiction counselors when using TSF/TSI
- conceptualize the multidisciplinary approach to treatment planning

Please Consider Presenting at YOUR agency!

Building Rapport

Participant intros: Name, credential, current position

Optional:
- Questions?
- Special areas of interest?
- Experiences with TSF or SUD treatment?
- Name Issues, biases, judgments, reasons for resistance to 12-step meetings
- Can you name other types of 12-Step anonymous meetings other than: AA/NA/GA that haven’t already been mentioned?
- Can you name another 12-Step meeting format other than and others already mentioned? online/in-person, open/closed, LGBTQ, men, women?
A. Intro to TSF – An Addiction Treatment Approach

- Twelve Step Facilitation (TSF)
- Evidence-based per SAMHSA
- 1992 Project Match study
- TSF consistent with Steps of Alcoholics Anonymous (AA)
- Primary emphasis on Steps 1 - 5

Intro to TSF (continued)

- Major goal is for client to participate in A.A.
- Maintain a journal of attendance and participation
- Sessions purported to be “highly structured” (?)
- Regular check-ins regarding:
  - Symptoms
  - A.A. participation
  - Recovery themes
  - Goals and goal setting
Intro to TSF (continued)

Assignments include:
- A.A. readings and/or
- Other readings assigned by TSF facilitator
- Worksheets from the TSF Workbook for patients

Certifications, Trainings, and Requirements for TSF

- No certification, licensure, or credentials required
- No training requirements
Certifications, Trainings, and Requirements for TSF

Optional:
- college courses specific to TSF
- the most recent edition of the Twelve Step Facilitation Handbook (with or without the COD and CE Test components)
- Patient Workbooks from Hazelden Publishing (Hazelden Foundation, 2023).
- Hazelden Betty Ford Foundation Resources:
  - Training opportunities regarding SUD treatment
  - Evidence-based research
  - bookstore

TSF – pros and cons

CONS
- A bit dated
- Vague
- Not highly structured (?)
- “Facilitator” can be a peer specialist or other non-clinical support
- Does not include specific integration of other Evidence-Based Practices (EBPs) or counseling approaches
TSF – PROS AND CONS

PROS

• Easily integrated into existing programs
• Encourages outside support
• Encourages long-term sobriety
• Doesn’t require training (con?)
• Low cost
• Easily adapted by nearly any member of multidisciplinary team

TSF Basics - Overview

• Evidence-based approach for treatment of SUDs/addictions
• Encourages engagement in A.A. and in Steps 1 – 5
• Facilitator gives assignments
• No training or other requirements
• Optional resources. Primary is TSF Handbook by Nowinsky & Baker (2017)
• A bit vague and outdated but easily adapted by nearly any member of multidisciplinary team
Kelly, Humphreys, and Kelly, 2020):

- There are different types, or levels, of TSF
- All of them enhanced abstinence outcomes compared to other well-established treatments.
- Many professionals think they are already using TSF because they hand out 12-step literature or mention meetings to clients, this may not be enough to obtain superior outcomes.
- Clinicians can up their TSF game by numbering required 12 step meetings per week and linking client to existing 12-step members, etc.
Non-clinical AA, NA, etc.

Know the difference
- AA is anonymous
- **AA is not clinical**
- AA is free (optional to give money)
- AA is non-professional
- Meeting chairs are not clinically trained

- Substance use disorders and behavioral addictions and treated throughout the country using a variety of clinical counseling approaches.
- **TSF integrates the clinical approach to recovery and non-clinical approach (for long-term recovery)**

Types of 12 Step Meetings
- NA stands for Narcotics Anonymous.
- CA stands for Cocaine Anonymous.
- HA stands for Heroin Anonymous.
- MA stands for Marijuana Anonymous.
- Al-Anon-Alateen
- Cocaine Anonymous (CA)
- Crystal Meth Anonymous (CMA)
- Pills Anonymous (PA)
- Gamblers Anonymous (GA)
- Emotions Anonymous (EA)
- Overeaters Anonymous (OA), Sex and Love Anonymous (SLAA), Workaholics Anonymous (WA), Celebrate Recovery (CR), etc.
Sponsors

Early: Encourage clients (clinical) to engage in their non-clinical meetings by getting a temporary sponsor

- Sponsors are volunteers/non-professional/recovering addicts or alcoholics who:
  - Have agreed to sponsor another person in recovery
  - Will take their “sponsee” through the steps
  - Allows sponsees to call them when they are struggling
  - Will encourage abstinence
  - Will share their own story
  - Will take the sponsee through their Steps
  - Celebrates milestones with them (AA birthdays, etc.)
  - Listen, advise, guide

12-Step Concepts – The Steps

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.
Recapping the Steps

1. Admitting to having no control over their addiction
2. Accepting that a higher power of their own understanding and choosing cares for them and gives them strength
3. Working with an experienced member of the group, called a sponsor, to take an honest look at their past and acknowledge the mistakes they have made
4. Finding safe and effective ways to make up for these mistakes when and where they are able to do so safely
5. Taking an honest look at their life, identifying the changes they need to make, and taking the necessary steps to adopt a new way of behaving
6. When they feel ready, reaching out to help others who are struggling to overcome the same type of addiction issues that they themselves have experienced

By going through these steps, individuals can regain control over their lives and quit using harmful substances.

From APA as cited by: [https://www.graniterecoverycenters.com/resources/what-kinds-of-12-step-meetings-are-there/](https://www.graniterecoverycenters.com/resources/what-kinds-of-12-step-meetings-are-there/)
12-Step Concepts - Spirituality

Spiritual but not religious – NOT considered “faith-based”

“God” can be modified by
- Atheist
- Agnostics
- Beliefs other than a deity

The Alcoholics Anonymous “Big Book” has a chapter for the agnostic and Atheist Bill’s spiritual journey & AA foundations from Oxford group

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

Power greater than ourselves
- This becomes their HP
- This often evolves
- Anything, anyone, or any entity/ies that has __________ power to help them recover:
  - More
  - Greater
  - Better
  - Higher
  - (Does not have to be a deity)
  - EX: doctor for broken ankle
Step 3. Made a decision to turn our will and our lives over to the care of God as we understood Him.

Ready for action

- Willing to accept help
- SURRENDER
- This is a crucial phase
- Notice there’s no require for spirituality or religion

12-Step Concepts

Review steps 1 – 3

- Admittance
- Powerlessness
- Unmanageability
- Acknowledging that they, themselves, are not all-powerful (humility)
- Asking for help
- Accepting help
Twelve-Step Integration (TSI): A Clinical Approach to Addiction Counseling

12-Step Concepts – Step 4

Made a searching and fearless moral inventory of ourselves.

- This is an ACTION step.
- Many individuals get stuck on this step.
- They should really be working with a sponsor for this step.
- List of the harm they’ve done, sex inventory, resentments, and fears (4).
- They include the who (person, people, entity), what (what happened to make them mad, fearful, etc.), how it affected them (self-esteem, pride, emotional self, pocketbook, personal ambitions, relationship), and THEIR part in that (selfish, dishonest, self-seeking)
12-Step Concepts

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

Share their 4th step list with sponsor.

- Humility
- Courage
- Wiping the slate clean.

12-Step Concepts

Sayings:

- “What other people think of you is none of your business.”
- “Humility is not thinking less of yourself but thinking of yourself less.”
- “The healthy person finds happiness in helping others. Thus, for him, unselfishness is selfish.”
- Let go and let God
- Just for today
- Easy does it
- To thine own self be true
- Get out of yourself
- Learn to be comfortable in your own skin
12-Step Concepts - Acronyms

Hungry, Angry, Lonely, Tired (HALT) – Referring to the common triggers involved in relapse. When temptation strikes, make sure you’re putting your mind and body in check.

Keep It Simple, Stupid (KISS) – Stress and over-complication can lead to temptation. Maintaining simplicity can cut the distraction and ensure focus on recovery.

Good, Orderly Direction (GOD) – Guidance from a higher power is a core principle of the teachings of AA.

Others?

12-Step Concepts – 12 Traditions

1. Our common welfare should come first; personal recovery depends upon AA 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 AA membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or AA as a whole.
5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.
6. An AA group ought never endorse, finance, or lend the AA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every AA 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. AA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the AA 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.
Other Mutual-help Groups

TSI leaves open these options:

- To use SMART (not 12-steps)
- Longer time frames to work steps or actions required for their mutual-help group of choice

- Even if opposed to 12-steps, TSI includes concepts and psychoeducation on:
  - Powerlessness/unmanageability
  - Needing help
  - Who can help
  - Accepting help
  - Forgiving self and others
  - Humility, etc.

Optional

Participant reflections and questions
Participant/s share an overview of non-clinical 12-step meetings

- Carl Jung's parents were alcoholics.
- Alfred Adler (Adlerian) learned from Carl Jung.
- Adlerian interventions highlight the importance of social supports (like A.A.)
Definitions of Addiction

- General – discuss
- AA – “A desire to stop drinking”. High bottom/low bottom – doesn’t matter.
- DSM – substances and one behavioral/process addiction: gambling
  - impaired control, social impairment, risky use, and pharmacological criteria.
  - Must meet certain criteria for severity of mild, moderate, or severe.
  - Specifiers include In early remission, In sustained remission, On maintenance therapy, and In a controlled environment

- Much more... all clinical counselors should know their DSM info on substance use disorders, especially if in the SUD field

Screenings and Assessments

ASAM for agencies with different levels of care.

- AUDIT: 10 Qs
- MAST: 25 T/F Qs
- AUJI: 228-item tool
- ASI: free and takes @ 45 min
- SASSI, CAGE, T-ACE & TWEAK
TSI – Small Group Discussions

1. How to not professionalize 12 step programs and meetings in clinical setting.
2. How to allow our clinical clients to be non-clinical AA members
3. How to encourage them to participate in AA/NA
4. How to uphold the AA tradition of anonymity
5. How to uphold the AA tradition of placing principles before personalities
6. How to help clients (clinical) work through (non-clinical) steps
7. How to help clients work through core issues that may otherwise keep them from moving through steps

TSI: How to clinically incorporate:

*Step 1 – 3
- psychoeducation in groups and individual, deeper dive, going through the process for real or figuratively, giving reading assignments (ex: from Big Book or clinical REBT, ABC worksheets, ACOD, Alanon readings, etc.)

*Steps 4 – 5
- psychoeducation in groups and individual, deeper dive, encourage completion with sponsor

*All the other steps (6 – 12)
- psychoeducation in groups and individual, encourage future completion with sponsor

*12-Step values, culture, expectations – incorporate, weave, adopt, agency culture/language
The Heart of TSI: Technical Eclecticism using TSF

- Know your main approach/es (mine are SF, CBT, Adlerian)
- PC should be in all (empathy, transparency, genuineness, unconditional positive regard, non-directive)
- Ethically, we are well versed in our theoretical approaches so:
  - I know my main interventions from SF, CBT, Adlerian
  - I know the theoretical foundations of SF, CBT, Adlerian

Technical Eclecticism:
- I know some other interventions (other than “main”) that I can pull from my main approaches
- I know some main interventions from other approaches that are commonly used in SUD treatment
- I pull interventions from other approaches as appropriate

Ethically, we are well versed in our theoretical approaches so:

- I know my main interventions from SF, CBT, Adlerian
  - SF: Miracle question, short-term focus on a single problem, scaling, exceptions and change, compliments, help clients use their resources, flexibility
  - CBT: understand events, thoughts, distortions, implement new ways of thinking, name and stop automatic thoughts, homework, cognitive rehearsals, self-instruction training, thought stopping and cognitive restructuring
  - Adlerian: promoting insight, reorienting, support, collaborations, strengths awareness, examining memories, challenging, confronting, goal setting

- I know the theoretical foundations of SF, CBT, Adlerian
  - SF: importance of social constructionism, strengths-based
  - CBT: problems are caused by dysfunctional thoughts/schemata: all-or-nothing thinking, overgeneralizations, magnification and minimization, personalization, labeling/mislabeling, catastrophizing
  - Adlerian: social interest, birth order, personality in lifestyle, goals are influential
Technical Eclecticism:

- I know some other interventions (other than “main”) that I can pull from my main approaches
- I know some main interventions from other approaches that are commonly used in SUD treatment
- I pull interventions from other approaches as appropriate

TSI combining TSF and Stages of Change

1. Precontemplation
2. Contemplation
3. Preparation (Determination)
4. Action
5. Maintenance

Important for client readiness conversations, treatment planning, milestones/accomplishments, and oftentimes a factor in counselor scope of practice and competency (see your state laws)
MI

- What is it: rolling with resistance
- Interventions: do not argue, coerce.
- How and why it works well with TSF: Addicts and alcoholics will do precisely the opposite of what you want them to do... choice matters

REBT

- What is it: founder was Albert Ellis. Goals are to help clients live more rational and productive lives, stop making demands on self and others, recognize irrational thoughts and their consequences, change self-defeating habits, and become more tolerant of others.
- Interventions: teach the anatomy of an emotion, dispute thoughts and beliefs: cognitive, imagined, behavioral, use homework assignments
- How and why it works well with TSF: clients with severe disorders often need clinical interventions to determine what the thinking obstacles are to recovery. Effective with early-recovery clients.
ABCs of REBT, (and DE)

• What is it: help clients change self-defeating habits of thought or behavior.
• Interventions: ABCs: A (activating event) = the activating experience/event. B (beliefs) = how the person thinks about the experience. C (consequence/s) = the emotional reaction
• Sometimes overlooked:
• DE: D = Disputing current dysfunctional thoughts and beliefs. E = Effective Thinking and how to change future behaviors
• How and why it works well with TSI: A necessary clinical intervention for long-held dysfunctional patterns.

Creative and Expressive Arts

• What is it: Several types: Art, Nature, Theater, Music, Dance, etc. etc.
• Interventions: These vary – help a person express their feelings.
• How and why it works well with TSI:
• Oftentimes, clients report that an expressive or creative activity was the thing that gave them their “aha!” moment. Their turning point. They couldn’t put it into words, until that point.
Other commonly used EBP and Goals

- Case management techniques to meet basic needs
- Depends on comorbid conditions
- Journaling, self-monitoring, teach client about relationships, bibliotherapy, mindfulness, enhance client self-concept and self-esteem, explore boundaries, family sessions/involvement, psychiatric care, MAT, increase levels of insight, meditation, use of worksheets from Therapistaid.com, coping strategies for triggers, peer pressure, fears, etc.,

TSI Must Haves

- The Big Book of Alcoholics Anonymous
- The DSM
- Twelve Step Facilitation Handbook (Nowinsky and Baker 2nd edition)
- The Addiction Treatment Planner (Perkinson and Jongsma) – includes comorbid conditions
- Books from Theoretical Founders and/or Counseling Associations on YOUR approaches of choice (more than Masters courses).

Discuss other optional books
Treatment Planning

- Measurable, specific, attainable
  - **Client** will... increase level of readiness.
  - **Counselor** will... Assist the client in listing ways SA has negatively impacted their life (medical, relationships, legal, vocational, social, etc.) and positive impact nonuse may have
  - **Client** will... learn and implement new relapse prevention strategies
  - **Counselor** will... assist the client in writing a recovery plan including identification of supports and strategies in maintaining sobriety
  - **Client** will... Attend 5 12-Step meetings per week
  - **Counselor** will... monitor attendance and transportation will be available when necessary
  - **Follow up** in 30 or 90 days depending on LOC (ASAM’s level of Care)

Ethical Issues

**Honoring the 12-Step Traditions of non-professionalism and anonymity**
- Not calling agency a 12-step facility
- Not attending meetings with clients or “leading” an AA meeting, etc.

**Recovering helpers**
- Boundaries
- Their own recovery/safety
- Firm, proactive, and consistent boundaries

**Scope of practice and competencies**
- Clinical mental health counselors
- Supports (addiction counselors, peer supports, nurses, residential technicians, admin, etc.)
- Clinical and not-so clinical interventions – blurry lines
Multidisciplinary Team

- Addiction counselors
- Peer supports
- Nurses, doctors
- Residential technicians
- Administration
- Psychologists
- Psychiatrists
- May be on staff (interdisciplinary agencies) or off campus
- Always need Release of Information for off campus team members

LEAD & TEAM – Take a Moment

Licensed professional counselors take the LEAD (Licensed, Educates, Advocates, Delegates) while other staff members on the multidisciplinary TSI TEAM (involved in Treatment, Encouragement, Advocacy, Mentorship, etc.) TEAM members (certified substance abuse counselors, peer supports, etc.) roles vary greatly due to regulatory scope and agency and client needs. Therefore, the LEAD or LEADs make clinical decisions and enable support staff to maximize interventions targeting current topics and needs of groups and individuals. Ethics and boundaries are emphasized in this program design. Multicultural issues are woven throughout the TSI Intervention “program” including social justice, advocacy, law, ethics and more. Power and oppression and issues and needs related to ethnicity, culture, sexual orientation, gender, and ability are addressed continually through staffings, ongoing trainings, etc.
LEADS (LEADs are Licensed, they Educate TEAM members, Advocate for clients, and Delegate roles, tasks, and topics)

- Reminder: TSI uses core A.A. values & concepts, targets Steps 1-3, and encourages and facilitates meeting attendance and involvement.
- Simultaneously, the LEAD structures treatment using … (next slide)

LEADS Structure Treatment … using

- EBPs
- Implementing those clinical interventions (that they are within their scope)
- Delegating similar (oftentimes less clinical) activities for support staff on the TEAM.
LEADS

The differences between clinical and non-clinical aspects are emphasized in TSI which allows the integration of 12-step principles and evidence-based counseling strategies that are:

- more structured
- ethical
- Clinically-driven

Peer Supports

- Peer recovery supports, 12-step friends, family, church and other social supports
- Discuss
Addiction Counselors

- Often in recovery themselves
- Not masters level
- Use different ethical codes (NAADAC, IC&RC)
- Addiction counselors on TEAM, should follow the LEAD

LEADS and Addiction Counselors on a TSI TEAM

LEADs should remind addiction counselors of
- the importance of
  - self-care
  - personal recovery matters
  - self-disclosure boundaries.
- Discuss
Remember...

- Self-care is important.
- Be aware of vicarious trauma, burnout, decreased motivation.
- Consult with a trusted colleague
- Seek personal counseling
- Engage in self-care activities such as: getting exercise, eating right, maintaining health boundaries in and out of work
- Find, and engage in, what you’re passionate about
- Do your spiritual activities: Definition of spirituality is: anything that helps a person find their intrapsychic calm. It helps us find our purpose and our path.
- What does that look like to you?

Next Steps
Consider the importance of:

- Presenting similar information to your colleagues!
- Attending further trainings!

Thank you!

SeeRecovery1@gmail.com
https://see-recoverytraining-counseling.square.site/
References and Additional Resources


References and Additional Resources


References and Additional Resources

https://openpress.usask.ca/abnormalpsychology/chapter/2-5-evidence-based-practice-empirically-supported-treatments/

U.S Department of Justice: Office of Justice Programs (1996) *Programmatic and nonprogrammatic aspects of successful intervention: From choosing correctional options that work: Defining the demand and evaluating the supply.*