

# Alcoholics anonymous method can mesh well with other treatments for alcohol misuse

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Most treatment providers for individuals with alcohol use disorders are well versed in either the 12-Step Alcoholics Anonymous program or in a different treatment such as cognitive behavioral therapy—but the two approaches can mesh well, according to a Baylor University researcher.

Alcohol use disorders are among the most common psychological disorders experienced by Americans, according to the National Institute on Alcohol Abuse and Alcoholism. Only an estimated 10 percent of those with disorders receive treatment, with the most popular treatment being some form of Alcoholics Anonymous 12-Step involvement. But many misconceptions about AA continue to exist.

"Clinicians should be mindful if they have biases or misconceptions about the AA program and AA members, and empirical research on how well 12-Step programs work is now widely available," said Sara Dolan, Ph. D., associate professor of psychology and neuroscience and director of the doctor of clinical psychology (Psy.D.) graduate program at Baylor University. "Because it is likely that clinicians will work with people who engage in 12-Step programs, we should learn as much as we can about how to integrate 12-Step treatment into our work with these clients."

The article—"Treatment of Alcohol use disorder: Integration of Alcoholics Anonymous and [cognitive behavioral therapy](#)"—is published in the American Psychological Association journal *Training and Education in Professional Psychology*.

Authors discussed misconceptions about AA, including these beliefs:

- That AA is a religious program requiring belief in God to work the steps. While a historic Christian influence exists in AA's principles (self-examination, confession, restitution and service to others), AA considers itself a "spiritual program of action." It is not allied with any sect, denomination, politics, organization or institution, and it does not endorse or support causes. The Big Book—AA's recovery manual—asks only whether one is "even willing to believe that there is a Power greater than myself," with no requirement to define this Power or state with absolute

certainty it exists.

- That AA negates personal responsibility for sobriety. Although the First Step of the program asks individuals to admit "powerlessness" over alcohol, the program aims to help individuals accept personal responsibility for their actions.

Some important distinctions do exist between AA and cognitive behavioral therapy (CBT), Dolan said. While AA's goal is total abstinence, CBT sometimes encourages total abstinence and sometimes seeks to reduce the amount one drinks to reduce harm to self or others. Another difference is that in AA, the primary therapeutic relationship is with a peer—someone who is in recovery from harmful alcohol and substance use. In CBT, the primary relationship is with a psychotherapist who may or may not be in recovery. Yet another difference is that in AA or 12-step programs, clients can get free help that protects their anonymity.

But the two approaches have much in common, Dolan said. In both, the work that is done to achieve control over drinking is fundamentally cognitive-behavioral in nature.

For example, AA strives to identify the thoughts, emotions, attitudes and behaviors that cause problems, then replace them with new, more adaptive ones to overcome problematic alcohol and other drug use and to engage in altruistic behavior.

Similarly, cognitive behavioral therapy seeks to identify and replace dysfunctional beliefs and help clients learn to cope through means other than drinking, Dolan said.

AA and cognitive behavioral therapy have similar definitions of alcohol and substance use disorder and are alike in that they urge individuals to take stock of emotions and behaviors—CBT through a daily thought

record of negative emotions and AA through daily admittance of selfish, dishonest, self-seeking or fearful thoughts or behaviors.

Some interventions and skills also are similar. CBT promotes social support, interpersonal skills training and learning to regulate emotion and tolerate distress; AA advocates avoiding former "people, places and things" conducive to drinking, instead using sponsors and support groups and modeling the behavior of sober AA members.

Both approaches advocate taking responsibility for one's actions, acceptance and times of self-examination and relaxation, researchers wrote. CBT advises using relaxation techniques and training, while AA suggests prayer and meditation.

The article recommends that clinicians be aware of their misconceptions about AA and AA members and educate themselves about AA. For example, attendance as a guest at AA meetings (some are open to guests, while others are members only) would be helpful, as well as reading AA's program material, including the Big Book.

In addition, the authors suggest that efforts to "translate" 12-Step language into the terminology of cognitive behavioral therapy may help clinical trainees understand the corollaries between the two approaches and bridge the gap.

**More information:** Matthew M. Breuninger et al, Treatment of alcohol use disorder: Integration of Alcoholics Anonymous and cognitive behavioral therapy., *Training and Education in Professional Psychology* (2020). [DOI: 10.1037/tep0000265](https://doi.org/10.1037/tep0000265)

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