

SUPPORT RESOURCES FOR PROFESSIONALS

A. Problems and Pitfalls in Working With Mutual Support Groups

1. Taking Over the Peer Helper Role

Do not do for the client what the community can do. Assist your clients to find peers who can help them instead of keeping clients dependent on you. Think of your role as one of linking your clients to a life of continuing growth, not as merely a treatment provider who will produce a finished product at the end of your treatment plan.

2. Over-identification with Resistance

Beware of over-identifying with your client's resistance to attending meetings. You must be firm in insisting that the need for lifestyle change includes finding a new support system.

3. Problems with Religion

One common problem with AA/NA affiliation is objection to the religious atmosphere in some 12-Step groups. It is important to be knowledgeable about the differences between spiritual and religious and to read the chapter in the Big Book, "We Agnostics" (AA, 1976). Some groups are more openly religious than others. AA's beginnings were rooted in evangelical Protestantism, but its teachings are compatible with Catholicism, Judaism, and Islam. For example, there is an organization called JACS (Jewish Alcoholics, Chemically Dependent Persons and Significant Others) headquartered in New York City that helps Jewish addicts understand the 12-Step program as compatible with Judaism. They can be contacted at JACS, 850 Seventh Ave., New York, NY 10019. Phone: (212)397-4197. Web: <http://www.jacsweb.org>

4. Gender Issues

Women often express discomfort about AA/NA groups, although this difficulty is diminishing as more women are becoming AA members. The most recent survey indicates that one-third of members are women (AA, 1999). One way to help a woman client adjust to AA is to link her to an all-women's group or to a group with a large number of women in attendance. It is also appropriate to help the client learn to deal with male prejudice and sexist comments.

5. Discomfort in groups

An important characteristic of successful members is capacity for group dependency. One researcher found that people with high affiliation needs bond quickly with groups, whereas those with low affiliation needs do not. Some people described themselves as "loners" or "misfits." For such people integration into the mutual-aid social world can be more difficult. Those who pay attention to what is said in meetings and read the literature are able to participate more and to engage in dyadic relationships within groups. Continued attendance allows the less extroverted members to become involved and develop a sense of belonging. A dyadic relationship is often required before the less sociable person is able to be involved in an AA group.

6. Lack of transportation and other logistical barriers

Such things as no transportation and other barriers to attendance need to be considered and resolved. Rides can be obtained to deal with transportation problems. One definition of an AA meeting is simply "one drunk talking to another." Anywhere you can find one other person who

has a story to tell, you can find a meeting. Thus, your client might find someone who he or she can talk to in person or by telephone at times when a regular meeting is not available.

7. Working at Cross Purposes With the Group

One of the biggest problems that can occur when a professional's client belongs to a peer support group is the possibility that what you are doing with your client may be undermined by peer helpers. This happens most often with the issue of the use of medication for psychiatric disorders. While it is true that addicts tend to use chemicals to solve their problems, it is also true that some addicts need medications of various kinds. An AA pamphlet states, "It becomes clear that just as it is wrong to enable or support any alcoholic to become re-addicted to any drug, it's equally wrong to deprive an alcoholic of medication which can alleviate or control other disabling physical and/or emotional problems" (AA, 1984, p. 13). Despite this warning in AA's own literature, some newcomers may be instructed by peer helpers not to use their medications. You can do two things to remedy this. First, you can obtain the AA brochure quoted above and share it with your clients. Secondly, you can recommend to your clients that they not discuss medications in their groups or informally with the friends they meet in AA or NA.

B. Indicators of Mutual Support Involvement

- * Meeting attendance
- * Participation in social activities
- * Service roles: elected to office, contributions of refreshments, setting up meeting rooms, etc.
- * Telephone calls to members
- * Friendships with members
- * Reading literature
- * Following group recommendations written exercises, taking inventories, prayer and meditation
- * Having a sponsor
- * Being a sponsor.

C. Aids to Working With Mutual Support Groups

There exist a vast variety of resource aids, many of them available online or easily ordered online. Virtually all the web sites listed above contain many articles and recommend other readings. Many of these sites also offer links to chat-rooms and virtual meetings as well as further detailed information. Below are some resources that we have found especially helpful.

1. General

American Self Help Clearinghouse Self-help Sourcebook online:
<http://mentalhelp.net/selfhelp/>

Champaign, IL, area: <http://www.prairienet.org/selfhelp/homepage.phtml>. Note: This site may have to be "Reloaded" or "Refreshed" in order to appear properly in some browsers.

National Mental Health Consumers' Self-Help Clearinghouse: <http://www.mhselfhelp.org/>

This is a consumer-run technical assistance center. It provides training materials for advocacy and starting new groups. It disseminates information on legislation, provides links to government resources and to other related organizations. Links on this site provide an amazing amount of free training materials.

2. Chemical Dependency

AA: AA World Services publishes books, pamphlets, videos, periodicals, and workbooks. Periodicals include a newsletter, BOX 459 (News and Notes from the General Service Office of A.A.); About AA: A Newsletter for Professionals; and the AA Grapevine ("our meeting in print"). The first offers news about the AA organization such as number of members and groups, decisions made in conferences, and the like. About AA contains information about the fellowship that might be of interest to professionals, such as results of member surveys, information about AA's history, available literature and other products. The AA Grapevine contains writings by members that reveal aspects of their spiritual journeys in recovery. AA's General Service Office can be reached by mail at A.A. World Services, P.O. Box 459, Grand Central Station, New York, NY 10163. Phone: (212) 870-3400. See <http://www.aa.org/> We suggest also checking out "Your First AA Meeting: An Unofficial Guide For the Perplexed" at http://www.bma-wellness.com/papers/First_AA_Meeting.html

NA: Narcotics Anonymous World Services is headquartered in Van Nuys, California. It also publishes literature: books, booklets, pamphlets, handbooks and guides, directories, audio cassettes and one video, Just For Today. NA also publishes The NA Way Magazine: The International Journal of Narcotics Anonymous. The magazine's mission is to provide service information, recovery-related entertainment related to current issues and events relevant to and written by members. You can order from NA at their address: N.A., P.O. Box 9999, Van Nuys, CA 91409. Call: (818)773-9999.

3. Mental Illness

EA: EA publishes a text, Emotions Anonymous, and numerous pamphlets. A catalog of its publications may be found at <http://www.mtn.org/ea/catalog1.html>

Grohol, J.M.: PsychCentral and other resources: <http://www.grohol.com/>

GROW: Publishes numerous books and pamphlets. Contact their headquarters for informational packets and assistance in developing groups.

NDMDA: Publishes the National DMDA Newsletter containing news of national public policy and organizational news and sells brochures and articles with information on manic depressive illness. See web site to order.

Recovery, Inc.: Publishes a basic text, *Mental Health Through Will Training* by founder Abraham Low, *Selections from Dr. Low's Works*, *Peace Versus Power in the Family*. Also a bi-monthly publication, *The Recovery Reporter*, containing many examples of recovery practice. There are also pamphlets, a group directory, and other aids to Recovery leaders. The headquarters office has videos for helping new groups get started. Recovery offers a special site with links to literature for professionals at <http://www.recovery-inc.com/professionals.html>

F. RESPONSIBILITIES

Some have asked questions concerning the responsibility of a professional for what happens to people one has referred to a non-professional site or group. We suggest the following principles:

- (1) The professional is responsible for being knowledgeable about the group or the website so that harm is unlikely to occur;
- (2) the professional should make it clear to the person being referred that the group is a non-professional, mutual aid group made up of non-professionals with similar problems;
- (3) the professional should remain available to the person if something potentially harmful happens.

When possible, this Guide provides group mission statements and suggestions about whom to refer to groups. One of the most harmful things we have seen professionals do is to refer someone to a group for which they were not really qualified; i.e, they did not share the problem with which the group deals. We have seen this in happen often in Al-Anon when someone who was depressed came in referred by a professional who thought Al-Anon was a nice group of supportive people and did not know of a group for people with depression. The innocent person, who is in pain, goes to the group and is asked to leave. The group is also harmed because they have had to struggle with whether to include someone for whom they have nothing to offer or reject them thus increasing the level of pain for the newcomer. When this occurs, a group member usually takes the person aside and tried to soften the rejection, but the harm is done.

As noted elsewhere in this Guide, there is no credible evidence that any of the groups listed here have been harmful to any person or category of persons. It is, however, important to monitor your referee's experience. Any individual group could develop destructive group dynamics that could be harmful to individual members.

G. READINGS & REFERENCES

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- Nowinski, J. & Baker, S. (1992). *The Twelve-Step facilitation handbook: A systematic approach to early recovery from alcoholism and addiction*. New York: Lexington Books.