Tips for Service Providers

By Ernest and Linda Kurtz

Linking people to follow-up aid and support in the community is a delicate and necessary step during and as they leave formal treatment. For some people, mutual aid is an alternative to treatment. As many as 50% of people who complete primary treatment for substance use disorders do not attend a mutual aid meeting after receiving treatment. As you work with people and link them with mutual aid opportunities, here are some important issues and resources to keep in mind:

A. Identify Mutual Aid Resources Ahead of Time

1. Use the Guide to get to know the variety of mutual aid groups and find out which groups are active locally. It's helpful to investigate online mutual aid resources because they can be useful if you want to recommend a group that doesn't have local meetings or if the person you are working with is interested in online support.

2. Get to know people in local mutual aid groups. Some groups have local service committees that work with service providers to get people to meetings. Many local service committees provide outreach to treatment organizations.

3. Attend "open" meetings to experience a mutual aid group and find out how meetings are conducted. Open meetings are for anyone who is interested in a particular mutual aid group and will be marked as an open meeting on published schedules. Students, professionals, and other nonmembers are welcome to learn more about a particular group. "Closed" meetings are limited to members and prospective members only.

4. Find out what the person you are working with thinks and knows about mutual aid groups, their experiences and personal beliefs and attitudes about such groups. This will help you work with him or her to identify groups that they will be most interested in participating in.

5. Encourage a person to attend different groups/meetings until they find one that works for them. Each group/meeting has its own personality. They vary in terms of member age – some with more young people than old; gender – some with more women than men; and culture.

6. Encourage family members and significant others to participate in mutual aid groups tailored for their needs and interests.

7. Discuss and encourage mutual aid group participation. Here are some of the areas to think about discussing:

1. How many meetings they're going to
2. If they're participating in social activities
3. If they're taking on service roles in their group
4. If they're developing a new network of friends
5. If they're reading literature
6. If they're following up on recommendations from the group
7. If they have a sponsor or are being a sponsor

B. Problems and Pitfalls in Working with Mutual Aid Groups

1. Taking over the peer helper role

Assist people in finding peers who can help them. Your task is to link people to a life of continuing growth, not doing what the recovery community can do. Think about ways that you can assist them in managing their health issues and linking them to recovery community resources.

2. Over-identification with resistance

Beware of over-identifying with a person's resistance to attending meetings. While it's important to recognize how difficult and scary it may be for some people to go to a room full of strangers, you will need to be firm in insisting that the need for lifestyle change includes finding a new support system, This is particularly true for those who are uncomfortable in groups and are more introverted in temperament.

3. Problems with "religion"

Some people are uncomfortable with the way spirituality is expressed in some groups. Some are more openly religious or spiritual 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. There is another organization called Millati Islami, a fellowship of men and women, joined together on the "Path of Peace" for people of the Muslim faith. Some local communities also have Atheists and Agnostics in Alcoholics Anonymous (AAAA) meetings. Persons objecting to spiritual or religious dimensions of particular recovery mutual aid groups should be linked to one or more of the secular recovery support alternatives listed in this Guide.

4. Gender issues

Women sometimes express discomfort about predominately male mutual aid groups although this difficulty is diminishing as more women are joining them. For example, the most recent survey indicates that one third of AA members are women (Alcoholics Anonymous, 2007). One way to help a woman adjust to a mutual aid group is to connect

her with an all-women's group or to a group with a large number of women in attendance. There are women-specific recovery support groups such as Women for Sobriety and the 16 Step Empowerment & Discovery Groups.

5. Discomfort in groups

Many people experience discomfort in groups, particularly those who have relied on alcohol or drugs to manage feelings of anxiety. Because we know that being part of a recovering community may make the difference between recovery and failure, the linking process is an essential element in treatment. To bond with and gain from a mutual aid group, "newcomers" must be helped to overcome initial shyness over participation. Research by Annette Smith found that AA members who are extroverted and people-oriented become quickly involved, whereas people who describe themselves as "loners" or "misfits" take longer and follow a different path in their affiliation process. That path relies heavily on dyadic relationships.

Frequent meeting attendance is essential to enabling listening, encountering individuals with whom to form dyadic relationships, and motivating literature reading. The research found that facilitating these activities leads to continued attendance that helps shy individuals form a sense of belonging. Moreover, dyadic relationships assist new members to be a part of the larger recovering community. Some individuals may also be more comfortable with online recovery support participation than with face-to-face meetings.

6. Lack of transportation and other logistical barriers

You may need to consider and resolve transportation and other barriers that keep people from attending meetings. Rides can be obtained to deal with transportation problems. Sometimes people find someone who they 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 the person you are working with belongs to a mutual aid group is the possibility that what you are doing with him or her may be undermined by peer helpers or that what you do interferes with what the group is trying to accomplish. For this reason, you need to understand and be clear about what the group teaches members and find a way to fit smoothly with the group's methods. For example, some groups discourage open expressions of negative feelings whereas, you, as a helper may think that such expressions are healthy. You must find a way to support the group's orientation without compromising your personal or professional efforts on behalf of the person you are working with.

Research with persons who suffer from mental illness and addiction finds that some people need a place to discuss both issues. Professionals who link these people with a mutual aid group should assist them in linking with a dual diagnosis type of group, where they can be free to discuss medications and mental illness symptoms. Such discussions in addiction-recovery focused meetings are inappropriate and can result in those members not fitting in an optimal way. That's why referrals to groups such as Dual Diagnosis Anonymous or Double Trouble in Recovery can be quite helpful.

C. Aids to Working With Mutual Aid Groups

There's a vast array of resource aids to help you link your clients with mutual aid resources. Many of them are available online or easily ordered online. Most of these resources also offer links to chat rooms and virtual meetings as well as additional information. Here are some resources that we have found especially helpful.

American Self Help Clearinghouse *Self Help Sourcebook Online*

National Mental Health Consumers' Self Help Clearinghouse is a consumer-run technical assistance center with training materials for advocacy and starting new groups. Links on this site provide an amazing amount of free training materials.

White, W., Kurtz, E. (2006) *Linking Addiction Treatment & Communities of Recovery: A Primer for Addiction Counselors and Recovery Coaches.* Northeast Addiction Technology Transfer Center.

D. Responsibilities

There have been questions about a service provider's responsibility for what happens to people they have referred to a mutual aid group. Harm done in the name of help is a pervasive theme in the history of addiction treatment and recovery. We suggest the following principles:

1. The service provider is responsible for being knowledgeable about the group or the website so that harm is unlikely to occur.

2. The service provider should make it clear to the person being referred that the group is a nonprofessional mutual aid group made up of nonprofessionals with similar problems.

3. The service provider should remain available to the person if something potentially harmful happens.

When possible, the Guide provides group mission statements and suggestions about whom to refer to groups. One of the most harmful things we have seen service providers do is to refer a person to a group for which they were not really "appropriate" or "qualified" – the person being referred did not share the problem that the group was organized to provide support for.

The innocent person, who is in pain and looking for support, goes to the group and is asked to leave. An example is if someone who is depressed attends an Al-Anon meeting on a referral from a service provider who believes that Al-Anon is a nice group of supportive people. The provider didn't know that Al-Anon is not a group for people with depression. When this happens, the person suffers and the group is also harmed because it has to struggle with whether to include someone for whom they have nothing to offer or to reject the person. When this happens, a group member usually takes the person aside and tries to soften the rejection, but the harm is done.

As noted elsewhere in this Guide, it is important to monitor the experiences of the person that you are referring to mutual aid groups. There is no credible scientific evidence that any of the groups listed here have been harmful to any person or category of persons, although anecdotal reports of such harm can be found in various publications or on the Internet. A particular group could develop destructive group dynamics that could be harmful to individual members or there may be a different group that your client will find more to his or her liking. All recovery mutual aid groups have individuals who optimally respond, partially respond, and fail to respond. We must also be aware that certain mismatches between person and group could also do injury.

Tips for Service Providers is based on research by Linda Farris Kurtz and associates in the years 1982 to 1997. Her studies relied on surveys and interviews with mental health professionals and self-help members of numerous 12-Step groups, Recovery, Inc., GROW, and The National Alliance for the Mentally Ill. These findings have been reported in the following publications as well as others:

Kurtz, L.F. (2001) Peer Support. In R. H. Coombs, (Ed). *Addiction recovery tools: A practical handbook (257-272)*, Thousand Oaks, CA: Sage Publications.

Kurtz, L.F. (1997). *Self-help and support groups: A handbook for practitioners.* Thousand Oaks, CA: Sage Publications.

Kurtz, L.F., Chambon, A. (1997). A comparison of self-help groups for mental health. In Spaniol, L., Gagne, C., Koehler, M. (Eds.). *Psychological and Social Aspects of Psychiatric Disability.* (401-410). Boston: Center for Psychiatric Rehabilitation.

Kurtz, L.F., Garvin, C.D., Hill, E.M. et al. (1995). Involvement in Alcoholics Anonymous by persons with dual disorders. *Alcoholism Treatment Quarterly*, 12 (4), 1-18.

Kurtz, L.F., Mann, K.B., Chambon, A. (1987). Linking between social workers and mental health mutual aid groups. *Social Work in Health Care*, 13 (1), 69-78.

Kurtz, L.F. (1985). Cooperation and rivalry between helping professionals and members of AA. *Health and Social Work*, 10 (2), 104 – 112.

Smith, Annette R. (2007) *The social world of Alcoholics Anonymous: How it works*. New York: iUniverse.