Twelve-Step Referrals:

A Group Counselor's Guide to Utilizing

Alcoholics Anonymous and Celebrate Recovery

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#### **ABSTRACT**

Twelve-step groups and the counseling community have not always embraced the potential benefits to clients that the other can provide. Over time, each has come to recognize the other as a viable component in the treatment of alcohol dependence. The client who is in a traditional counseling group may further benefit from the support of a twelve-step program. Two such organizations are Alcoholics Anonymous and Celebrate Recovery. Though both target the same population and have similar internal structures, each offers its own unique perspective of the recovery journey. A comparison of these two models addresses the following: spiritual foundations, steps and principles, group format, cross talk, and sponsorship. Discussion of how these can be integrated with group counseling will aid professionals in developing optimal treatment plans.

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# Alcoholics Anonymous and Celebrate Recovery

As our understanding of the nature of alcohol dependence has grown, so have the options for treatment. For counselors, one question that may arise is whether a client presently in group therapy might benefit from concurrent participation in a twelve-step group. According to Yalom (2005), this type of integration is not only a growing practice, but also an effective one. While Alcoholics Anonymous is the most well known, flourishing twelve-step support groups have opened up other avenues for counselors to consider, including the Christian-based, Celebrate Recovery group. The purpose of this paper is twofold: 1) to review the Alcoholics Anonymous and Celebrate Recovery programs to assist counselors in determining which might be the best fit for the client and 2) to help counselors understand how a counseling group and a twelve-step group can work in tandem to support a client's recovery.

Therapist led counseling groups revolve around interpersonal learning. Focused on a specific issue, these groups generally screen for membership and may have a predetermined number of sessions (Elliott, Rivera & Tucker, 2004). Cognitive-behavioral groups are among those shown to be helpful in the treatment of alcohol dependence (Department of Health & Human Services, National Institutes of Health, n.d.). In this modality, group members interact with one another through such techniques as social reinforcement of successful behavior change, modeling/role play, and behavior rehearsal (Corey, 2008).

By contrast, a twelve-step group has lay leaders who are also members. Anyone seeking help may participate with no time limit placed on attendance (Le, Invarson & Page, 1995).

Members may work with a sponsor who has been successful in the program. The twelve-step

philosophy, beginning with one's admission of powerlessness, guides recovery (Le, et al., 1995). Cross talk, or advice-oriented interaction between members at meetings is prohibited (Yalom, 2005, p. 441).

Despite the recognition of the apparent effectiveness of twelve-step groups, there has historically been discord with those in the counseling realm (Room & Greenfield, 1993). Each side was able to cite differences from the other and how those were not consistent with their own mission. Twelve-step groups focused on, "themes of powerlessness, dependency, and humility", were in sharp contrast to the counselor promoting personal accountability and strengths based interventions (Le, et al., 1995, p. 607). While seemingly at odds, both sides have come to acknowledge the value of the other.

It is incumbent upon counselors to be aware of various twelve-step alternatives for alcohol dependent clients and how these groups can fit into an overall treatment plan. If concurrent therapy consisting of a counseling group and a support group is determined to be the optimal path to a client's recovery, the counselor should be prepared with referral recommendations. The following discussion of Alcoholics Anonymous and Celebrate Recovery is not intended to be an exhaustive review of support group options; rather, it is aimed at teaching counselors about possibilities for individual clients.

#### **Alcoholics Anonymous**

Begun in 1935, Alcoholics Anonymous (AA) is an international organization with over two million members. Estimates indicate that as many as one in ten Americans have attended an AA meeting (Room & Greenfield, 1993). This organization operates solely on the donations of its members and is entirely free to those who attend (Humphreys, 2000). While its founders were involved in the Oxford Group, an evangelical, nondenominational Christian organization,

AA identifies itself as a spiritual rather than religious organization. "Religion tells a person how to believe, whereas twelve-step groups tell a person of the need to believe in...a higher power" (Riordan & Walsh, 1994, p. 352). The twelve steps ultimately become a way of living. AA not only attempts to move members toward sobriety, it also provides a sense of fellowship and camaraderie that can help fill the void previously filled by drinking (Harvard Mental Health Newsletter, 1993). During early sobriety, members often attend meetings daily with the common adage of ninety meetings in ninety days, providing them with the opportunity to be immersed in the twelve-step approach.

## Steps and principles

AA participation is guided through the twelve steps. These steps are intended to help one pursue a spiritual sense of peace, humility, and acceptance better known as sobriety, helping alcoholics find a sober life that is worth living (Davis & Jansen, 1998). In other words, abstinence from alcohol is only the first step toward sobriety (Humphreys, 2000). The Twelve Traditions, also an important component of AA, were designed to provide guidance to the burgeoning organization. One unique (and sometimes criticized) component of AA is its emphasis on God as He is understood within the individual conscience. This allows individuals of all religious faiths (including little or no faith) to participate in AA; however, this is sometimes troubling to those who strongly identify with a specific faith or religious tradition. As identified in the tenth of the Twelve Traditions (Alcoholics Anonymous, 1976, p. 564), AA remains quiet on issues including politics, religion, and any other outside issues, reemphasizing an individualized understanding of God. AA's sole purpose is to "carry its message to the alcoholic who still suffers" (Alcoholics Anonymous, 1976, p. 564). It works to maintain this principle as its primary focus rather than being caught up in individual differences, whatever

those might be. As exhibited in Tradition 12 (Alcoholics Anonymous, 1976, p. 564), anonymity is also a foundational principle of AA. The scope is far broader than the modern concept of confidentiality. It is viewed as a spiritual principle of humility, allowing members to keep first things first, namely, recovery as a spiritual journey. Anonymity is spiritually necessary for recovery (Davis and Jansen, 1998).

## **Group format**

The spiritual focus of AA is strongly reflected at its group meetings. Within AA, groups are intended to provide education, inspiration, esprit de corps, and spiritual motivation, among other aspects. "Each day, somewhere in the world, recovery begins when one alcoholic talks with another alcoholic, sharing experience, strength, and hope" (Alcoholics Anonymous, 1976, p. xxii). Some have made the link between group format and narrative therapy: "In the narrative framework, people joining AA are not help seekers in search of treatment, but story tellers who through telling and listening transform their lives" (Davis and Jansen, 1998, p. 173).

This process of telling and listening occurs through group meetings, which may be open (anyone may attend) or closed (members only). There are three basic group formats: 1) speaker meetings; 2) discussion meetings; and 3) study meetings. During speaker meetings, members share the stories of their descent into alcoholism and their process of working through the twelve steps. At discussion meetings, the entire group may discuss recovery topics. Finally, study meetings focus on key AA books, such as the *Big Book* or *Twelve-Steps and Twelve Traditions*. These meeting formats allow for a more targeted approach to addressing members' needs. Someone attending a first meeting might be more comfortable in a speaker meeting, knowing that remaining silent is acceptable. A person further along in the recovery process, however,

might find a discussion meeting more profitable in attempting to apply the twelve steps to daily life.

#### Cross talk

One common characteristic of AA meetings is the prohibition of cross talk. While there is not a strict mandate against cross talk, it is understood among most attendees that cross talk is inappropriate. Cross talk may include interrupting, giving advice, or speaking out of turn in a meeting (anonpress.org, n.d.). This group norm reflects two important mores of AA. First, there is a sense of individual responsibility: only I can determine whether my relationship with alcohol is out of control. Thus, it would be out of turn for me to attempt to make this judgment for another. Second, AA focuses strongly on the spiritual discipline of humility, even using anonymity to reflect this humility throughout their meetings. The behaviors included within cross talk are in contradiction to the discipline of humility.

## **Sponsorship**

Application of the twelve steps is further enhanced through the practice of sponsorship. A sponsor is a veteran AA member who has maintained sobriety for some period of time and is now willing to provide advice, support, and modeling for someone beginning the journey toward sobriety (Harvard Mental Health Newsletter, 2007). The idea of sponsorship is at the very heart of AA: it was the conversations and mutual support between Bill W. and Dr. Bob that led to the development of AA (The AA Grapevine, Inc., 1983). AA does not require sponsorship; however, this close support is thought to be helpful, particularly during the initial period of sobriety. Sponsorship also refers to the responsibility that the group has to help those in the early stages of recovery. The process of obtaining a sponsor is informal and may be as simple as approaching another member of the group and asking for help. Sponsors are generally of the

same gender, and may be of a similar or a different background. Some newcomers may even have more than one sponsor. For the sponsor, providing sponsorship enhances personal sobriety and provides the opportunity to give back to others.

# **Celebrate Recovery**

In 1991, Pastor John Baker of Saddleback Church in Orange County, California founded Celebrate Recovery. His goal was to create a place for people to overcome destructive habits and addictions like alcohol dependence and drug use. Celebrate Recovery meetings now take place across the United States and are a growing international movement.

## **Steps and Principles**

Celebrate Recovery (CR) embraces the Twelve Steps as a basis for its groups. Since CR promotes recovery within a Christian worldview, each of the twelve steps is connected directly to a relevant section of the New Testament (Table 1).

Table 1

The Twelve Steps and Their Biblical Comparisons (Baker, 2005, p.10)

Step	Biblical comparison
<ol> <li>We admitted we were powerless over our addictions and compulsive behaviors. That our lives had become unmanageable.</li> </ol>	1. Romans 7:18 I know that nothing good lives in me, that is, in my sinful nature. For I have the desire to do what is good, but I cannot carry it out.
2. Came to believe that a power greater than ourselves could restore us to sanity.	2. Philippians 2:13 For it is God who works in you to will and to act according to his good purpose.
3. Made a decision to turn our will and our lives over to the care of God.	3. Romans 12:1 Therefore, I urge you, brothers, in view of God's mercy, to offer your bodies as living sacrifices, holy and pleasing to Godthis is your spiritual act of worship.

4. Made a searching and moral inventory of ou		Lamentations 3:40 Let us examine our ways and test them, and let us return to the LORD.
5. Admitted to God, to ourselves, and to ano human being, the exa of our wrongs.		James 5:16a Therefore confess your sins to each other and pray for each other so that you may be healed.
6. Were entirely ready t God remove all these of character.		James 4:10 Humble yourselves before the Lord, and he will lift you up.
7. Humbly asked Him to all our shortcomings.	7.	1 John 1:9 If we confess our sins, he is faithful and just and will forgive us our sins and purify us from all unrighteousness.
8. Made a list of all pers had harmed and beca willing to make amer them all.	me	Luke 6:31 Do to others as you would have them do to you.
9. Made direct amends to people whenever possexcept when to do so injure them or others.	sible, would	Matthew 5:23-24 Therefore, if you are offering your gift at the altar and there remember that your brother has something against you, leave your gift there in front of the altar. First go and be reconciled to your brother; then come and offer your gift.
10. Continued to take per inventory and when wrong, promptly adm	ve were	. 1 Corinthians 10:12 So, if you think you are standing firm, be careful that you don't fall!
11. Sought through praye meditation to improve conscious contact with praying only for known of His will for us and to carry that out.	e our h God, vledge	. Colossians 3:16a Let the Word of Christ dwell in you richly.
12. Having had a spiritual experience as the result these steps, we tried the this message to other practice these princip our affairs.	alt of to carry s, and	Galatians 6:1 Brothers, if someone is caught in a sin, you who are spiritual should restore him gently. But watch yourself, or you also may be tempted.

In addition to the Twelve Steps, Celebrate Recovery uses a set of principles that are based on the Beatitudes of the New Testament (Table 2). Functionally, participants are encouraged to use the Eight Recovery Principles in the same way a participant of AA would work the steps. Specifically, participants are instructed to reflect on one principle each day and to meditate on the corresponding verse. The acrostic, RECOVERY, is used to assist with memorization of the principles.

Table 2

The Eight Recovery Principles and Their Biblical Comparisons (Baker, 2005, p. 9)

	Recovery principle		Biblical comparison	
to	Realize I'm not God; I admit that I am powerless o control my tendency to do the wrong thing and my life is unmanageable.	1.	Matthew 5:3 Happy are those who know they are spiritually poor	
h	Earnestly believe that God exists, that I matter to him, and that he has the power to help me ecover.	2.	Matthew 5:4 Happy are those who mourn, for they shall be comforted	
	Consciously choose to commit all my life and will to Christ's care and control.	3.	Matthew 5:5 Happy are the meek	
	Openly examine and confess my faults to God, o myself, and to someone I trust.	4.	Matthew 5:8 Happy are the pure in heart	
to	Voluntarily submit to every change God wants o make in my life and humbly ask Him to emove my character defects.	5.	Matthew 5:6 Happy are those whose greatest desire is to do what God requires	
to h	Evaluate all my relationships; Offer forgiveness of those who have hurt me and make amends for narm I've done to others except when to do so would harm them or others.	6.	Matthew 5:7 Happy are the merciful; Matthew 5:9 Happy are the peacemakers	
e to	Reserve a daily time with God for self examination, Bible readings and prayer in order to know God and His will for my life and to gain the power to follow His will.	7.	a	
	Yield myself to God to be used to bring this Good News to others, both by my example and by my words.	8.	Matthew 5:10 Happy are those who are persecuted because they do what God requires	

<sup>&</sup>lt;sup>a</sup>No corresponding Bible verse given.

# **Group Format**

Celebrate Recovery meetings are similar in format to twelve-step programs.

However, the curriculum of CR programs is strictly monitored by the national organization. To use the name and materials that have been created, a leader must agree to abide by the expectations listed in "The DNA of an Authentic Celebrate Recovery Meeting":

- 1. Jesus Christ is the one and only Higher Power. The program is a Christ-centered ministry.
- 2. The Bible and Celebrate Recovery curriculum consisting of the Leader's Guide, Participant's Guides, and the Celebrate Recovery Journal are to be used exclusively. The Large Group lessons are taught from the Leader's Guide, keeping at least the acrostic and the Scriptures as the key points in the lessons. This is to keep consistency within groups, allowing teachers to be creative with the introduction and conclusion of each lesson.
- 3. The ministry is "group based." All groups are gender specific and use the Small Group Guidelines and format.
- 4. The Celebrate Recovery "Five Small Group Guidelines" are implemented and followed every time.
- 5. We expect each group to be accountable to Christ, the local church, and the model of Celebrate Recovery established at Saddleback Church. (Baker, 2007a)

At the opening of a Celebrate Recovery gathering, there is a large group meeting where lessons can be shared from the CR Leader's Guide, the Bible, or the RECOVERY acrostic. The large group then breaks into smaller groups. At this point, CR diverges from the traditional AA

format. AA has participants identify their addiction up front in an introduction, "Hi. My name is Barbara and I am an alcoholic". CR specifically teaches that members are not defined by their addictions rather they are encouraged to identify themselves as, "a Christian who is struggling with...". In addition, where AA divides participants by their addiction, CR specifically does not. Instead, CR divides smaller groups by gender alone. This is done to reduce the chance of triggering interactions (Baker, 2007c). For example, if one male member shares about his struggle with sexual issues, this may trigger a strong response in a female member of the group. Since CR, like AA, does not permit cross talk, the triggered member would be left to remain silent and seek assistance after the meeting.

### **Cross Talk**

Celebrate Recovery defines cross talk as any time when two or more individuals engage in conversation and directly or indirectly distract or exclude others. Cross talk also includes giving direct feedback to another member regarding the individual's disclosure. Someone making the statement, "I can relate to you because" or "I can't relate to you because" (called piggybacking) are most common. Offering comments, laughing and asking questions are other examples of cross talk. Even non-verbal forms of communication are closely monitored. The act of handing a tissue to someone who is crying is not allowed. While this is a natural response of compassion, the directors of CR have noticed that handing a tissue to someone often results in the individual attempting to regain composure and stop their tears, disengaging them from the emotion (Baker, 2007b). Non-verbal interactions are monitored, but they are not forbidden. Active listening allows for nonverbal affirmation such as head nods, but nothing verbal is permitted (Baker, 2007b).

### **Sponsorship**

While AA utilizes sponsors, CR has both sponsors and a small support network referred to as Accountability Partners. In CR, sponsors fulfill a similar role to AA sponsors.

Additionally, they seek to support spiritual growth through prayer. The Accountability Partners are unique to CR and are described as a group of at least three to four people who are in a similar place of recovery on the same issue as the member. They pray for each other and seek to support and encourage one another through daily contact (Celebrate Recovery, 2006).

### **Implications for the Counselor**

Before recommending a support group, the counselor should assess the client to determine what types of services would be most beneficial. Knowledge of the client, as well as the available options will aid the counselor in making suitable choices. Treatment programs aimed at medical, mental health, support, and other needs, have been shown to be helpful because they address the many layers of alcohol dependence (Polcin, 2000). It is critical that counselors who work with alcohol dependent clients be familiar with resources such as Alcoholics Anonymous and Celebrate Recovery.

In the preceding review of the two twelve-step programs, discussion of the spiritual foundations, steps and principles, group formats, and stances on cross talk and sponsorship were covered. Similarities abound in the descriptions, so how does one determine which might be the most suitable? Exploration of the client's faith base may provide an answer. Some counselors may not be comfortable discussing issues of spirituality; however, it is an ethical obligation to be aware of and respect a client's beliefs and values (Steen, Engels, & Thweatt, 2006). Both groups afford the opportunity to incorporate a spiritual component into recovery; however, Celebrate Recovery is more overt in its stance of supporting a Christian worldview. If a counselor has not

discussed a client's spirituality, the ability to make a fully informed referral decision might be compromised.

In addition to knowledge of the client, a counselor is advised to not only read about twelve-step support groups but to attend a meeting to learn firsthand about the experience.

Group counseling and support groups differ in their methods, but, incorporate some of the same therapeutic factors. Yalom (2005) asserts that the support group utilizes "altruism, cohesiveness, universality, imitative behavior, instillation of hope, and catharsis" (p. 519), and that the principles of the twelve steps can be echoed through the themes of a counseling group. Wheeler & Turner (1997) suggest that a thorough understanding of the twelve-step group can help therapists to more fully support the client through the program as well as "facilitating the life changes that need to be made to be able to cope" (Can different treatments be combined? section, para. 2).

The actual methods for working with a counseling and support group in concert require consideration of what the client is being asked to do in each of the steps. Both Yalom (2005, p. 442-443) and Thompson and Thompson (1993, p. 54-58) offer interpretations of the process. Early steps may be supported by the group counseling experience through development of trust in and by group members, thereby allowing the client to begin sharing feelings and personal challenges. As the process unfolds and the comfort level grows, the group can be a place to try out new ways of behaving with others, especially those that have been hurt by the effects of the client's alcohol dependence. Throughout the client's participation, the group can offer opportunities for positive personal growth, setting the stage to strengthen the person against the possibility of relapse.

# Conclusion

Counselors educated about options for a client with alcohol dependence will be in the best position to offer a comprehensive and supportive treatment plan. For those who would like to learn more about Alcoholics Anonymous or Celebrate Recovery, the following websites may be helpful: Alcoholics Anonymous (<a href="http://www.aa.org">http://www.aa.org</a>); Celebrate Recovery (http://www.celebraterecovery.com).

#### References

- Alcoholics Anonymous (1976). *Alcoholics Anonymous: The story of how many thousands of*men and women have recovered from alcoholism (3<sup>rd</sup> ed.). New York: Alcoholics

  Anonymous World Services, Inc.
- Anonpress.org (n.d.). *Cross talk in meetings*. Retrieved from http://anonpress.org/FAQ/files/read.asp?fID=29
- Baker, J. (2005). Celebrate Recovery's updated leader's guide: A recovery program based on eight principles from the Beatitudes. Grand Rapids, MI: Zondervan.
- Baker, J, (Producer). (2007a, August, 26). *Celebrate Recovery small group guidelines part 1*[Audio podcast]. Retrieved from

  http://www.celebraterecoverypodcast.com/2007/08/26/celebrate-recovery-small-group-guidelines-part-1/
- Baker, J, (Producer). (2007b, September, 2). *Celebrate Recovery small group guidelines part 2*[Audio podcast]. Retrieved from

  http://www.celebraterecoverypodcast.com/2007/09/02/celebrate-recovery-small-group-guidelines-part-2-crosstalk/
- Baker, J, (Producer). (2007c, September, 16). *Celebrate Recovery small group guidelines part 4*[Audio podcast]. Retrieved from

  http://www.celebraterecoverypodcast.com/2007/09/16/celebrate-recovery-small-group-guidelines-part-4/
- Celebrate Recovery (2006). *Sponsor and accountability partners*. Retrieved from http://www.beltway.org/user/files/nicolep/prebeltway/CR 020.pdf

- Corey, G. (2008). *Theory & practice of group counseling*. Belmont, CA: Thomson Brooks/Cole.
- Davis, D. R., & Jansen, G. G. (1998). Making meaning of Alcoholics Anonymous for social workers: Myths, metaphors, and realities. *Social Work, 43*(2), 169-182.
- Department of Health & Human Services, National Institutes of Health (n.d.). *Alcohol dependence (Alcoholism)*. Retrieved from
- http://www.nih.gov/about/researchresultsforthepublic/AlcoholDependenceAlcoholism.pdf
- Elliot, T. R., Rivera, P. & Tucker, E. (2004). Groups in behavioral health and medical settings.

  In DeLucia-Waack, J. L., Gerrity, D. A. Kalodner, C. R., & Riva, M. T. (Eds.),

  Handbook of group counseling and psychotherapy (pp. 338-350). Thousand Oaks, CA:

  Sage Publications Ltd.
- How Alcoholics Anonymous works (2007). Harvard Mental Health Letter, 24(1), 4-6.
- How effective is Alcoholics Anonymous? (1993). Harvard Mental Health Letter, 20(6), 7.
- Humphreys, K. (2000). Community narratives and personal stories in Alcoholics Anonymous. *Journal of Community Psychology*, 28(5), 495-506.
- Le, C., Ingvarson, E. P. & Page, R. C. (1995). Alcoholics Anonymous and the counseling profession: Philosophies in conflict. *Journal of Counseling & Development*, 73(6), 603-609.
- Polcin, D. L. (2000). Professional counseling versus specialized programs for alcohol and drug abuse treatment. *Journal of Addictions & Offender Counseling*, 21(1), 2-11.
- Riordan, R. J., & Walsh, L. (1994). Guidelines for professional referral to Alcoholics

  Anonymous and other twelve-step groups. *Journal of Counseling and Development*,

  72(4), 351-355.

- Room, R. & Greenfield, T. (1993). Alcoholics Anonymous, other 12-step movements and psychotherapy in the US population, 1990. *British Journal of Addiction*, 88(4), 555-562.
- Steen, R. L., Engels, D. & Thweatt, W. T., III (2006). Ethical aspects of spirituality in counseling. *Counseling and Values, (50)*, 108-117.
- The AA Grapevine, Inc. (1983). *Questions and answers on sponsorship*. New York: Alcoholics Anonymous World Services, Inc. Retrieved from http://www.aa.org/pdf/products/p-15 Q&AonSpon.pdf
- Thompson, D. L. & Thompson, J. A. (1993). Working the 12 steps of Alcoholics Anonymous with a client: A counseling opportunity. *Alcoholism Treatment Quarterly*, 10(1-2), 49-61.
- Wheeler, S. & Turner, L. (1997). Counselling problem drinkers: The realm of specialists, Alcoholics Anonymous, or generic counselors. *British Journal of Guidance & Counselling*, 25(3), 313-326. doi: 10.1080/03069889700760271
- Yalom, I. D. (with Leszscz, M.) (2005). *The theory and practice of group psychotherapy*. New York, NY: Basic Books