TURNING EVIDENCE INTO PRACTICE

Helping clients to access and engage with mutual aid

Mutual aid improves drug and alcohol treatment and its recovery orientation, say NICE (2007 & 2011) and the report of the Recovery Orientated Drug Treatment expert group (2012). Treatment providers and keyworkers who actively help service users to access and engage with mutual aid are likely to see better outcomes. But it means doing more than simply providing information or hosting meetings…

WHAT IS MUTUAL AID?

'Mutual aid' refers to members of a group who give each other social, emotional and informational support at every stage during their recovery from drug or alcohol dependence. They can include people who are thinking about stopping their drug or alcohol use, or those who want to stay stopped.

The most common mutual aid groups in the UK (see appendix) are 12-step fellowships and SMART Recovery. There are also groups to support families, children and friends affected by substance misuse. These can help to reduce their distress and put them in a better, more informed position to provide support to the service user.

THE EVIDENCE

According to NICE there is good evidence that 12-step has a positive impact on substance misuse outcomes, so treatment staff should routinely provide people with information about mutual aid groups and facilitate access for those who are interested in attending (NICE, 2007; NICE, 2011; NICE, 2012).

Mutual aid has an extra effect when combined with structured treatment (Fiorentine and Hillhouse, 2000). By providing a continuing support structure, mutual aid can also reduce rates of post-treatment relapse and re-presentation (O'Brien and McClellan, 1996) and help people to sustain their recovery.

However, for people to benefit they need to do more than just show up. A study by Weiss et al. (2005) found that simple attendance did not predict outcomes but that 'active participation' did, with increasing levels of participation producing a significant incremental benefit.

PUTTING PEOPLE IN CONTACT WITH MUTUAL AID

The most common way for services to put people in contact with mutual aid has been to provide a list of contact details and leave them to do the rest. But this is often ineffective as some people either do not attend or drop out quickly (Humphreys, 1999).

A more active and often more effective approach involves services promoting and hosting local meetings, holding explicit and structured conversations with services users, and setting care-planned goals around attending and engaging (Timko et al., 2006).

THREE ESSENTIAL STEPS FOR KEYWORKERS FACILITATING ACCESS TO MUTUAL AID

1. Introduce the topic of mutual aid into sessions with service users and promote the value of attending meetings
2. Help the service user to contact a current member of a mutual aid group who can accompany him/her to a meeting
3. Take an active interest in the service user's attendance at, engagement with and experience of mutual aid groups.

This asks more of most services and workers. It requires keyworkers to be knowledgeable about mutual aid and to promote its value. Services also need to build contacts with local groups.

FIND OUT MORE

Staff who understand and can explain the key concepts of 12-step and other groups are in a better position to promote the value of mutual aid and encourage services users to take part.

You can improve your familiarity if you:

- Read the information or watch the videos on the websites of each of the 12-step and SMART Recovery mutual aid groups (see appendix for a list)
- Become familiar with the key texts i.e. Alcoholics Anonymous' *The Big Book* (Cocaine Anonymous also use this) and Narcotics Anonymous' Basic Text
- Take a short course, such as SMART Recovery's one-hour online introduction
- Talk to members of the mutual aid groups. All operate a public information service whose purpose is to talk to professionals about their work – their speakers are often members with substantial experience
- Learn from colleagues and clients. Many drug and alcohol services have staff and service users who attend mutual aid groups and who may be willing to share their knowledge and experience
- Attend an open meeting, where professionals are welcome. All the fellowships run these and all they ask is that you identify yourself as a professional before the meeting starts.

PRACTICAL STEPS SERVICES CAN TAKE

Helping service users to access mutual aid requires a degree of local knowledge. Workers need to know what is available and make sure the information is up to date. If the service hosts a meeting, it should still identify alternatives and encourage service users to sample different groups, as a different type of meeting may suit them better.

The service also needs to set up the service user with a group member, who will accompany the user to the group. So the service needs a list of people willing to do this. Finally the service should make conversations about mutual aid a routine part of its practice. This can be included in key assessment or care-planning documents, and written into care pathways.

Other practical steps a service can take to improve users' access to mutual aid include:

- Provide space for 12-step and SMART Recovery meetings
- Develop meetings that run while the service is open, allowing opportunistic attendance
- Give users access to literature on 12-step and SMART Recovery mutual aid groups
- Have lists of local meetings available and ensure they are regularly updated
- Provide printed directions and maps to these meetings
- Ask service users which meetings they recommend
- Provide fares or incentives for users to attend groups
- Text or ring users to remind them to attend
- Escort service users to groups
- Ask all service users about any current or past attendance at self-help groups
- Consider which points in the treatment pathway provide the best opportunity to discuss mutual aid – treatment induction, care-plan review, transition planning at the end of treatment, etc
- Add a section about facilitating access to mutual aid to care pathway documentation.

OPENING DIALOGUE WITH SERVICE USERS – USING GUIDED COMMUNICATION

The most effective way to raise service users' awareness of mutual aid is for keyworkers to discuss it with them. It can be framed as an invitation to users to 'try something different'. The usual principles of good communication apply:

- Negotiate a shared session agenda with the user where mutual aid is an item for open discussion
- Raise the topic in a manner sensitive to the service user's knowledge and experience

- Identify any concerns the user may have and address these where possible
- If the service user already has experience of mutual aid, talk about good and bad experiences
- Encourage them to make up their own mind about what will work, but also encourage them to commit and 'give it a go'
- Summarise and close the discussion with clearly specified commitments (service user and keyworker).

TOOLS AND INTERVENTIONS TO SUPPORT CONVERSATIONS

A range of specific session goals or care-plan goals may prove useful when formally introducing mutual aid into keywork sessions:

- Set care-planned goals with service users about attending mutual aid, getting a sponsor (12-step), keeping in touch with peer facilitators (SMART Recovery), and taking on commitments in groups
- During sessions, ask about and review attendance and participation
- Again during sessions, develop conversations about the ideas the service user has heard in the mutual aid group
- Encourage the user to keep a journal of attendance (or non-attendance) at groups and to write down reflections on the experience
- Review this regularly with the service user
- Problem-solve any issues and difficulties the user might have with attendance
- Check the user's understanding of the key concepts and ideas of the 12-step and SMART Recovery programmes
- If necessary, help resolve intellectual and philosophical difficulties users have with the programme.

Services can adapt or develop resources to support this process – diaries for service users to record their experiences, protocols for staff to follow, and maps to support specific conversations. Christine Timko and colleagues have developed a complete '3-Step Referral Method': handouts, worksheets, research and informational guides are available from www.mentalhealth.va.gov/providers/sud/selfhelp

RECOVERY-ORIENTATED SERVICES

Services that adopt a broad recovery-orientated approach can have a positive effect on mutual aid engagement. Service users may be more willing to engage if they are familiar with the idea of recovery and it is an integral part of their treatment. They can also benefit from contact with peer mentors and recovery champions who share their experience and encourage others to 'give it a go'. ➥

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APPENDIX: SUBSTANCE-MISUSE RELATED MUTUAL AID GROUPS IN THE UK

GROUP	FOR	WEB ADDRESS
FOR SUBSTANCE USERS THEMSELVES:		
Alcoholics Anonymous (AA)	Alcohol	www.alcoholics-anonymous.org.uk
Cocaine Anonymous (CA)	Cocaine	www.cauk.org.uk
Drug Addicts Anonymous (DAA)	Any mood altering substance	www.drugaddictsanonymous.org.uk
Marijuana Anonymous (MA)	Any form of cannabis	www.marijuana-anonymous.co.uk
Narcotics Anonymous (NA)	Any mood altering substance	www.ukna.org
SMART Recovery	Any mood altering substance	www.smartrecovery.org.uk
FOR RELATIVES, FRIENDS AND OTHERS AFFECTED BY SUBSTANCE USE:		
Alateen	Teenage relatives and friends of alcoholics	www.al-anonuk.org.uk/alateen
Al-anon	Those affected by a family member's alcoholism	www.al-anonuk.org.uk
Families Anonymous (FA)	Relatives and friends concerned about substance use problems	www.famanon.org.uk