Public Health England

Protecting and improving the nation's health

Improving mutual aid engagement

A professional development resource

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Introduction

One of Public Health England's (PHE) key priorities is to improve recovery rates from drug dependency. To enhance service users' social integration and wellbeing, PHE has committed to increase the number of areas that have fostered effective links between treatment services and relevant community and mutual aid groups.

This professional development resource sets out a range of skills, knowledge and experience recommended for people working in a treatment setting to help service users achieve their recovery goals by making sure they are aware of the importance of mutual aid as a positive social network and facilitating access to their group(s) of choice.

What is mutual aid?

Mutual aid refers to the social, emotional and informational support provided by, and to, members of a group at every stage of their recovery from active alcohol and/or drug use and addiction. It is not a peer support network. It relies upon a structured programme that is focused on recovery. Groups often include people who are abstinent and want help to remain so – these people are actively changing their behaviour using a programme of mutual aid. They also include people who are thinking about stopping and/or actively trying to stop their drug and alcohol use. Groups also exist to support families, children and friends affected by substance misuse.

The most common mutual aid groups in England include 12-step fellowships and SMART Recovery. The fellowships – eg, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA) and Al-Anon – are based on a 12-step self-help philosophy developed in the 1930s. Over 200 self-help organisations (with a wider focus than substance misuse) with a worldwide membership of millions now employ 12-step principles for recovery. SMART Recovery, although a relative newcomer to the field, is constantly expanding its network of self-help meetings in England. These meetings apply cognitive behavioural techniques and therapeutic lifestyle change to their mutual aid groups to help people manage their recovery.

Why do we wish to promote it?

The role played by mutual aid in promoting and sustaining recovery from drug and alcohol problems has already been examined by the National Institute of Health and Care Excellence (NICE), the Recovery Orientated Drug Treatment Expert Group (RODT) and the Advisory Council on the Misuse of Drugs (ACMD). The first document listed in the 'Supporting publications' section on page 5 brings these existing findings and recommendations together to increase their visibility and accessibility for the alcohol and drug treatment field.

The evidence base shows that clients who actively participate in mutual aid are more likely to sustain their recovery. Key evidence includes:

- mutual aid has an extra effect when combined with structured treatment
- it can reduce rates of post-treatment relapse and representation by providing a continuing support structure
- the addition of just one abstinent person to a drinker's social network increases the probability of abstinence in the next year by 27%

The National Insitute for Health and Care Excellence (NICE) recommends that staff should routinely provide people with information about mutual aid groups and facilitate access and engagement for those who are interested in attending. However, Weiss, et al (2005) found that simply attending meetings did not predict outcomes but that 'active participation' did, with increasing levels of participation producing a significant incremental benefit.

The importance of mutual aid in promoting and sustaining recovery from alcohol and drug dependence is also highlighted within the government's national drug strategy (2010): "Active promotion and support of local mutual aid networks such as Alcoholics and Narcotics Anonymous will be essential."

Supporting publications

PHE has recently published several documents to help local areas make improvements to mutual aid group engagement. In developing these products PHE consulted a national mutual aid reference group (MARG). MARG membership includes representatives from the various mutual aid organisations, commissioners and service providers.

The publications include:

1. 'A briefing on the evidence-based drug and alcohol treatment guidance recommendations on mutual aid' www.nta.nhs.uk/uploads/mutualaid-briefing.pdf
2. 'Mutual aid self-assessment tool' www.nta.nhs.uk/uploads/self-assessment-tool-final-pdf-version.pdf
3. 'Facilitating access to mutual aid: three essential stages for helping clients access appropriate mutual aid support' www.nta.nhs.uk/uploads/mutualaid-fama.pdf
4. 'Improving access to mutual aid: a brief guide for commissioners' www.nta.nhs.uk/uploads/commissioners-guide-to-mutual-aid.pdf
5. 'Improving access to mutual aid: a brief guide for alcohol and drug treatment service managers' www.nta.nhs.uk/uploads/service-managers-guide.pdf

These documents set out the current evidence and advice on the development of an active approach to facilitating service users to engage with mutual aid.

Humphreys (1999) demonstrated that simply providing information and leaving clients to make contact with mutual aid often results in them either never attending or quickly dropping out of mutual aid groups. A more effective approach involves keyworkers holding explicit and structured conversations with service users, and setting care-planned goals around attending and engaging (Timko et al, 2006). A framework for delivering such structured conversations is set out in detail in document 3 above.

This professional development resource document aims to examine in detail the skills and knowledge required for delivering FAMA effectively.

Existing skills and competencies of keyworkers

Skills relevant to successfully implementing FAMA are integral to the basic assessment and care-planning skills that are required of substance misuse keyworkers, covered by the following drug and alcohol national occupational standards (DANOS):

- carry out screening and referral assessment in a substance misuse setting (AF1.2012)
- carry out assessment to identify and prioritise needs in a substance misuse setting (AF2.2012)
- use recognised theoretical models to provide therapeutic support to individuals who misuse substances (AI2.2012)
- help individuals address their substance misuse through an action plan (AI1.2012)
- carry out comprehensive assessment for alcohol and other substances (AF3.2014)

These core competencies address performance criteria such as:

- considering possible alternative services according to the needs of the individual
- having access to up-to-date and accurate information on services in your locality
- presenting the possibility of referral to individuals in a positive manner and reviewing the advantages and disadvantages with them
- planning arrangements for the referral with individuals and facilitating their contact with the service

It is recommended that employing organisations ensure that all keyworkers can demonstrate these basic occupational standards. This will ensure that the keyworker is capable of talking to service users, and anybody accompanying them, about the various local mutual aid programmes, the different approaches used and the types of meetings available in their local area.

Motivational interviewing (MI) techniques, already routinely used in many treatment services, are particularly relevant and can usefully be drawn upon during the facilitation process. For more on the MI competencies framework for, see www.nta.nhs.uk/uploads/psychosocial_toolkit_june10.pdf

Induction training for newly recruited staff

It is recommended that newly recruited staff attend local mutual aid meetings during their first few months of employment with a particular service provider to gain a more in-depth understanding of local groups, and what each has to offer. Although new keyworkers may have a background in mutual aid or have at least some knowledge on the topic, the induction training or probationary period provides a perfect opportunity to familiarise themselves with the range of local meetings, by reading specific literature and attending a range of meetings. This will give them an understanding of what it might be like for service users attending a meeting for the first time, and could help maximise the effectiveness of their interventions to help service users engage with mutual aid.

Familiarity with local meetings will also help services to develop relationships with group members and build a network of people who are actively involved and may be willing, on a voluntary basis, to accompany clients to their first meeting, provide transport or give advice about particular meetings and the programme in general.

Appendices 1 and 2 show a list of online resources and useful references for mutual aid practitioners. These, in conjunction with the relevant PHE products outlined above, can be used by keyworkers to build a basic level of knowledge about different mutual aid organisations, and an awareness of the skills and processes that may be used to help service users engage effectively with mutual aid support. Keyworkers who supplement this basic knowledge with personal experience of attending a group will be best placed to support their service users to engage effectively with mutual aid.

All services should ensure they have, and maintain, an up-to-date list of all the local mutual aid groups. Keyworkers should be comfortable in answering any questions and confident in addressing any negative perceptions that are voiced. The FAMA document (document 3 in the list on page 4) has some helpful tools in its appendices setting out possible responses to frequently asked questions about mutual aid.

Ongoing support and development

Service managers can support staff development by:

- making sure relevant publications and guidelines, such as PHE's mutual aid evidence briefing and FAMA guide, are available to all staff who work directly with service users in a therapeutic way
- ensuring mutual aid features in the professional development plans for all staff
- providing ongoing support to staff by including mutual aid in line management and/or clinical supervision (see below)

- providing staff with sufficient time during the working week and ensuring they have access to all the necessary information about the various mutual aid groups and their approaches. As a minimum, staff should be aware of, and have access to, the mutual organisations websites listed in appendix 1. Third party websites, such as YouTube, Daily Motion, Big Think and others, host a range of relevant media, often including video/audio clips of mutual aid group members talking about their experience of working through the 12 steps or demonstrating the tools used in the SMART Recovery 4-point programme
- providing access to key texts, such as the SMART Recovery handbook, the Big Book used by AA and CA, the Basic Text of Narcotics Anonymous, etc
- encouraging all keyworkers to attend a range of open mutual aid meetings. These meetings are for anyone interested in learning more about what happens in meetings and about the programme. People who are not in recovery are allowed to attend open meetings, though professionals must identify themselves before the meeting starts
- ensuring staff know how to contact mutual aid groups. Most 12-step organisations operate a public information and/or health liaison service, whose purpose is to talk to professionals about their work. SMART Recovery has a growing network of volunteer local leads and regional coordinators. The contact people within these organsiations are often those with substantial experience of recovery
- encouraging staff to learn from colleagues and clients. Many alcohol and drug services have staff and service users who attend mutual aid groups and who may be willing to share their knowledge and experience with colleagues
- ensuring staff are aware of the importance of choice and that they encourage service users to try different mutual aid organisations and meeting types, as different meetings may suit particular service users better

Supervision

Supervision is key to effective practice. Those providing it, whether as line managers or independent supervisors, should be qualified to deliver the services they are supervising, even if they do not have a caseload themselves.

Some suggested supervision prompts:

- are you aware of all the mutual aid groups on offer locally?
- are you aware of the evidence base supporting mutual aid?
- have you attended some meetings?
- what are your views of local groups?

- do you regularly use the FAMA three-stage process to help service users on you caseload engage with local mutual aid meetings
- do you use other ways of doing this?
- do you know how effective your methods are?
- how do you measure or assess your success?
- have you thought of ways you could improve your performance in terms of helping people engage actively with mutual aid?
- do you think there's a wide enough choice of meetings locally?
- have you thought what you might be able to do to improve the range of meetings available locally?
- do you use local recovery champions/peer support group members to support people going to groups for the first time?
- do you think the service could do more to encourage people to engage with mutual aid?

An overview of the main mutual aid groups

Staff who understand and can explain the key concepts of mutual aid organisations will be in a better position to promote the value and benefits of mutual aid and encourage service users to take part. The key points relevant to the most common MA groups, twelve-step fellowships and SMART Recovery, are summarised below.

How different meetings work

The differences between various mutual aid approaches may seem complex, but they can be simplified to help people make decisions about the best mutual aid support for them. The key points relevant to the most common mutual aid groups, 12-step fellowships and SMART Recovery, are summarised below. These are not either/or choices: many service users find it useful and supportive to attend a number of different meetings, often using different basic approaches, on a regular and ongoing basis.

The best way to get a good understanding of the different approaches to mutual aid in local areas is by attending a few meetings. Links to online resources and further reading on the different approaches are provided in appendix 1.

12-step approaches

The 12 steps form a set of guiding principles outlining a course of action for recovery from addiction, compulsion, or other behavioural problems. The 12 steps do not require the individual to hold particular religious beliefs, nor spiritual or secular views. The individual is free to believe, or not believe, anything they wish.

AA's 12 steps are principles for personal recovery, and can be found in the so-called Big Book (AA, 2001). Other 12-step groups have adapted the AA steps as guiding principles. In some cases the steps have been modified to emphasise principles important to particular fellowships, for example, to remove gender-biased language or provide a more secular approach.

The American Psychological Association (APA, 2006) summary of the 12-step process is:

- admitting that one cannot control one's addiction or compulsion
- recognizing a higher power that can give strength
- examining past errors with the help of a sponsor (experienced member)
- making amends for these errors
- learning to live a new life with a new code of behavior
- helping others who suffer from the same addictions or compulsions

There are also 12 traditions that accompany the 12 steps. The traditions provide guidelines for group governance, intended to ensure the unity of the fellowship.

Meetings take place in either open or closed formats where confidentiality can be ensured. Individuals are encouraged to share their experiences and feelings in a non-challenging atmosphere. Having settled on a home group, where they feel comfortable and safe, individuals will be encouraged to consider finding a sponsor. This is another group member who has already made some progress within the programme, with whom they can work through the 12 steps. Eventually, the individual can consider acting as a sponsor for others. Twelve step approaches may develop into long-term commitments for many members, providing wider social support and friendship networks.

Alcoholics Anonymous

AA is a fellowship of men and women who share their experiences, strengths and hopes with each other, that they may solve their common problem and help others to achieve sobriety. They stay sober, one day at a time, by attending regular group meetings. These meetings, which typically last 60 to 90 minutes, are available in most

places in the country. Each meeting has a chairperson and a speaker. After the speaker has shared about his or her recovery, members are then free to share aspects of their recovery. In this way, each member receives support, encouragement and inspiration for their continued wellbeing and recovery.

Once in recovery, individuals can be invited to attend and speak at other AA meetings. Similarly, members of the groups described below, such as Al-Anon, can be invited to AA meetings to share their experiences.

Cocaine Anonymous

CA is a fellowship of addicts and alcoholics who meet to share their experiences, hopes, faith and courage for the purpose of staying clean and sober and helping others achieve the same freedom. Everything heard at meetings is treated as confidential. There are no fees. To be a member, the sole requirements are the desire to quit, and to turn up. There is also the possibility of exchanging phone numbers, and giving and seeking support from one another between meetings.

CA generally encourages its members to use their 12 steps as a means to recover. Some individuals, but by no means all, first come to CA while in a treatment program or seeking individual psychotherapy. Others come through recommendations from friends or associates, while more again find CA through its website www.cauk.org.uk. CA experience has taught that a recovering addict will certainly have a better chance of achieving long term sobriety with the ongoing support of fellow addicts.

Narcotics Anonymous

NA is a community of people who support each other to achieve and maintain a drug-free life. The only requirement for membership is a desire to stop using drugs. NA is not allied with any religion, institution or other organisation. It exists solely so its members can support each other to stay drug free and to help others achieve and maintain a drug free recovery and lifestyle.

Experience has shown that people willing to attend NA meetings who listen with an open mind and participate in the NA community can stop using and transform their lives. When people stop taking drugs they often feel alone and confused; participation in NA helps to promote a sense of belonging and wellbeing along with filling the social void that is often experienced in getting clean.

Meetings marked ‘open’ or ‘open to all’ are open for anyone to attend whether or not they think they have a drug problem. Sometimes friends, family members or professionals use these meetings to bring someone along or find out more about NA.

SMART Recovery

A secular and science-based mutual aid option, Self-Management And Recovery Training, usually referred to as SMART Recovery, can be used for addictive behaviour relating to alcohol, nicotine or drugs, or compulsive behaviour such as gambling, sex, eating, shopping and self-harm. SMART Recovery helps people decide whether they have a problem, builds up their motivation to change, and offers a set of proven tools and techniques to support recovery.

SMART Recovery uses the principles of motivational interviewing and a specific form of cognitive behavioural therapy, rational emotive behaviour therapy, in a four-point programme based on building and maintaining motivation, coping with urges, managing thoughts, feelings and behaviours, and living a balanced life.

People can stay with SMART Recovery as long as they wish. There is no requirement to make a lifetime commitment to the programme, just to their recovery and leading a healthier and more rewarding life. Many clients find that continuing to participate in SMART Recovery after they have completed structured treatment helps them avoid lapses or relapses. Some will volunteer to train as facilitators and set up further meetings. Others simply continue to attend meetings and share their experiences with others.

SMART Recovery offers tools and techniques that reinforce the four-point programme. There is also a SMART Recovery handbook, links to which are in appendix 1. Although generally seen as an alternative to the 12-step approaches, the SMART Recovery handbook suggests it complements the 12 steps, and some people find it helpful to attend both.

Family-based groups

For every problem drinker it is estimated that at least five other people are adversely affected. Treating the drinker without also helping the family can often make the treatment less effective. The stress of maintaining a relationship with an active or recovering alcoholic frequently takes its toll on the mental and even physical health of relatives, partners, friends, and families, including parents and children, many of whom may take on carers' roles. It is often the partner or relative of an alcoholic who first highlights the problem, by going to their GP with stress-related conditions.

Al-Anon

Al-Anon is confidential, non-religious, non-political, non-discriminatory, and non-professional. Al-Anon family groups provide support to anyone whose life is, or has been, affected by someone else's drinking, regardless of whether that person is still drinking. The groups and Al-Anon literature provide non-judgemental support by

offering experience, strength and hope as well as techniques to aid recovery from the stresses and unhappiness that can come from maintaining a relationship with a problem drinker. This also promotes a supportive environment to aid and sustain the drinker's recovery.

It is important that all relevant services are aware of Al-Anon's existence and are able to quickly refer people to Al-Anon. Once in recovery, AA members are welcome to attend and to speak at Al-Anon meetings.

Al-Anon considers the impact on children (including adult children), friends, partners/spouses, and parents of alcoholics.

Families Anonymous

Families Anonymous (FA) is a worldwide fellowship of family members and friends affected by another's abuse of mind-altering substances, or related behavioural problems. Any concerned person is encouraged to attend the meetings, even if there is only a suspicion of a problem. The fellowship is a self-help organisation with a programme based on the 12 steps and 12 traditions first formulated by AA.

FA has groups, spread throughout the country, which meet regularly. However, coverage is not consistent across the country. Visit the FA website (see appendix 1) to see whether there is a functioning FA group in your area.

SMART Recovery family and friends

SMART Recovery family and friends (F&F) provides a network of support meetings for people who are affected by the addictive behaviour of someone close to them. Rather than focusing on their loved one, the F&F programme invites participants to spend time concentrating on themselves and their goals. This also includes looking at some of their habitual responses to their loved ones and exploring whether these are helpful. SMART F&F explores ways that participants can look after themselves better, even in difficult and stressful circumstances, and establish healthier relationships with their loved ones.

The programme combines elements of SMART Recovery and community reinforcement and family training (CRAFT). CRAFT is an evidence-based programme that teaches family and friends new ways of interacting with a person who has an addiction, with a goal of increasing the chances that the person will seek recovery (Myers, 2013).

Appendix 1. Mutual aid online resource

Main texts

Big Book of Alcoholics Anonymous
www.alcoholics-anonymous.org.uk/bigbook/

SMART Recovery handbook
www.smartrecovery.org.uk/resources/bookshop

UK 12-step fellowship: FAQs

Alcoholics Anonymous
www.alcoholics-anonymous.org.uk/Professionals/Frequently-asked-Questions

Narcotics Anonymous
ukna.org/faqs

Cocaine Anonymous
www.ca.org/literature/whatisca.htm

Drug Addicts Anonymous
www.drugaddictsanonymous.org.uk/faq.shtml

Al-Anon
www.al-anonuk.org.uk/public/faqs-about-al-anon

Families Anonymous
www.famanon.org.uk/about/

Meeting directories

Alcoholics Anonymous
www.alcoholics-anonymous.org.uk/AA-Meetings/Find-a-Meeting

Narcotics Anonymous
ukna.org/meetings-search

Cocaine Anonymous
www.cauk.org.uk/Meetings/wtf.asp

Drug Addicts Anonymous
www.drugaddictsanonymous.org.uk/daa-meetings.shtml

Al-Anon
www.al-anonuk.org.uk/meetings/

SMART Recovery
www.smartrecovery.org.uk/meetings

SMART Online Recovery
www.smartrecovery.org.uk/community/smart-recovery-community

Appendix 2. References

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