

# Maximizing AA Referrals

Understanding the History and Power of Self-Help Meetings

Stanley Nkemjika, MD

Vaibhav Vyas, MD

Sherry Nykiel, MD, DFAPA, FASAM

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# Disclosure Information

## Maximizing AA Referrals: Understanding the History and Power of Self-Help Meetings

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Stanley Nkemijika, MD

- ◆ No disclosures
- ◆ Stanley.Nkemjika@jefferson.edu



Vaibhav Vyas, MD

- ◆ No disclosures
- ◆ vyasvmd@gmail.com



Sherry Nykiel, MD, DFAPA, FASAM

- ◆ No disclosures
- ◆ drsherrynykiel@gmail.com

# Learning Objectives

- ◆ By the end of the workshop, participants will:
  - ◆ Know the history, structure and principles of Alcoholics Anonymous (AA)
  - ◆ Compare and contrast common myths with the clinical evidence supporting AA's efficacy
  - ◆ Understand and be equipped to address patient barriers to participation in AA and other mutual support groups.

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**Do you recommend patients attend  
AA meetings? Why or why not?**

① Start presenting to display the poll results on this slide.

# AA and Healthcare Professionals

## Additional Help

Percentage of members who received some type of treatment or counseling (such as medical, psychological, spiritual, etc.) related to their drinking, either before or after coming to A.A.



BEFORE coming to A.A.

**60%** 79% of those members who received treatment or counseling said it played an important part in directing them to A.A.

AFTER coming to A.A.

**56%** 86% of those members who received treatment or counseling said it played an important part in their recovery from alcoholism.



Relationship with  
Healthcare Professionals

**53%**

Referred to A.A. by a counselor,  
medical or mental health  
professional.

**77%**

Members' doctors know  
they are in A.A.

# A Brief History of AA



"The Man on the Bed". This oil painting was created by Robert M. for the AA Grapevine and was reproduced as the center spread in the December, 1955 issue.

# A Brief History of AA

## ◆ 1935: Founding of AA

- Alcoholics Anonymous was founded in Akron, Ohio, by Bill Wilson (known as Bill W.) and Dr. Bob Smith (Dr. Bob) on June 10, 1935.

## ◆ 1939: Publication of "The Big Book"

- AA's basic text, "Alcoholics Anonymous," commonly referred to as "The Big Book," was published. It outlined the 12 Steps of recovery and included personal stories of members.

## ◆ 1940s: Expansion and Public Recognition

- AA began to grow rapidly, expanding to other cities and countries. By the end of the 1940s, AA had thousands of members worldwide.

# A Brief History of AA

## ◆ 1950s: The Twelve Traditions

- The Twelve Traditions were formulated and adopted to help govern AA groups and address issues of anonymity, autonomy, and organization.

## ◆ 1970s: Widespread Growth

- AA continued to expand, reaching over 300,000 members by the mid-1970s.

## ◆ 1980s and 1990s: Global Reach

- By the late 20th century, AA had established a presence in numerous countries around the world, with literature translated into many languages.



# A Brief History of AA

## ◆ 2001: Digital Age Adaptations

- AA began embracing digital tools and online meetings, particularly as the internet became more accessible.

## ◆ 2020s: Continued Adaptation During COVID-19 Pandemic

- The COVID-19 pandemic led to a significant increase in virtual AA meetings, allowing the organization to continue supporting individuals in recovery despite social distancing measures.

# AA by the Numbers

- ◆ Approximately 2,000,000 members and 123,000 groups in 180 nations worldwide
- ◆ AA's literature has been translated into over 100 languages



<https://www.aa.org/aa-around-the-world>

# AA by the Numbers

When did you first come to A.A.



13%

LESS THAN  
A YEAR

15%

BETWEEN  
1-5 YEARS

12%

BETWEEN  
5-10 YEARS

19%

BETWEEN  
10-20 YEARS

41%

MORE THAN  
20 YEARS

When did you have your last drink?

23% LESS THAN  
A YEAR

20% BETWEEN  
1-5 YEARS

13% BETWEEN  
5-10 YEARS

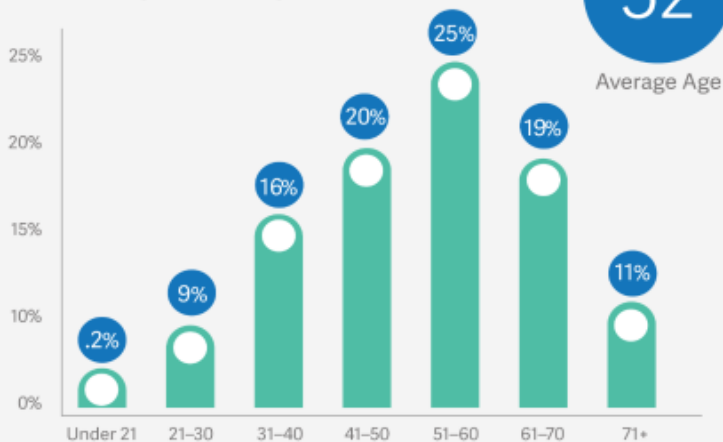
16% BETWEEN  
10-20 YEARS

28% MORE THAN  
20 YEARS

# AA by the Numbers

## Age of Membership

These numbers do not add up to 100% because they were rounded.



## Gender of Members



63.94% Male

35.45% Female

0.46% Non-binary, neither, both, gender fluid, non-conforming

0.15% Other

## Composition of Membership



Asian	1.2%	Pacific Islander or Hawaiian Native	0.3%
Black, African American, or African Canadian	3.6%	White, Caucasian, or European American	87.7%
Hispanic, Latino, or Spanish origin	7.3%	Multi-racial	0.3%
Native American, Alaska Native, Indigenous, First Nations, Metis or Inuk (Inuit)	2.8%	Other	0.5%

\*These numbers do not add up to 100% because respondents were allowed to select more than one.

“AA is mostly middle-aged, white men.” – Not a myth

<https://www.aa.org/membership-survey-2022#resources>

# Types of AA meetings

- ◆ **Open meetings:** available to anyone interested in AA's program of recovery. Non-alcoholics may attend as observers.
- ◆ **Closed meetings:** for AA members only or for those who have a drinking problem and “have a desire to stop drinking.”

## **THIS IS A CLOSED MEETING OF ALCOHOLICS ANONYMOUS**

This is a closed meeting of Alcoholics Anonymous. In support of A.A.'s singleness of purpose, attendance at closed meetings is limited to persons who have a desire to stop drinking. If you think you have a problem with alcohol, you are welcome to attend this meeting. We ask that when discussing our problems, we confine ourselves to those problems as they relate to alcoholism.

(The 1987 General Service Conference made this statement available as an A.A. service piece for those groups who wish to use it.)

## **THIS IS AN OPEN MEETING OF ALCOHOLICS ANONYMOUS**

This is an open meeting of Alcoholics Anonymous. We are glad you are all here — especially newcomers. In keeping with our singleness of purpose and our Third Tradition which states that “The only requirement for A.A. membership is a desire to stop drinking,” we ask that all who participate confine their discussion to their problems with alcohol.

(The 1987 General Service Conference made this statement available as an A.A. service piece for those groups who wish to use it.)

# Meeting Formats

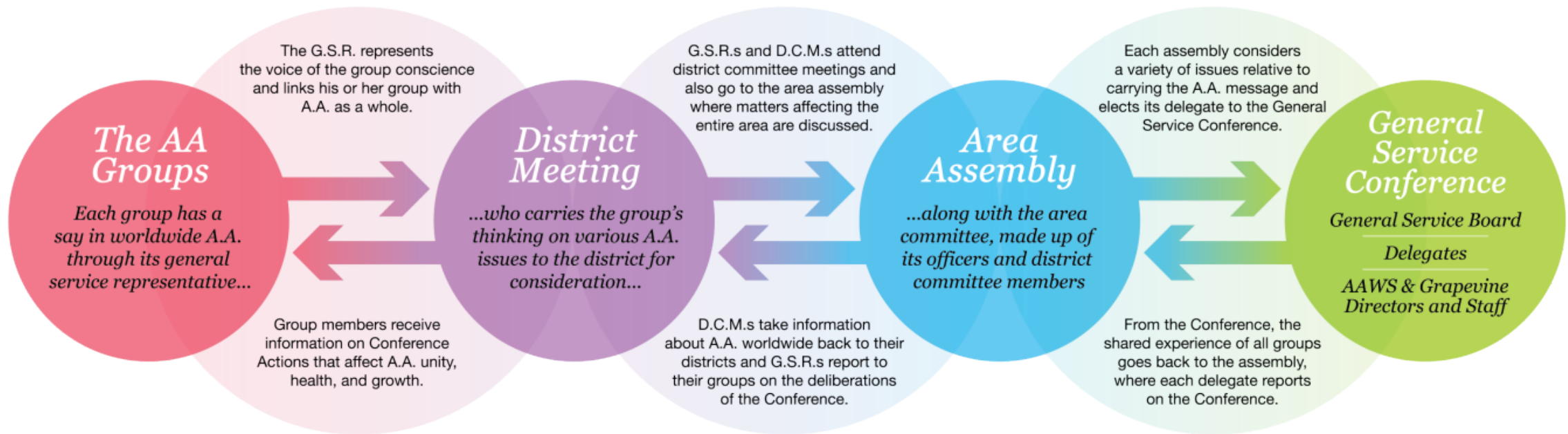
- ◆ Discussion
- ◆ Speaker
- ◆ Beginners
- ◆ Literature
  - ◆ Step Study
  - ◆ Tradition Study
  - ◆ Big Book

# Affinity Groups

- ◆ Women
- ◆ Men
- ◆ Beginners
- ◆ LGBTQ
- ◆ Young people
- ◆ Specific language

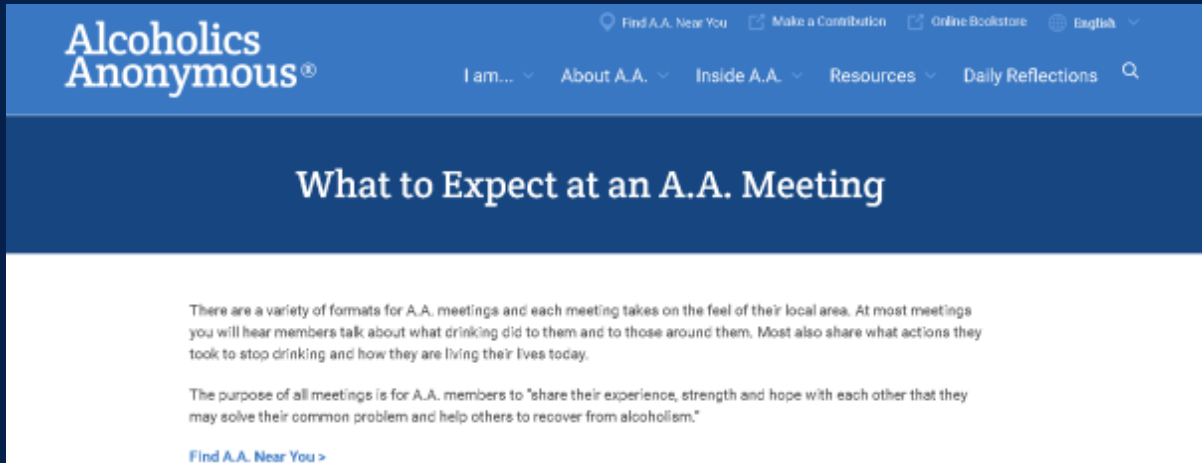


# AA Structure & Service



# AA Resources

- ◆ <https://www.aa.org>
- ◆ <https://www.aa.org/information-about-meetings>
- ◆ <https://www.aa.org/faqs>



The screenshot shows the Alcoholics Anonymous website. The header is blue with the logo on the left and navigation links on the right: 'Find A.A. Near You', 'Make a Contribution', 'Online Bookstore', and 'English'. Below the header is a dark blue banner with the title 'What to Expect at an A.A. Meeting'. The main content area is white and contains two paragraphs of text. The first paragraph describes the variety of meeting formats and the shared experience of members. The second paragraph states the purpose of meetings is to share experience, strength, and hope. At the bottom left, there is a link 'Find A.A. Near You >'.

Alcoholics Anonymous®

Find A.A. Near You Make a Contribution Online Bookstore English

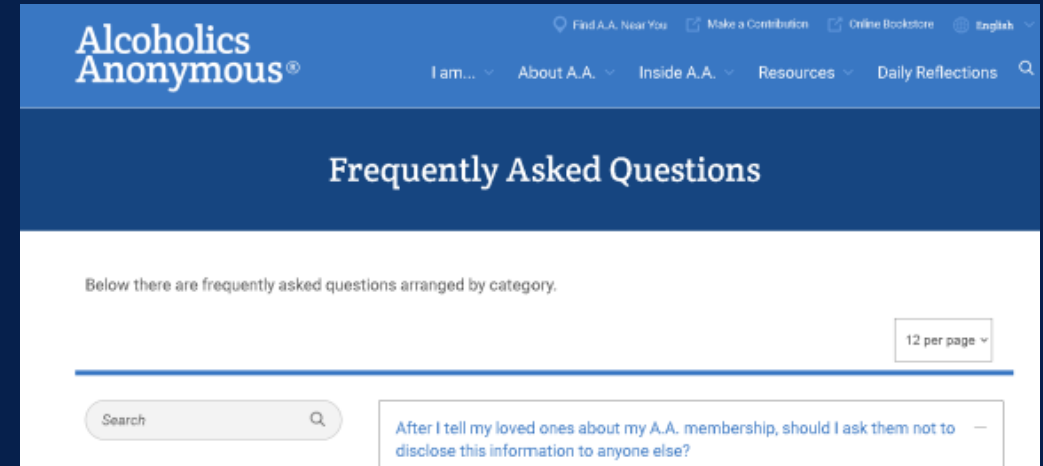
I am... About A.A. Inside A.A. Resources Daily Reflections

## What to Expect at an A.A. Meeting

There are a variety of formats for A.A. meetings and each meeting takes on the feel of their local area. At most meetings you will hear members talk about what drinking did to them and to those around them. Most also share what actions they took to stop drinking and how they are living their lives today.

The purpose of all meetings is for A.A. members to "share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism."

[Find A.A. Near You >](#)



The screenshot shows the Alcoholics Anonymous website. The header is blue with the logo on the left and navigation links on the right: 'Find A.A. Near You', 'Make a Contribution', 'Online Bookstore', and 'English'. Below the header is a dark blue banner with the title 'Frequently Asked Questions'. The main content area is white and contains a paragraph of text. Below the text is a search bar and a dropdown menu. The search bar contains the text 'Search' and a magnifying glass icon. The dropdown menu is open, showing a list of questions. The first question is 'After I tell my loved ones about my A.A. membership, should I ask them not to disclose this information to anyone else?'.

Alcoholics Anonymous®

Find A.A. Near You Make a Contribution Online Bookstore English

I am... About A.A. Inside A.A. Resources Daily Reflections

## Frequently Asked Questions

Below there are frequently asked questions arranged by category.

12 per page

Search

After I tell my loved ones about my A.A. membership, should I ask them not to disclose this information to anyone else?



# The Evidence for AA



# The Evidence for AA

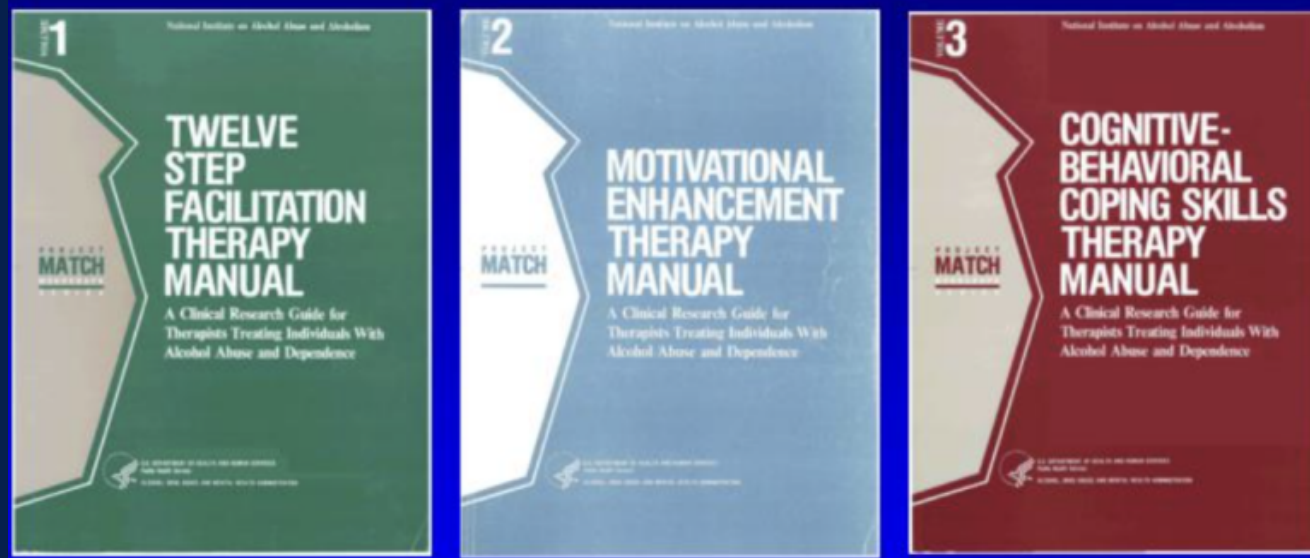
- ◆ The evidence base for AA for the treatment of Alcohol Use Disorder (AUD) is extensive and suggests significant efficacy in promoting abstinence and recovery.



# Project MATCH

- ◆ **Project Matching Alcoholism Treatment to Client Heterogeneity (MATCH)** is a landmark study conducted by the NIAAA from 1989-97 whose purpose was to determine if specific alcohol treatment approaches work better for different types of individuals
- ◆ **Study Design:** The project involved over 1,700 participants, making it one of the largest studies of its kind, with patients randomly assigned to one of the three treatment groups over a 12-week period

# Project MATCH



- ◆ **Twelve-Step Facilitation (TSF):** Encourages participation in Twelve-Step programs like Alcoholics Anonymous.
- ◆ **Motivational Enhancement Therapy (MET):** Increases motivation and commitment to change drinking behavior.
- ◆ **Cognitive-Behavioral Therapy (CBT):** Focuses on skills to reduce drinking behavior.

# Project MATCH-Key Findings

- ◆ **All three treatments were effective** in reducing alcohol use.
- ◆ No major differences in long-term outcomes across treatment types.
- ◆ **Patient-treatment matching effects were minimal**, meaning one approach was not significantly better than another based on patient characteristics.
  - ◆ Certain subgroups responded better to specific treatments, highlighting the importance of matching treatment types to individual needs.
- ◆ **Higher AA involvement** was associated with better long-term abstinence, particularly for those in TSF.

# Project MATCH

- ◆ **Clinical Implications:** The results emphasize the value of personalized treatment plans and support the efficacy of structured therapy approaches in managing AUD.
- ◆ **Clinical Impact:** Project MATCH has significantly influenced clinical practices and research directions in addiction medicine, advocating for personalized treatment strategies in AUD therapy.

# COMBINE Study

- ◆ The **COMBINE (Combined Pharmacotherapies and Behavioral Interventions)** study, conducted by NIAAA from 1997-2006 explored the effectiveness of combining medication and behavioral interventions.
  - **Medications:** Naltrexone and acamprosate, used separately and in combination.
  - **Behavioral Interventions:** Cognitive Behavioral Intervention (CBI), Motivational Enhancement Therapy (MET), and Medical Management (MM).
- ◆ **Study Design:** Large-scale RCT involving 1,383 participants with AUD randomized into eight groups with various combinations of medication and behavioral therapy.

# COMBINE – Key Findings

- Naltrexone showed significant effectiveness in reducing heavy drinking.
- The combination of naltrexone, cognitive behavioral interventions and medical management was particularly effective, more so than acamprosate or placebo.
- Acamprosate did not show significant efficacy when combined with naltrexone or behavioral interventions.



# COMBINE Study

## ◆ Clinical Implications:

- ◆ Supports the use of naltrexone and behavioral interventions as a combined treatment for alcohol dependence.
- ◆ Highlights the need for personalized treatment plans based on individual responses to medication and therapy

- ◆ **Clinical Impact:** The COMBINE study has influenced guidelines and practices in treating AUD by demonstrating the benefits of integrated treatment.

# Cochrane Review (2020)



Trusted evidence.  
Informed decisions.  
Better health.

Cochrane Database of Systematic Reviews

[Intervention Review]

## Alcoholics Anonymous and other 12-step programs for alcohol use disorder

John F Kelly<sup>1</sup>, Keith Humphreys<sup>2</sup>, Marica Ferri<sup>3</sup>

<sup>1</sup>Recovery Research Institute, Center for Addiction Medicine, Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts, USA. <sup>2</sup>Veterans Affairs and Stanford University Medical Centers, Stanford University Stanford School of Medicine, Stanford, CA, USA. <sup>3</sup>Best practices, knowledge exchange and economic issues, European Monitoring Centre for Drugs and Drug Addiction, Lisbon, Portugal




Kelly JF, Humphreys K, Ferri M. Alcoholics Anonymous and other 12-step programs for alcohol use disorder. *Cochrane Database of Systematic Reviews*. 2020;(3)

# Cochrane Review

- ◆ **Meta-analysis comparing** Alcoholics Anonymous/Twelve-Step Facilitation (AA/TSF) **with other clinical interventions (MET, CBT) and other 12-step program variants**
  - ◆ 27 studies containing 10,565 participants
- ◆ **Primary Outcome Measures:** abstinence, alcohol-related consequences, and alcohol addiction severity
- ◆ **Secondary Outcome Measures:** healthcare cost offsets, indices of quality of life and psychological well-being.

# Cochrane Review

- ◆ AA/TSF led to **higher continuous abstinence** rates at 12, 24, and 36 months compared to other treatments.
- ◆ AA/TSF also showed better or equal results for **days abstinent** and **reducing alcohol-related consequences** over time.
- ◆ Implementation of AA/TSF can lead to significant reductions in healthcare costs due to its effectiveness.
- ◆ Intensive TSF interventions (e.g., active AA participation, monitoring, and personal AA member linkages) enhance outcomes more than standard treatment as usual (TAU). 

# Cochrane Review

## ◆ Underlying Mechanisms

- AA/TSF links individuals to a free, long-term recovery peer support network (AA).
- Promotes therapeutic mechanisms:
  - increases in coping skills, self-efficacy, motivation for recovery;
  - reduces craving and impulsivity.
- Facilitates positive changes in social networks supportive of recovery.

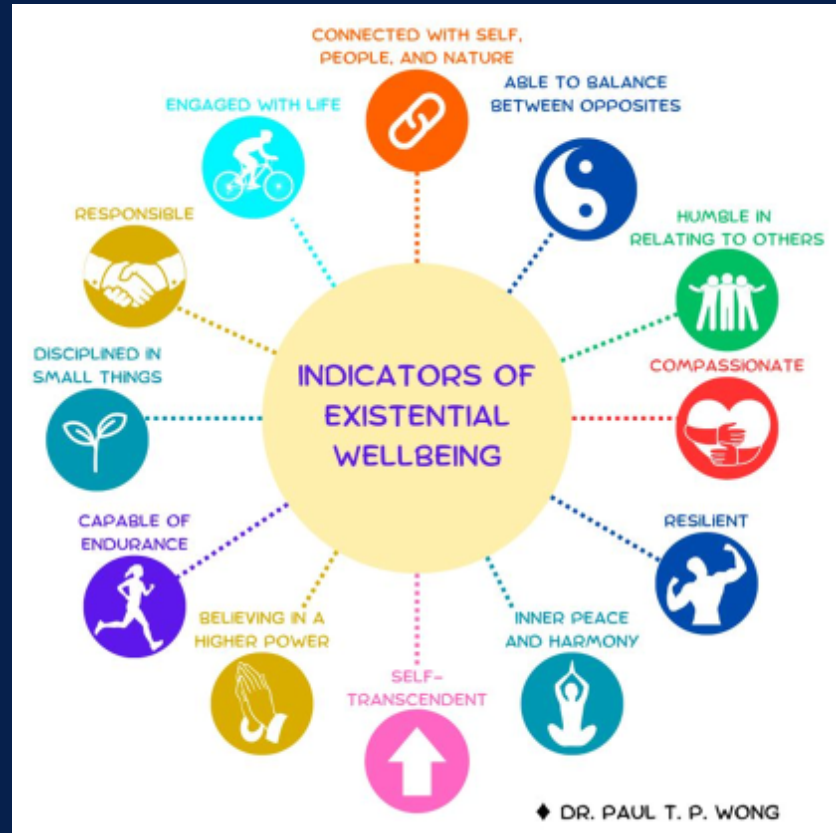
# Integrated Treatment

- ◆ Randomized experimental design compared integrated mental health and substance use treatment with standard hospital treatment for people with co-occurring serious mental illness and alcohol use disorder.
- ◆ Integrated treatment significantly reduced alcohol use by 54%
- ◆ Other factors found to influence reduced alcohol use include:
  - ◆ motivation for sobriety
  - ◆ Attendance at posttreatment self-help groups
  - ◆ Enhanced social support for sobriety

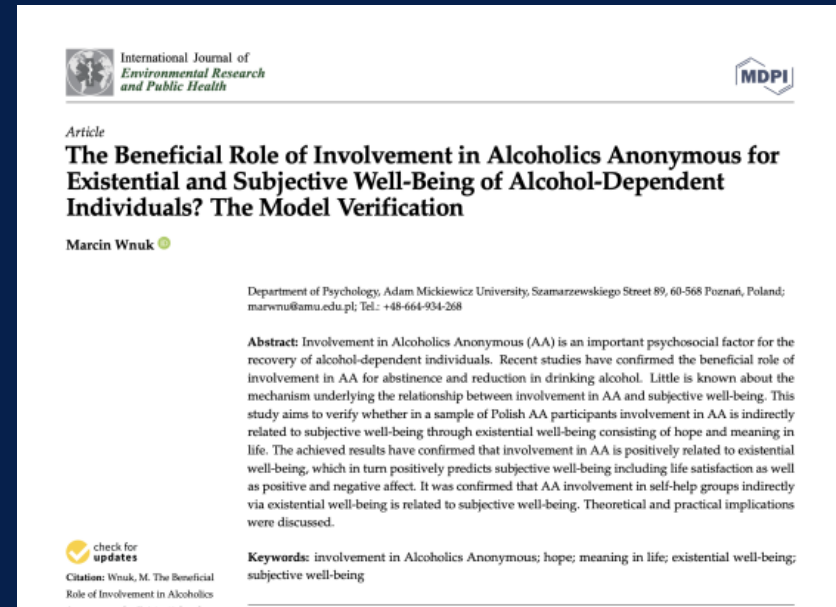


# AA and Well-Being

- ◆ Does existential well-being (hope and meaning in life) mediate the relationship between AA involvement and subjective well-being?



<https://www.meaning.ca/web/wp-content/uploads/2023/09/3f.png>



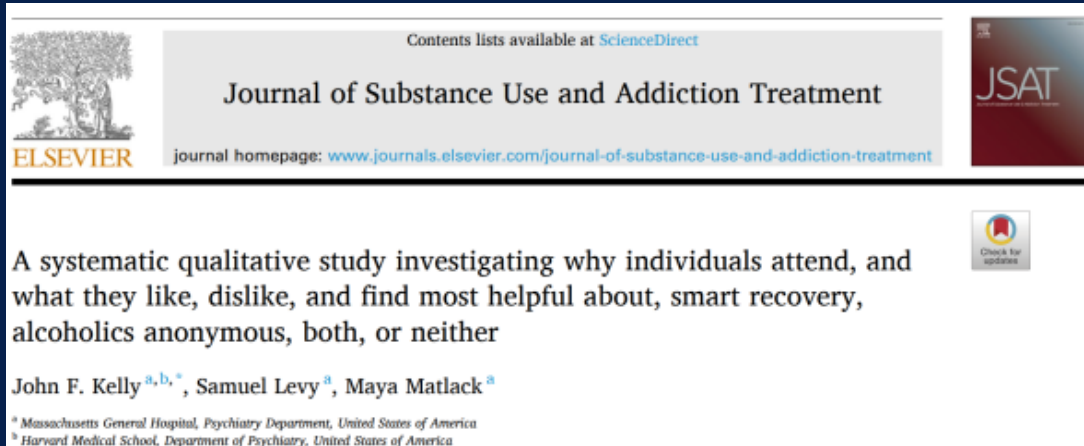
<https://pmc.ncbi.nlm.nih.gov/articles/PMC9104992/pdf/ijerph-19-05173.pdf>

# AA and Well-Being

- ◆ The results confirmed that AA involvement is **positively** linked to existential well-being, which, in turn, predicts higher levels of subjective well-being, including life satisfaction and both positive and negative affect.
- ◆ The study highlights that AA's impact on well-being occurs indirectly through existential well-being, providing a deeper understanding of how AA contributes to overall emotional and mental health.



# AA and SMART Recovery



- ◆ Qualitative interviews were conducted to explore why participants chose specific recovery pathways: AA only, SMART only, both, and neither.

- Participants selected their recovery pathways based on personal preferences and perceived benefits:
  - **AA Only:** Valued for community and social support.
  - **SMART Only:** Preferred for its structured, CBT-based approach.
  - **Both:** Participants utilized the combined benefits of AA's support and SMART's structure.
  - **Neither:** Chose alternative recovery methods due to concerns about privacy or the severity of their conditions

# AA and SMART Recovery

- Common likes across pathways included:
  - AA: The sense of fellowship and community.
  - SMART: The scientific approach and structured sessions.
  - Both: The comprehensive support combining AA's and SMART's strengths.
- Features found particularly beneficial included:
  - AA: Peer support and shared experiences.
  - SMART: Tools and techniques based on psychological principles.

# AA and SMART Recovery

- **Dislikes or challenges faced**

- **AA:** Larger, less structured meetings sometimes led to behavioral issues.
- **SMART:** The commitment required for lengthy meetings.
- **Both:** Balancing two differing philosophies.
- **Neither:** Lack of structured support found in mutual-help groups.

- ◆ **Alternatives for 'Neither' Group**

- Participants not engaging with AA or SMART often pursued personal coping strategies or formal treatment options such as therapy or medication.

# Group Activity



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**What are some of the complaints, criticisms or misconceptions patients bring up about AA?**

① Start presenting to display the poll results on this slide.

# Complaints, criticisms and misconceptions

- **Stigma & Anonymity Concerns** – Fear of being recognized or judged.
- **Religious/Spiritual Overtones** – Some struggle with the "higher power" concept.
- **One-Size-Fits-All Approach** – AA may not suit everyone's recovery style.
- **Lack of Professional Guidance** – Peer-led model without clinical oversight.
- **Group Dynamics Issues** – Overpowering personalities, conflicts, or cliques.
- **Attendance Commitment** – Frequent meetings can be demanding.
- **Resistance to Labels** – "Alcoholic" identity may feel stigmatizing.
- **Lack of Privacy** – Worry about confidentiality breaches.
- **Rigid Structure** – Discomfort with "working the steps" as prescribed.
- **Negative Past Experiences** – Encounters with unwelcoming or dogmatic members.
- **Forced Attendance** – Court-mandated meetings can feel punitive.
- **Doubts About Effectiveness** – Some question AA's success rates.
- **Social Anxiety** – Difficulties sharing personal struggles in a group.
- **Fear of Judgment**: Concerns about criticism from peers

# “It’s too religious.”

- ◆ **Reality:** AA is spiritual, not religious. “Higher Power” concept is open to interpretation
- ◆ **Fact:** Many atheists and agnostics successfully engage in AA
- ◆ **Alternative:** Some mutual support groups (SMART Recovery) emphasize secular recovery approaches

# “AA is against medications for addiction treatment.”

- ◆ Reality: While some AA members are skeptical, AA as an organization does not oppose MAT.
- ◆ Fact: The AA Big Book recognizes medical advancements in addiction treatment; Tradition 10 states that “AA has no opinion on outside issues.”
- ◆ Alternative: Some groups are more open than others – finding the right meeting is key.



# “You have to go to AA forever.”

- ◆ **Reality:** AA is not mandatory for life, but long-term supports can be beneficial.
- ◆ **Fact:** Some people attend only during early recovery, while others stay for continued support.
- ◆ **Alternative:** There are many paths to recovery, including therapy, medication, and other support groups.

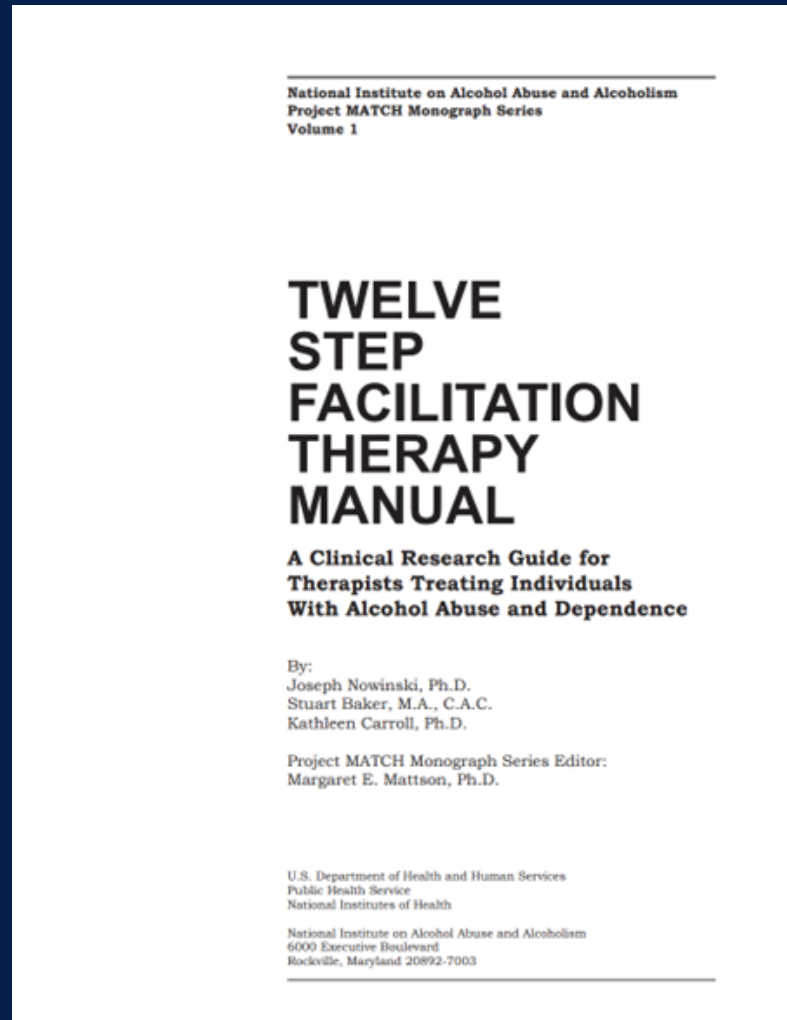
# “I don’t want to stand up and bare my soul.”

- ◆ Reality: AA does not have a requirement about speaking at meetings.
- ◆ Fact: Only those who wish to do so speak at AA meetings
- ◆ Alternative: There are speaker meetings with no discussion; virtual meetings allow you to write “only listening” next to your name.

# Improving Perceptions

- **Misconceptions** create **barriers** to seeking help.
- **Encourage Secular & Inclusive Meetings** – More diverse formats help attract different populations.
- **Promote Alternative Recovery Paths** – AA is one tool among many for addiction recovery; AA has benefits, but it's not for everyone.
- **Address Concerns About Confidentiality** – Reaffirming anonymity fosters trust.
- **Educate on AA's Flexibility** – Meetings and approaches vary widely.
- **Normalize Different Recovery Journeys** – Not everyone's path looks the same; recovery is personal – finding the right support is key.
- **Openness, flexibility, and respect** for different approaches improve engagement.

# 12 Step Facilitation



<https://www.niaaa.nih.gov/sites/default/files/match01.pdf>



# 12 Step Facilitation (TSF)

- ◆ **TSF** is a structured, manualized intervention designed to help individuals engage in 12-step recovery programs like Alcoholics Anonymous (**AA**) and Narcotics Anonymous (**NA**).
- ◆ **Goal:** Facilitate active participation in self-help groups to promote sustained abstinence.
- ◆ **Foundation:** Based on principles of abstinence, surrender and active involvement in 12 Step fellowships.

# 12 Step Facilitation

- ◆ Developed as part of Project MATCH, a large-scale study on addiction treatment and designed as a stand-alone therapy to complement 12 Step participation.
- ◆ Core Principles:
  - ◆ **Acceptance:** Recognizing addiction as a disease and acknowledging loss of control
  - ◆ **Surrender:** Turning to a higher power or support system for help
  - ◆ **Active involvement:** Attending meetings, engaging with a sponsor, and working through the 12 Steps.

# Structure of TSF Sessions

- ◆ Typically delivered in 12-15 structured sessions by a trained facilitator
- ◆ Emphasizes group discussions, reading materials and reflective exercises
- ◆ Session themes:
  - ◆ Introduction to the 12-Step philosophy
  - ◆ Acceptance and denial
  - ◆ Spiritual and social aspects of recovery
  - ◆ Relapse prevention strategies

# Key Techniques in TSF

- ◆ **Psychoeducation:** Educating patients on addiction and recovery.
- ◆ **Facilitated reflection:** Exploring personal experiences related to substance use.
- ◆ **Encouraging meeting attendance:** Assigning participation in 12-Step meetings
- ◆ **Sponsorship guidance:** Encouraging mentorship within the 12-Step community.



# Benefit of TSF for Patients

- ◆ Increased abstinence rates and reduced relapse risk.
- ◆ Stronger social support networks through the 12-step groups.
- ◆ Greater emotional and spiritual well-being.
- ◆ Enhanced self-efficacy and personal responsibility.

## TSF vs. CBT vs.

APPROACH	FOCUS	STRENGTH	LIMITATIONS
<b>TSF</b>	12-step engagement	Strong peer support; long term recovery	Spiritual emphasis may deter some clients
<b>CBT</b>	Cognitive restructuring	Skills-based, individual focused	Required trained therapists
<b>MET</b>	Motivational enhancement	Brief and client-centered	Less focus on long-term support

# Implementing TSF in Clinical Practice

- ◆ **Training for facilitators:** Addiction counselors, social workers and psychologists.
- ◆ **Integration into treatment programs:** Residential, outpatient and community-based settings.
- ◆ **Monitoring progress:** Attendance, engagement in meetings and relapse prevention strategies.

# TSF Final Thoughts

- TSF is an **evidence-based approach** that enhances long-term sobriety.
- Encourages **active participation in peer support groups**.
- Best suited as **part of a comprehensive addiction treatment plan**.
- Further research is needed to enhance engagement and accessibility.

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**List something you have learned today that will improve your referrals to 12 Step meetings.**

① Start presenting to display the poll results on this slide.

# Final Takeaways

- ◆ Extensive research, including systematic reviews and clinical studies, robustly supports AA as an effective treatment option for alcohol use disorder (AUD).
- ◆ By addressing and clarifying common misconceptions, clinicians can help patients more openly consider and potentially benefit from participation in AA.
- ◆ Twelve-Step Facilitation is a proven intervention that effectively engages patients in treatment by encouraging active participation in AA, fostering long-term recovery .

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## Audience Q&A

① Start presenting to display the audience questions on this slide.

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