



Public Health
England

Facilitating access to mutual aid

Three essential stages for helping clients
access appropriate mutual aid support

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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Introduction

Mutual aid groups are a source of structure and continuing support for people seeking recovery from alcohol or drug dependence, and for those directly or indirectly affected by dependence, such as partners, close friends, children and other family members. The evidence base shows that clients who actively participate in mutual aid are more likely to sustain their recovery, and the National Institute of Health and Care Excellence (NICE) recommends that treatment staff routinely provide information about mutual aid groups and facilitate access for those who want to attend (NICE, 2007; NICE, 2011; NICE, 2012). In working towards compliance with NICE quality standards, local commissioners and service providers will seek to ensure that facilitating access to mutual aid is supported within the local recovery system and that keyworkers recognise it as an integral part of their role.

Keyworkers must give thought to the way they approach the subject of mutual aid with their clients because the evidence shows that simply providing information and leaving them to make contact often results in them either never attending or quickly dropping out (Humphreys, 1999). A more active approach involves services promoting and hosting local meetings, holding explicit and structured conversations with clients, and setting care-planned goals around attending and engaging. Evidence shows that this kind of approach is usually more effective (Timko et al., 2006).

Some specialist interventions have been developed to help clients engage with specific mutual aid organisations (eg, 12-step facilitation, SMART Recovery Partnership programme and other structured programmes). However, these protocols require specialised training, which is usually delivered over eight to 12 weekly sessions in a group setting.

This document provides keyworkers with a pragmatic intervention adapted from an evidence-based approach to facilitating access to mutual aid, using their existing skills in regular one-to-one key-work sessions. It focuses on holding explicit and structured conversations with clients, and setting care-planned goals around attending and engaging in mutual aid programmes.

The evidence base

The three essential stages set out here are based on an approach originally developed in the US for referring clients to 12-step groups (Timko, 2006). The approach provides an evidence-based short, simple and effective method for boosting mutual aid participation. We have adapted the approach for the UK context, using a one-to-one keyworking session to help clients access and engage with any mutual aid group (12-step and non-12-step) with relative ease.

Facilitating access to mutual aid

Facilitating access to mutual aid calls on generic skills that we would expect every drug and alcohol treatment worker to use with all their clients to give them the best chance at participating in a mutual aid group of their choice. Motivational interviewing techniques are particularly relevant and can usefully be drawn upon during the facilitation process – for more information on motivational interviewing, see '[Briefing paper 1: motivational interviewing by the substance misuse skills consortium](#)' and other useful texts cited in the reference section.

Facilitators

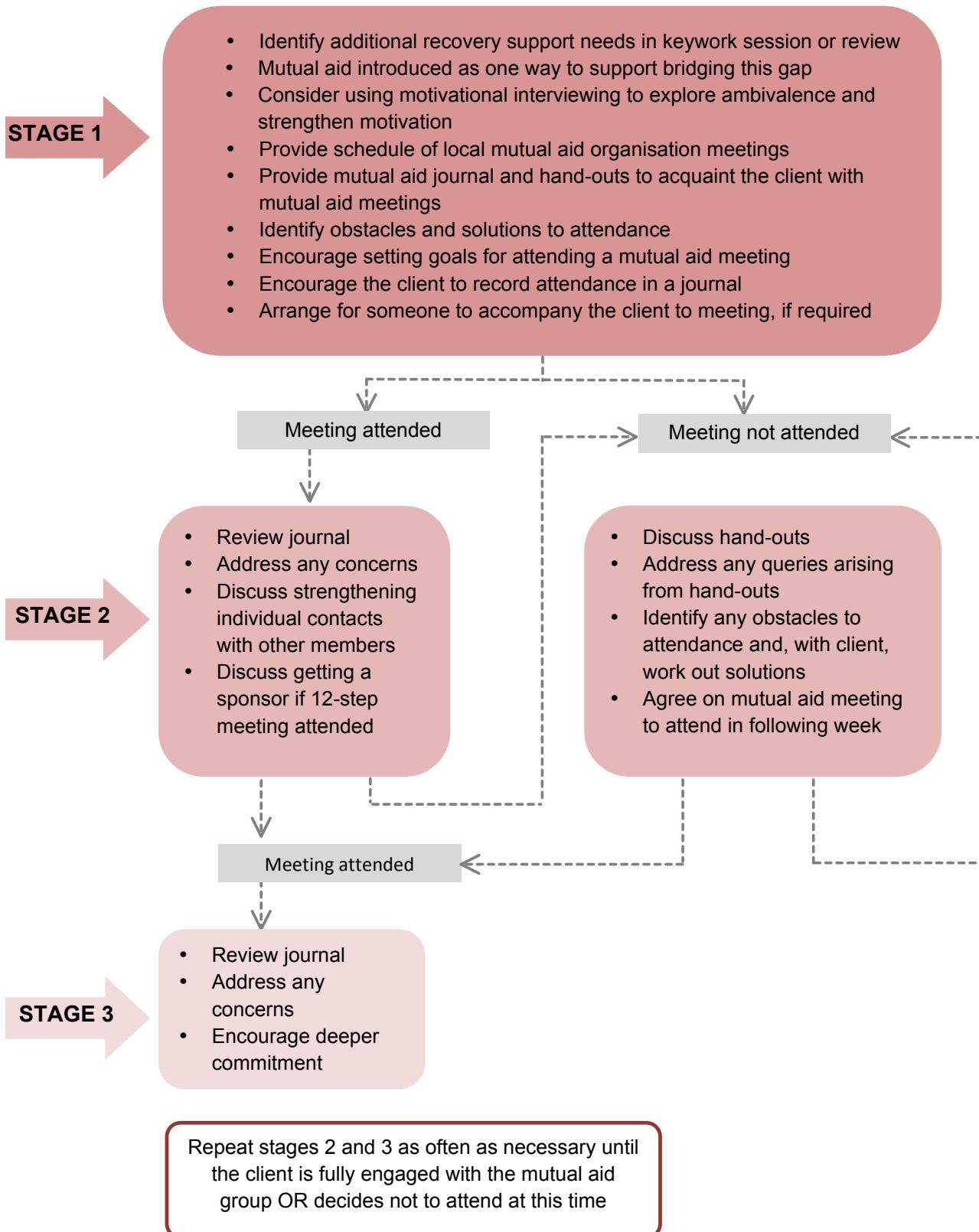
The keyworker should be capable of talking clients, and anybody accompanying them, through the various local mutual aid programmes, the philosophy of each group, programme content (ie, SMART Recovery 4-point programme, and 12-steps and traditions), and the types of meetings in the local area. All services 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 that may arise and confident in addressing any negative perceptions that are voiced.

Keyworkers will benefit from familiarising themselves with local mutual aid group meetings, by reading specific literature and attending some meetings. This will give them an understanding of what it might be like for their clients, and could maximise the effectiveness of this intervention.

Knowledge of local meetings will also help keyworkers 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 and give advice about particular meetings and the programme in general.

In partnership areas where there is a strong recovery community-based organisation or peer mentoring service, current or ex-clients who have experience of recovery may play a useful role in this aspect of the facilitation process.

The three-stage FAMA model



Session one: introducing mutual aid

The aim of this first session is to introduce mutual aid into regular keyworking sessions. It is recommended that the last 15-minutes of the keyword session are set aside for checking the client's past experiences and perceptions of mutual aid, and for providing information suitable to their level of experience and the local area:

1. Introduce how mutual aid might help. It will be beneficial if the keyworker has already started working with the client to identify the gap between where they are now and where they would like to be. Mutual aid can be introduced as one way of helping the client move towards making changes to achieve their goals.

2. Ask about past experience. The keyworker might begin by asking the client about any past experience of attending mutual aid groups:

- this is likely to produce a varied response from client to client. Some will have had no experience at all, while others may have attended a particular group for many years before relapsing
- as this is the initial introductory session it is not necessary to go into detail about the client's experiences but you will need to keep a record for discussion in later sessions

3. Give information. The rest of the session should focus on giving information:

- the keyworker should explain to the client, if necessary, exactly what mutual aid is, discuss its benefits and why it is considered a source of structure and continuing support for people seeking recovery from alcohol or drug dependence
- the keyworker should also explain what groups are available for them to try locally, where possible offering a little detail about the unique characteristics of each group
- Hand-outs 1 (What is mutual aid?) and 2 (Why is mutual aid important?) can be used as a basis for this part of the session

4. Prepare for next session. Spend the last part of the session providing the client with the remaining information hand-outs (3 to 6, see Appendix 2 for a full list), so they can have a look at these before the next session:

- explain that the session will be focused around the information contained in the hand-outs, so it is important they take the time to read them and make notes of any concerns or general questions
- if the client has literacy issues, approach this sensitively and offer to go through the hand-outs with them or make a referral to ensure appropriate support is available when required

5. Set goals. At this stage, depending on the client's experience of mutual aid and literacy level, you could encourage him or her to set the following goals:

- read all information hand-outs before the next session
- start thinking about which meeting(s) they would like to attend and, where possible, even speak to other clients about the meetings they have tried and liked.
- if the client has experience of mutual aid, and agrees to attend a meeting in the coming week, this will need recording in the journal
- also encourage the client to use a journal to note his or her experiences and bring it along to the next session for review

Reminder: make sure the client leaves with copies of all the hand-outs and a personal journal

Session two: encouraging the client to engage with a mutual aid group

You will need to allocate the majority of the second session to the topic of mutual aid. The keyworker and client discuss the content of the hand-outs issued in the previous session, agree which mutual aid group the client will attend, and discuss organising a peer to accompany to group if required.

1. Check-in and review hand-outs

- check if the client has taken the time to review each of the hand-outs
- if the client made a goal of attending a meeting, check whether they fulfilled this commitment. Spend a short time exploring his or her experience and making a note of any issues or concerns

2. Mutual aid groups: a brief introduction

- have a general discussion about the content of each of the hand-outs
- draw out any issues or concerns the client may have with the information in the hand-outs
- focus on talking these issues through with the client

3. Mutual aid groups: going to meetings

- discuss hand-out 3 (Going to meetings)
- draw out any issues or concerns the client has with the information in the hand-out
- focus on talking these issues through with the client

4. Mutual aid groups: problems and solutions

- discuss hand-out 5 (Problems and solutions)
- draw out any issues or concerns the client has with the information in the hand-out
- focus on talking these issues through with the client

5. Goal setting.

By the end of this session the client should be ready to commit to attending the first meeting.

- Using the list of local meetings, and having already discussed the different types of mutual aid meetings, encourage the client to identify their preferred type of mutual aid meeting and then a meeting he or she can attend in the coming week. Be mindful of other commitments that the client has – this will maximise the possibility of the client attending and avoid setting up him or her to fail
- make a record in the journal and ask the client to record his or her impressions of the meeting

Facilitating access to mutual aid

- ask the client to bring the journal to the next session

Peer accompaniment: for clients who would like to attend a meeting but are nervous about doing so, it will be necessary to make arrangements for them to be accompanied to their first meeting (see Appendix 1 for suggestions on peer accompaniment).

Session three: taking an interest in the client's experience of mutual aid groups

The third session focuses on taking an active interest in clients' attendance and engagement with mutual aid groups, helping them to overcome any difficulties they experience as they continue to attend meetings.

1. Check-in

- check whether the client has fulfilled his or her commitment and invite him or her to talk about the experience, using the journal as a guide if necessary

2. Problems and solutions

- if the client reports difficulties in attending meetings or did not fulfil his or her commitment to attend a meeting, revisit hand-out 5 (Mutual aid: problems and solutions)

3. Encouragement

- it may be worth encouraging the client to commit to attending a different meeting during the coming week or attending a 12-step meeting *and* a SMART Recovery meeting to gain a greater insight into which kind of group best meets their needs

4. Group participation

- revisit hand-out 4 (Group participation) with the client as now that he or she has started to attend meetings it is time for the next steps – ie, getting actively involved in meetings and, where relevant, thinking about sponsorship

5. Goals

By now, the client should be committing to attending further mutual aid meetings but may also commit to.

- swap telephone numbers with group members for additional support outside of meetings and developing supporting social networks
- speak to people about sponsorship

Future sessions: repeat sessions two and three as often as is necessary

References

Fiorentine, R., and Hillhouse, M.P., (2000) Self-efficacy, expectations, and abstinence acceptance: further evidence for the addicted-self model of cessation of alcohol and drug dependence behaviour. *American Journal of Alcohol and drug Abuse*, 26(4), 497-521. (18.67)

Humphreys K (1999) Professional interventions that facilitate 12-step self-help group involvement. *Alcohol Research & Health*, 23:2

NICE (2007) Drug misuse: psychosocial interventions. NICE clinical guideline 51. London: National Institute for Health and Clinical Excellence

NICE (2011) Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE clinical guideline 115. London: National Institute for Health and Clinical Excellence

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O'Brian, C.P., and McClellan, A.T., (1996) Myths about the treatment of addiction. *Lancet*, 347 (8996):237-40

Rollnick S, Miller,W., Butler C (2008) Motivational Interviewing in Health care: Helping Patients Change Behaviour. New York: The Guilford Press

Timko C, DeBenedetti A and Billow R (2006) Intensive referral to 12-step self-help groups and 6-month substance use disorder outcomes. *Addiction*, 101: 678-688

Weiss RD, Griffin ML, Gallop RJ et al. (2005) The effect of 12-step self-help group attendance and participation on drug use outcomes among cocaine-dependent patients. *Alcohol and Drug Dependence*, 77(2): 177-184.

Other useful resources

Briefing paper 1: Motivational interviewing Substance Misuse Skills Consortium (2013).

Miller, W.R. and Rollnick, S. (2013) Motivational Interviewing, Third Edition: Helping People Change. New York: Guilford Press

Appendix 1: recommendations for peer accompaniment

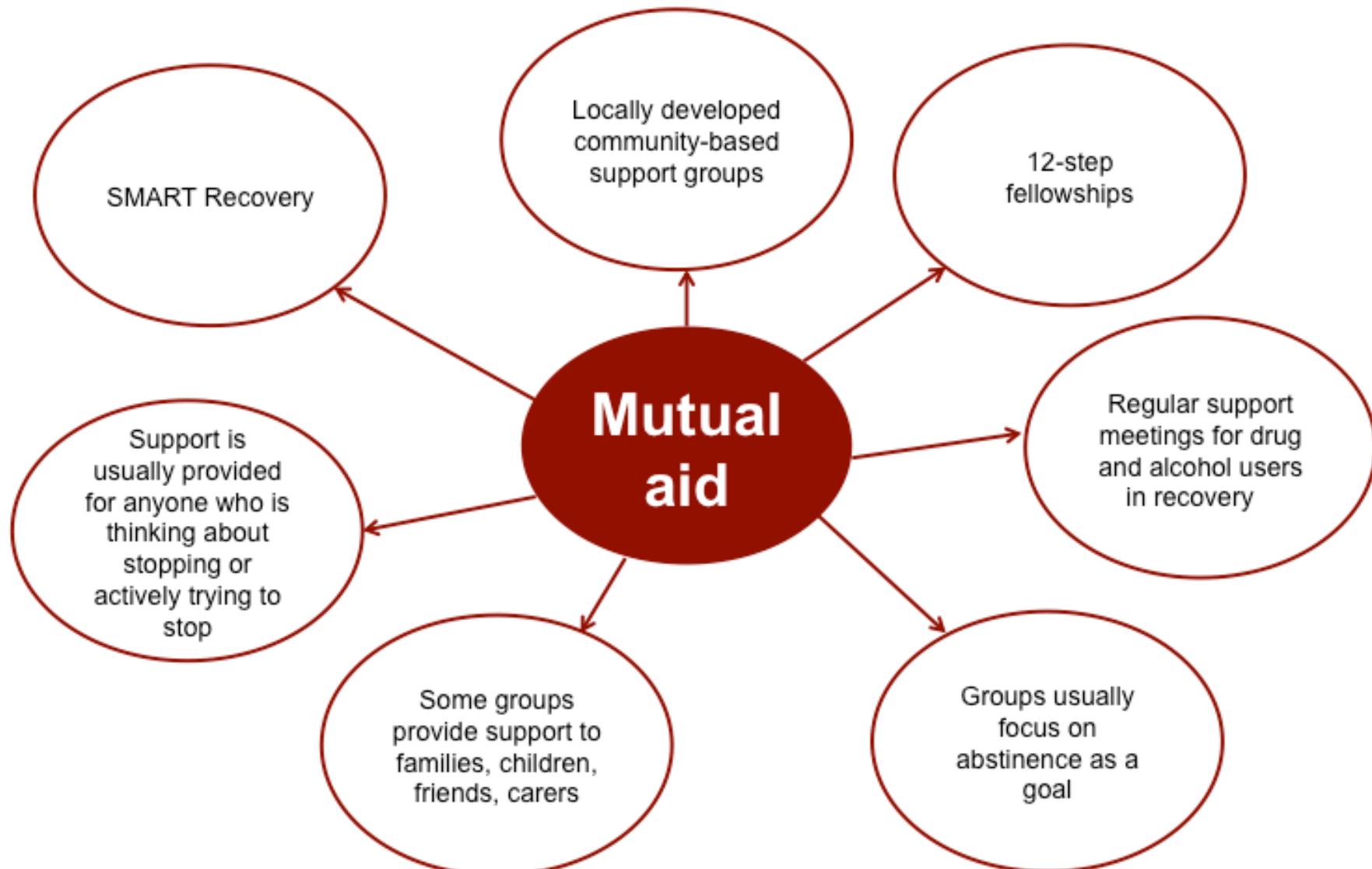
Arranging for people to accompany clients to meetings can really help those who are nervous or lack confidence around attending their first meeting. Consider one of the following options for ensuring this kind of peer support is available:

1. An established client of the service, with a consistent history of attending mutual aid meetings, is employed as a volunteer to accompany clients to their first meetings
2. The service provider engages a peer-based recovery champion to coordinate all tasks:
 - o calls mutual aid groups to generate a list of group members willing to accompany clients to their first meeting
 - o pairs each client with an appropriate group member to be accompanied to the first meeting
3. The service provider uses existing peer support programmes, or creates new ones, where peers who are relatively advanced in their recovery will volunteer to accompany new clients to meetings

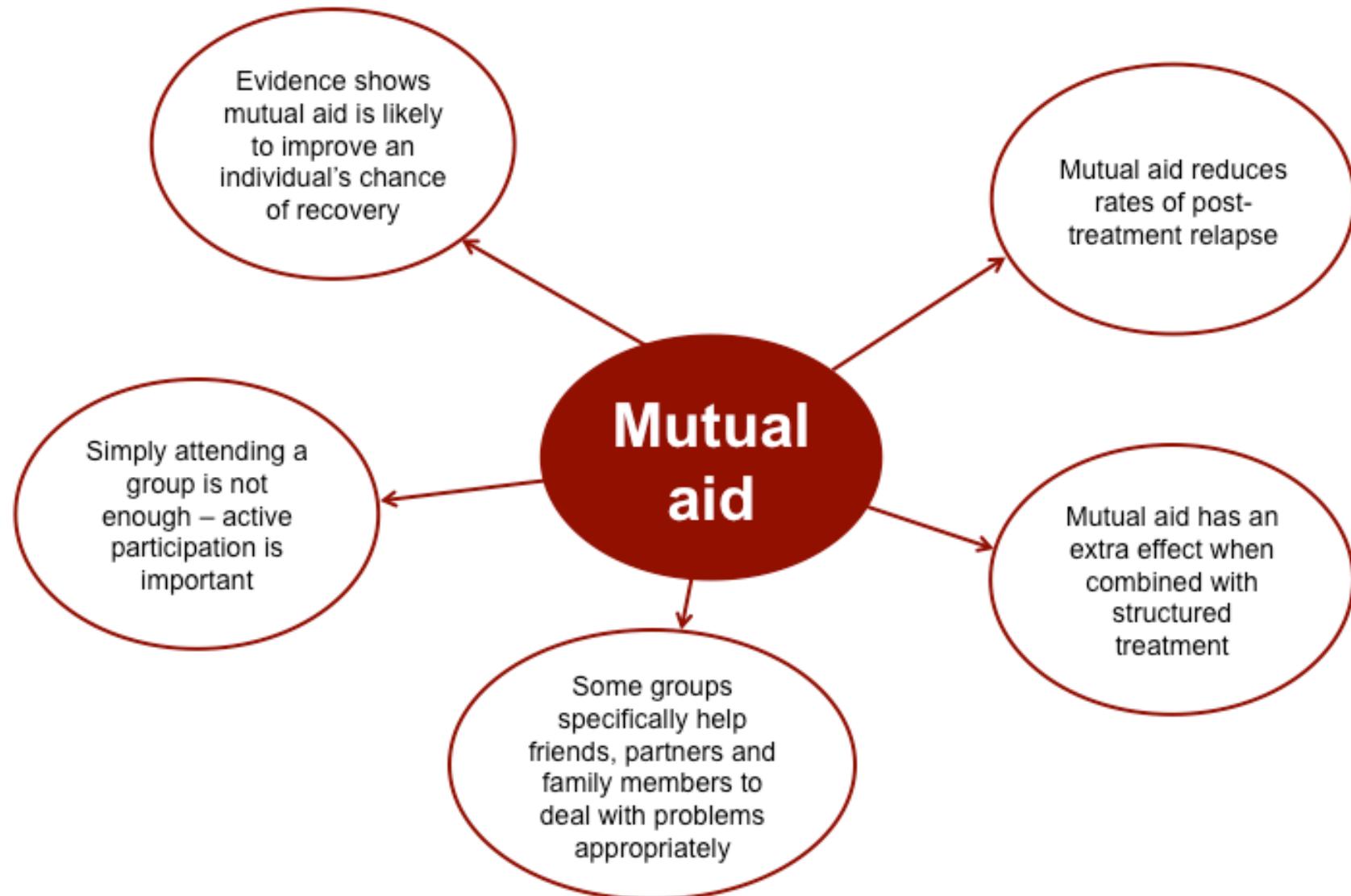
Appendix 2: hand-outs

- 1.** What is mutual aid?
- 2.** Why is mutual aid important?
- 3.** Going to meetings
- 4.** Joining a group
- 5.** Problems and solutions
- 6.** Local mutual aid group information (for completion locally)
- 7.** Mapping tool: mutual aid goal planner
- 8.** Mapping tool: benefits of mutual aid
- 9.** Mapping tool: problems with mutual aid
- 10.** Mutual aid journal

1. What is mutual aid?



2. Why is mutual aid important?



Negotiating time

Some programmes suggest new and returning members attend as many meetings each week as they can so they become involved in the programme as quickly as possible so:

You will need to learn how to balance other aspects of your life with going to meetings

You and your partner will need to discuss and negotiate a schedule that allows everyone's needs to be met as much as is possible

Effective problem solving requires certain communication skills you may not have developed or used in some time

If you are experiencing difficulties, speak with your keyworker for support

Overconfidence

One things that happens to many mutual aid members after they have stopped drinking, taking drugs and their life is looking better:

They become overly confident

Confidence in your ability to take care of yourself and stay alcohol/drug-free is not a bad thing. But, when it starts to take you to finding excuses not to go to meetings it is time to remember:

- a) Your priorities
- b) That if you do not go, you cannot help others

If you feel this way it might help to bring this up in a meeting and find out how others have dealt with these feelings

One thing you are sure to hear is that recovery needs as much commitment as using alcohol and drugs. They say few of us were too ill, tired or sad not to drink or use.

Making time

It may seem like going to meetings is taking up a great deal of time. This is especially true given the number of things you may have and want to do. You may also find this increases with the length of your recovery

The crucial thing to do at this time is to set your priorities

If you bring this up at meetings, you are likely to receive feedback concerning the importance of going to meetings in order to maintain the recovery that affords you the energy and time to devote to the rest of your life

3. Going to meetings

It is important to remember your commitment to recovery. Make every effort to prioritise regular meeting attendance

Getting there

Ask your keyworker for a list of local mutual aid meetings along with the times, locations and directions (by foot, car and public transport) for each meeting.

Even with the address and directions meetings can be hard to find. Some groups display their group logo on the door but it is a good idea to set out early in case you have trouble finding the meeting

Remember, if it is your first meeting or you do not feel comfortable going alone speak to your keyworker about someone accompanying you

If you are new or coming back after a break, it is recommended that you attend as many meetings as possible. This can be quite costly if they are not in walking distance. A weekly bus pass, cycling or car sharing are among the cheapest options

Once you have been a few times, you are likely to meet people who live locally and would be happy to give you a lift. The hardest part is asking! Remember, everyone has been in your position so they are often happy to help

4. Joining a group



5a. Problems and solutions

What is the problem?

Everyone seems to know each other

When you walk into a meeting you are likely to find a room full of people talking and laughing. Even if there are newcomers, it is difficult to pick them out from the others. This can be intimidating, as it is when making an effort to join any new group. Your experience is not unique. Most people feel awkward and unsure of themselves when they meet people for the first time.

They all seem so happy and I am not

You may feel a bit out of place when you walk into any meeting as there is often a lot of laughter and good cheer. You might even feel these people can't possibly understand how you feel because they don't look as though they are, or have ever been, scared and unhappy.

I don't get along in groups

Not everyone feels comfortable in groups and it takes some time to learn this skill. You may have had an unpleasant experience in a group setting or maybe you tell yourself that you don't know how to act in a group.

What is the solution?

You may be tempted to find an empty seat and try to become invisible. While this may help you feel less nervous for the moment, it will not help you in the long run. A more lasting solution is to introduce yourself to someone. While this may be daunting, it will help you to begin meeting people. If you take this kind of risk early in the programme, you will probably feel much more a part of the group. Ask if you can help in setting up or cleaning up after the meeting, or just pitch right in and help.

Remember that all of the people in mutual aid meetings were new to recovery at one time. They know what it feels like to make the dramatic changes that you are making. They also know what it felt like to be in a room full of people you don't know. Again it is up to you to make a move and introduce yourself. If you do this you are likely to find people are understanding and supportive. Be as open as you can about what you are feeling

Keep in mind that you are facing many new situations, some of which you will have to learn how to handle. You cannot expect to feel comfortable in a group if you have not practiced the necessary skills. Introducing yourself, speaking in front of other people, and eventually welcoming the member who is newer than you, are all things that will become easier to do with time.

5b. Problems and solutions

What is the problem?

What is the solution?

How do I introduce myself?

There is too much talk of God

When I get as bad as these people I will quit

Many people are not comfortable introducing themselves as an alcoholic or drug addict when they first come into the programme. In fact, the procedure of identifying yourself and having the whole group respond may seem silly and embarrassing.

One of the things that strikes many is the frequent reference to God or a higher power. You may feel so uncomfortable with this and stop listening to what others have to say, or stop going to meetings.

Many newcomers are struck by the tragedies current members have faced and are willing to share with the group. It may seem you are not as bad as they are and that if you were, you certainly wouldn't tell a room full of people about it.

It is common practice to introduce yourself at any mutual aid meeting, but you don't have to. The only requirement for attending a closed meeting is that you have the desire to stop drinking and using. No one will challenge you for not calling yourself an alcoholic or addict. Alternative introductions you can use are: Hi, my name is ___, this is my first meeting; Hi, my name is ___, I want to stop drinking/using; Hi, my name is ___, I have a drinking or ___ problem.

Many 12-step members are atheist or agnostic, and 12-step philosophy states it is not allied to any sect, denomination, politics, organisation or institution. It focuses on developing spirituality rather than religion. While belief in a higher power is not required, 12-step often emphasises the importance of believing in something greater than yourself, though the definition is up to you. Remember, the importance of believing in a higher power varies from group to group and there are secular groups (eg, SMART Recovery) that do not address spirituality.

People often feel uncomfortable when they are not used to sharing in groups. What may seem inappropriate outside is perfectly acceptable in the programme. The stories you hear may be difficult to listen to and unrelated to your experiences at first. This is why AA advises you to try to relate to the speaker rather than compare. Focus on the feelings of the speaker rather than the specifics of the story. While it is tempting to say, 'I didn't do this or that, so I don't belong here', focus on whether you have felt similar emotions to those of the speaker.

5c. Problems and solutions

What is the problem?

I am not like these people
they don't understand me...

Mutual aid members are men and women from all socioeconomic classes, races, and ages. It is more common for people to associate and form relationships with those who seem more like them on the outside. Some new members find it difficult to believe that anyone who seems to have a different life experience, based on their social class and age, can really understand their problems and offer useful assistance.

How do I join a group?

Some organizations have a number of rules and procedures around joining a group. What are they?

Are these people for real?

Chances are you have never experienced another group quite like that of a alcohol and drug mutual aid group. They are somewhat unique and it is hard to believe that all of this good humour and desire to help is genuine.

What is the solution?

Remember that you have many things in common with group members that brought you all together in the first place. The common thread is your collective effort to stay clean and sober and to help yourselves and others to recover. Also remember that while there may be many differences between group members, you are all committed to receiving and offering help and understanding around this shared goal.

At most mutual aid groups there is only one requirement for joining: your desire to stop drinking and/or using, and to do something about your problem. No one else decides. It is a personal decision for each individual. If you decide to be a member of the fellowship as a whole, it is suggested you join a particular group and become involved. This might mean helping to set-up and clean-up, attending group business meetings, going on commitments with the group, and speaking at meetings. Again, the degree of involvement is up to you.

An important part of all mutual aid programmes is about giving to others – or ‘passing on’ – that which has been given to you. This means sharing with others the experiences you have undergone and how you were helped by your mutual aid group programme to deal with them. In addition to helping each other, this process helps individuals themselves to recover.

6a. Local mutual aid group information

Group name	Summary description	When & where	Contact details

6b.Choosing a group

Group name: _____.

- Reasons for attending.
- 1.
 - 2.
 - 3.
 - 4.
 - 5.

Group name: _____.

- Reasons for attending.
- 1.
 - 2.
 - 3.
 - 4.
 - 5.

Choosing a group

Reasons for not attending.

- 1.
- 2.
- 3.
- 4.
- 5.

Reasons for not attending.

- 1.
- 2.
- 3.
- 4.
- 5.

6c. Support to attend a meeting

**Who can support me to attend?
(eg, friend, family member,
mutual aid group member, peer
supporter, volunteers, keyworker)**

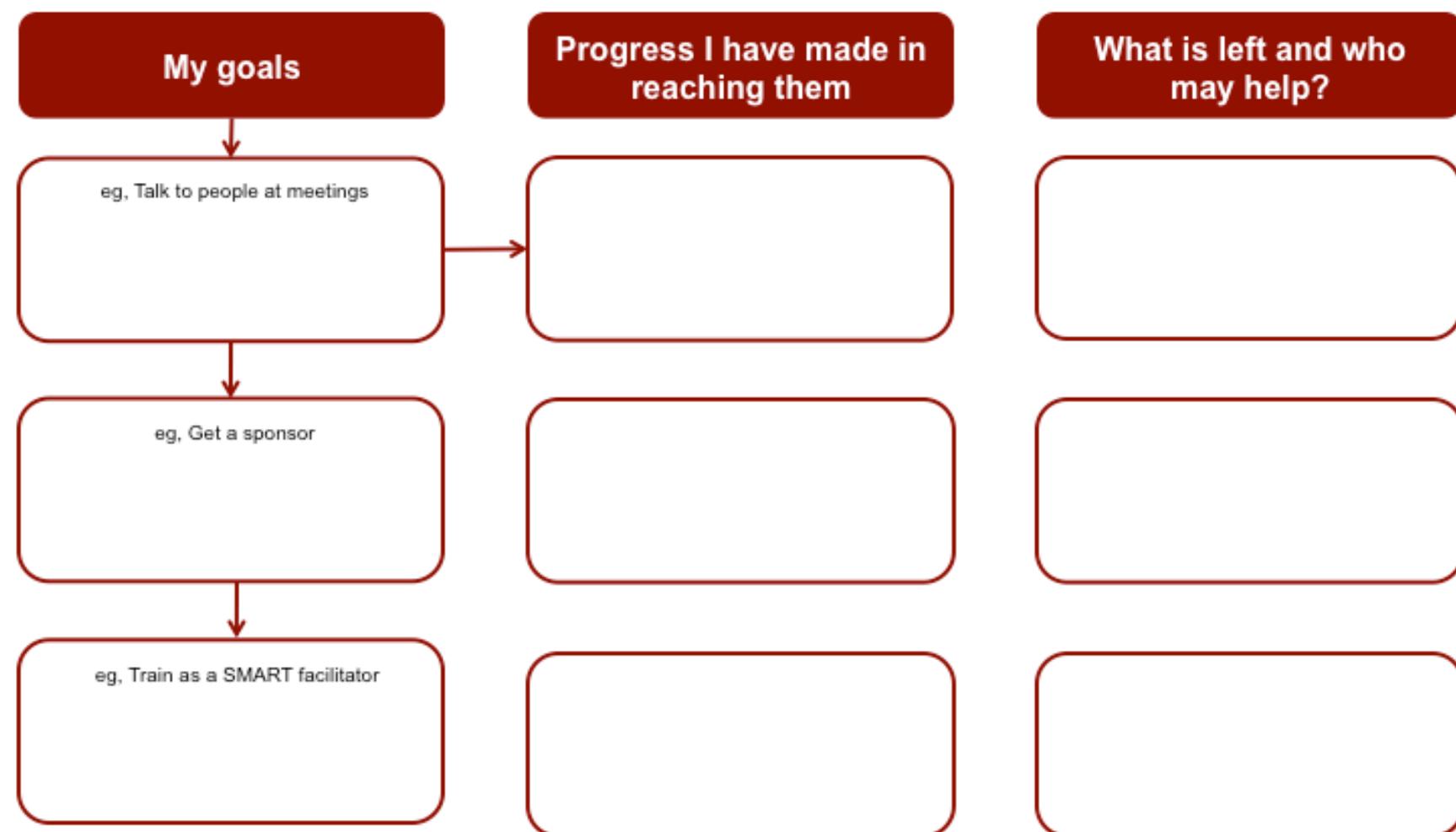
Who will I approach?

How might I do this?

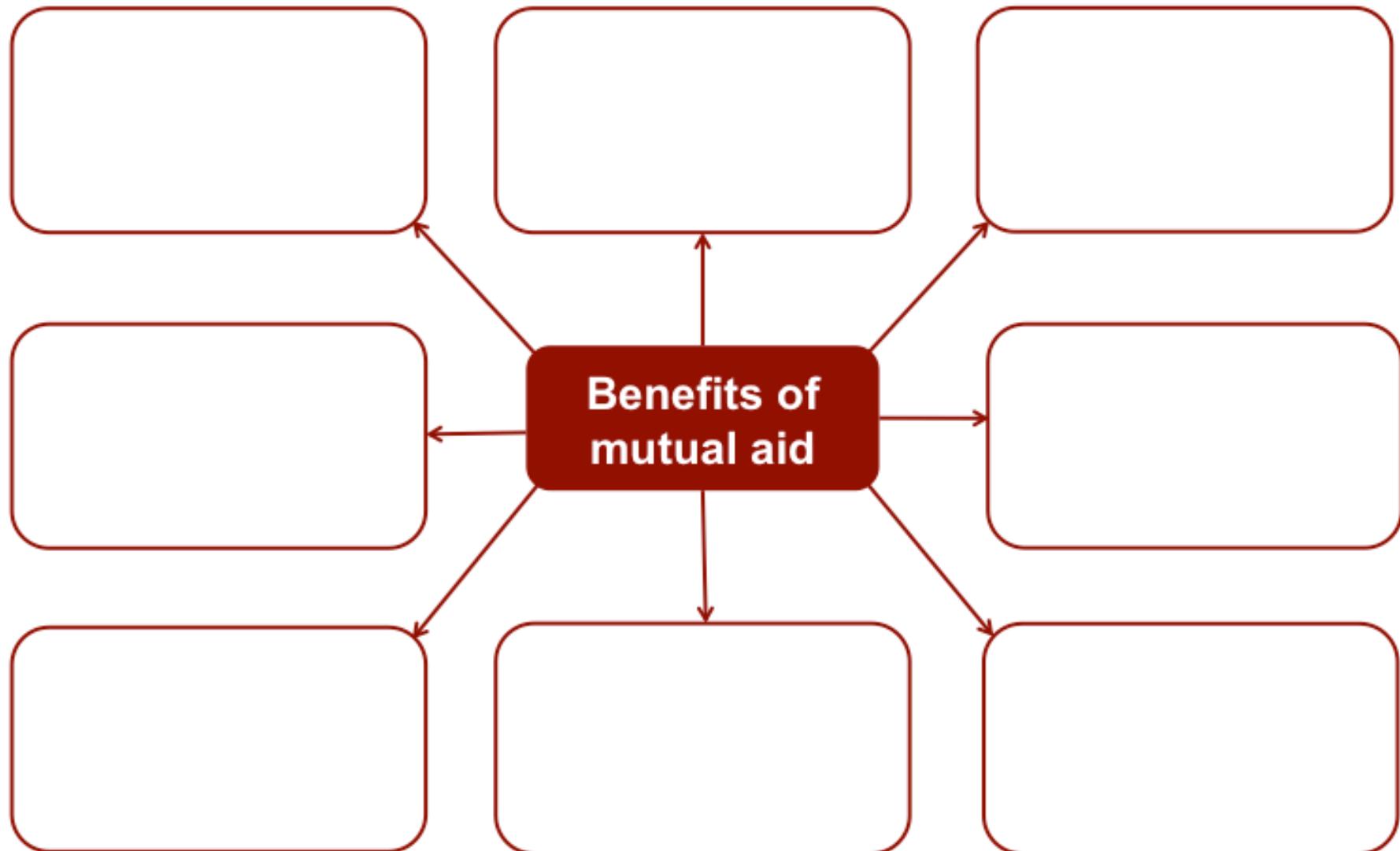
How can I make sure
I keep myself safe?

7. Mutual aid goal planner

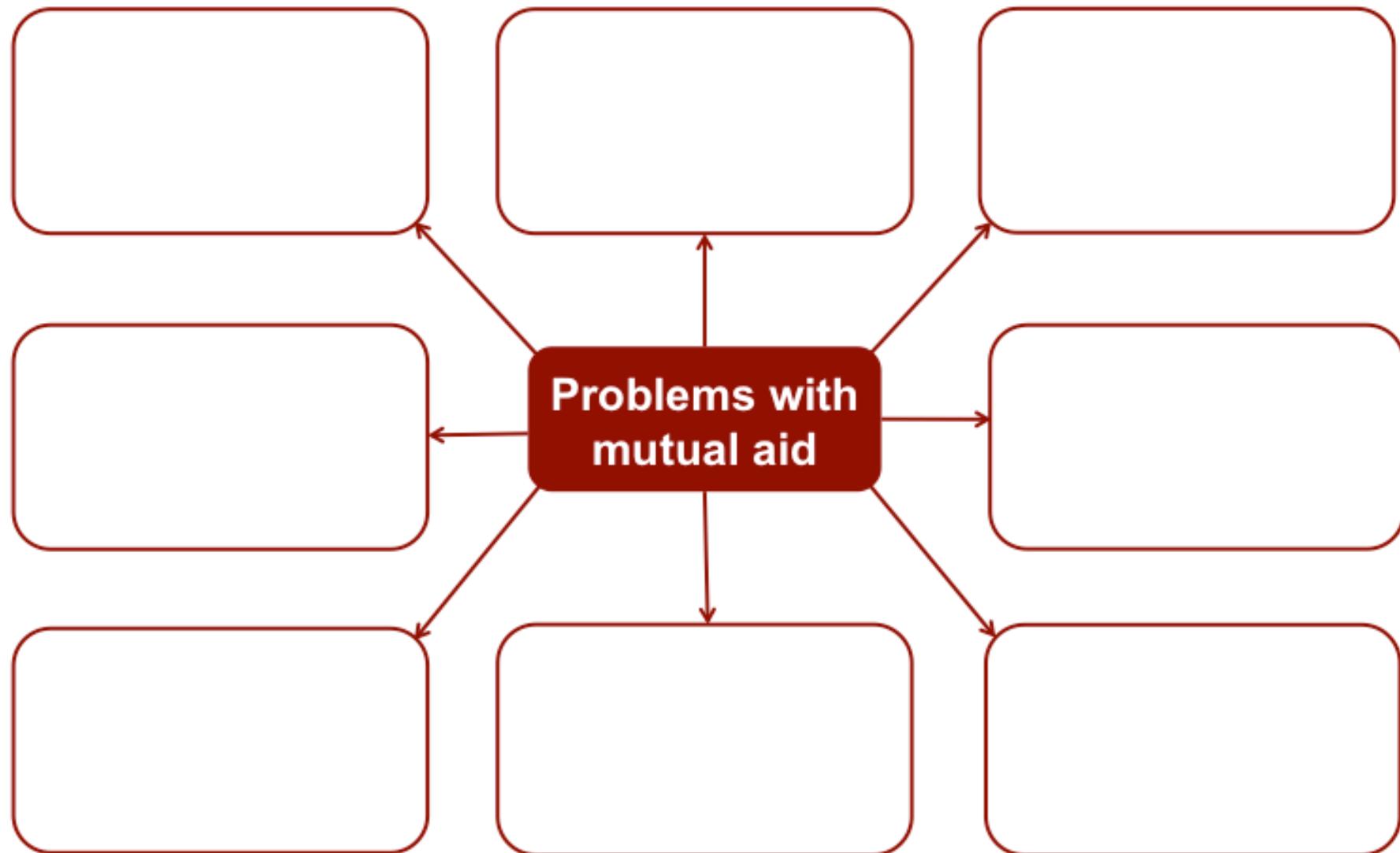
Session 3



8. Benefits of mutual aid



9. Problems with mutual aid



10. Your mutual aid experience: client journal

Name:

Date:

Meetings to attend

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Reactions to meetings

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Benefits of attending meetings

Disadvantages of attending meetings

Contacts

Name

Telephone