Self-help (or mutual aid) groups have long played a role in the recovery of individuals with substance use disorders. But they are not always a comfortable fit for people who also have co-occurring mental illness (see page 2 for some of the reasons).

As integrated treatment has developed as a specialized approach for co-occurring disorders, self-help groups have also evolved. One mutual aid approach for individuals with co-occurring disorders, “Double Trouble in Recovery,” (DTR) has been studied for several years and is showing impressive results (see Magura, 2008).

In one study (Laudet, et al., 2000), people with dual disorders who participated in DTR groups reported that they used less drugs and alcohol and experienced lower mental distress and higher well-being. Similar individuals who participated in single-focus groups did not report such benefits.

Other research that tracked DTR group participants over two years found continuing benefits over time. As shown at right, at the baseline (following a minimum of one month of weekly attendance at DTR meetings) the abstinence rate was 54%; this rose to 72% at 1 year and 74% at 2 years. Individuals who attended DTR during the follow-up period were also more likely to continue taking psychiatric medications as prescribed, and in turn experienced less severe symptoms and fewer psychiatric hospitalizations. They also reported higher self-efficacy for mental health recovery and higher scores on three quality of life measures (Magura, 2008).

The “active ingredients” of these groups turned out to be “helper-therapy”—being able to advise and support others in the group—and “reciprocal learning”—both teaching and learning from the experiences of others in similar situations.

Although any self-help group is likely to help people with co-occurring disorders, these studies show that groups with a dual focus offer particular benefits.

**Resources on co-occurring disorders**


Double Trouble in Recovery (12-step based; national meeting list not available yet) <http://www.doubletroubleinrecovery.org/>

Dual Disorders Anonymous (12-step based; national meeting list not available yet) <http://www.ddaworldwide.org/>

Dual Recovery Anonymous (12-step based; list online) <http://draonline.org/>

“...with the support and encouragement of clinicians, many clients [with dual diagnosis] are able to find a self-help group that they feel comfortable attending, and are able to reap the benefits of the social support and shared philosophy that such a group can provide.” (p. 191)

Self-help facilitation builds fidelity to integrated treatment

As part of their site reviews last summer, programs in the Minnesota COSIG project were rated on how they help connect clients to self-help groups. Both fidelity scales contain items on this competency.

The Integrated Dual Disorder Treatment (IDDT) fidelity scale states: “Clinicians connect clients in the action stage or relapse prevention stage with substance abuse self-help programs in the community...Although pressuring reluctant clients to participate in self-help groups is contraindicated, social contacts with other members of self-help groups play an important role in the recovery of clients targeted for IDDT who are motivated to achieve or maintain abstinence.”

Similarly, the Dual Diagnosis Capability in Addiction Treatment (DDCAT) fidelity scale notes that “Programs that offer services to individuals with COD anticipate difficulties that the individuals with COD might experience when linking or continuing with self-help support groups and thus provide the needed assistance to support this transition beyond active treatment.” (“COD” means “co-occurring disorders”.)

Because these measures were taken before implementation of integrated treatment, our sites rated an average of just 2.7 out of 5 on the IDDT scale and 3.1 out of 5 on the DDCAT scale (see graph below). By the second set of reviews next summer, it is likely that programs will have established mechanisms for easing the transition to self-help groups. As shown by the research on page 1, whenever possible the ideal transition would be to a dual disorder self-help groups.

**Co-occurrences glossary**

- **Mutual aid group**: a group of people with a similar problem who support each other, share experiences, and try to reduce or eliminate their problem
- **Dual focus group**: a group that focuses on problems, experiences, and recovery associated with mental illness as well as substance use disorder

**Dual disorders + single focus = mismatch**

Traditional self-help groups with a single focus on recovery from alcohol or drug problems may present a number of difficulties for individuals who have co-occurring mental illness and substance use disorder:

- Group members may hold negative views of mental illness (stigma)
- The group philosophy may insist on abstinence, although the individual's treatment plan may allow harm reduction
- Some group members may disapprove of taking psychiatric medications
- Individuals with mental illness may have more difficulty than others making social contacts in the group because of cognitive or social skill deficits or other characteristics of their illness
- Some individuals with mental illness may experience anxiety in very large groups
- Individuals with several mental illness may have difficulty relating to losses experienced by other members (e.g. jobs, homes) because they may have never had them