

Joint Public Policy Statement on Relationship Between Treatment and Self Help

Board of Trustees, December 1997
Joint Reference Committee, October 1997
Council on Addiction Psychiatry, September 1997
Reaffirmed, 2007 and 2014

"Policy documents are approved by the APA Assembly and Board of Trustees...These are...position statements that define APA official policy on specific subjects..." – *APA Operations Manual*.

Background

For many years, physicians and other treatment professionals have recognized the value of self-help groups as a valuable resource to patients in addiction treatment and their family members. (See, for example, American Society of Addiction Medicine's 1979 resolution on self help groups; the *ASAM Patient Placement Criteria* (2nd edition), and the American Psychiatric Association's *Practice Guidelines for the Treatment of Patients with Substance Use Disorders: Alcohol, Cocaine, and Opioids*). Addiction professionals and programs routinely recommend such groups to their patients and help them understand and accept the value of becoming an active participant.

It is important to distinguish between professional treatment and self help. Treatment involves at minimum, the following elements:

- a. A qualified professional is in charge of, and shares professional responsibility for, the overall care of the patient;
- b. A thorough evaluation is performed, including diagnosis, determination of the stage and severity of illness and an assessment of accompanying medical, psychiatric, interpersonal and social problems;
- c. A treatment plan is developed, based on both the initial assessment and response to treatment over time. Such treatment is guided by professionally accepted practice guidelines and patient placement criteria;
- d. The professional or program responsible and accountable for treatment is also responsible for offering or referring the patient for additional services that may be required as a supplement to addiction treatment;

- e. The professional or program currently treating the patient continues therapeutic contact, whenever possible, until stable recovery has been attained.

Self-help groups, although helpful at every stage of treatment and as long-term social and spiritual aid to recovery, do not meet the above criteria and should not be confused with or substituted for professional treatment.

In some instances, utilization review and medical necessity guidelines used by insurers and other managed care entities have sought to substitute self-help attendance for professional treatment in patients who have not reached stable remission from their alcohol or other drug dependence.

Position

The American Psychiatric Association, American Academy of Addiction Psychiatry, and the American Society of Addiction Medicine recommend that:

1. Patients in need of treatment for alcohol or other drug-related disorders should be treated by qualified professionals in a manner consonant with professionally accepted practice guidelines and patient placement criteria;
2. Self-help groups should be recognized as valuable community resources for many patients in addiction treatment and their families. Addiction treatment professionals and programs should develop cooperative relationships with self-help groups;
3. Insurers, managed care organizations, and others should be aware of the difference between self-help groups and treatment;
4. Self-help should not be substituted for professional treatment, but should be considered a complement to treatment directed by professionals. Professional treatment should not be denied to patients or families in need of care.

Approved by:
AAAP Board of Directors, October 1997
ASAM Board of Directors, October 1997