

Jack Trimpey, LCSW
Box 800, Lotus CA 95651
530-621-2667

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National Association of Social Workers
ATTN: Board of Directors
750 First Street., NE, Ste. 700
Washington DC 20002-4241

Dear Board Members,

Please accept this letter and supporting document as a class action ethics complaint against professional social workers who are also members of Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Al-Anon, or other organizations that are part of the 12-step recovery group movement.

For about fifteen years, my wife, Lois, and I have engaged in one of the longest running and largest-by-numbers advocacy projects in the history of the social work profession, Rational Recovery. The history of Rational Recovery, since 1988, is chronicled in *The Journal of Rational Recovery*, the latest issue of which I have enclosed three copies.

In addition to providing addicted people with an efficient, economical means to promptly end addictions to alcohol and other drugs, Rational Recovery has emerged as “the place to call” when misguidance or abuses occur in recovery groups or in the name of addiction treatment. To date, we have received well over 100,000 telephone calls, more than that number of postal letters, and since the emergence of the internet in 1995, tens of thousands of emails and nearly a quarter of a million website hits. The preponderance of our activity is directly involved with managing the endless stream of complaints we receive about the inappropriate use of 12-step doctrine by and within our social service system. I urge each of you to spend some time reviewing the website at <http://www.rational.org>, particularly the letters sections that identify widespread problems and grassroots sentiments concerning ATOD issues.

The core of the problem

I wish to keep this communication narrowly focused, however, upon the common occurrence of “two-hatting” social workers. On pages 2 – 3 and 19 – 27 of the enclosed copy of Jan. – Feb., '01, *JRR*, is a discussion that took place on the NASW atodconnect listserv a few months back. I summarized a number of ethical complaints I frequently receive from the public, and the response from the ATOD participants. That transcript, with the writers' names changed, is now yours to evaluate. I will briefly list the ethical issues here:

1.01 Commitment to Clients. Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary.

A conflict of *loyalty* exists when a social worker is a member of a 12-step organization. In fact, the founding and official literature of AA states that members shall place fealty to AA above every other consideration, including family loyalties, for without AA, members will predictably suffer and perish. Reading both will show that the NASW Code of Ethics is incongruent with the Traditions of AA; they *conflict* with each other. Therefore, 12-step membership should *disqualify* a social worker from active casework with substance abusers, rather than serve as a professional qualification, as is currently the case. Even the AA Traditions eschew professional 12-stepping, e.g., “...forever unprofessional...”

Some might argue that being devoutly religious, such as in a fundamentalist faith, would not disqualify a social worker from casework with certain clientele, which raises these matters:

1. AA denies it is religious, so the comparison is null.
2. Religious views can and do disqualify certain social workers, both voluntarily and involuntarily, e.g., abortion counseling at certain agencies and Christian counseling in public agencies.

1.02 Self-Determination. Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.

The 12-step program is the antithesis of traditional values of sound mental health, e.g., autonomy, independence, self-reliance, resilience, self-determinism, skepticism, and other attributes of individualism. Newcomers are implored to become dependent upon the group for emotional sustenance and for personal judgment. The disease/powerless concept of addiction, in combination with pervading 12-step doctrine, directly contradicts the traditional social work values of independence, autonomy, self-reliance, and self-efficacy. Very significantly, the 12-step program offers no information whatsoever on how people independently recover from addictions through planned, permanent abstinence, and asserts that because “willpower doesn’t work” it is futile to “swear off” the use of alcohol. Consequently, most who seek guidance on how to quit drinking are diverted from that specific goal into a general plan for self-improvement from which abstinence is said to inexplicably materialize.

The manner in which AA referrals are typically made by two-hatters, with respect to scientific research, suggests violation of the **NASW Code of Ethics, 4.04, Dishonesty, Fraud, and Deception**. Instead of explaining how addicted people normally and naturally quit drinking or using drugs, or referring them to information on recovery through planned abstinence, two-hatting social workers present AA as “the only thing that works,” or in the context that refusal to attend AA is symptomatic behavior (denial). In the May, 2001. issue of the *AA Grapevine*, it is acknowledged that only “...40% of all recovery from alcoholism has probably occurred through AA,” and other studies put the extent of self-recovery around 80%.

Newcomers are faced by a group of people who claim to have made the optimal adjustment to substance addiction, lifetime membership in AA with frequent meeting attendance. They are told, “If you could have quit, you would have by now. Your failure to quit thus far proves you are incapable of doing so. Your inability to quit is caused by the disease of alcoholism/addiction. Even if you do quit drinking, you cannot be happy or fulfilled unless you diligently work the 12-step program.” In the desperation of addiction, few clients notice the circular logic being used to undercut their autonomy and self-determination. Thus, many members are recruited by two-hatters who are attempting to meld their personal religious lives in AA with their professional responsibilities, producing counseling and casework approaches that serve the interests of Alcoholics Anonymous rather than the social work profession or the client. While social work two-hatters may find the counter-intuitive passivity of the 12-step program personally rewarding and satisfying, its use as a first-line methodology is inappropriate and purely due to the pervasive influence of Alcoholics Anonymous upon the social work profession by its devoted, two-hatting members.

1.03 Informed consent. (a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

Being referred to a 12-step group is a major development in anyone's life, one that carries significant risks along with the hope of certain benefits. When two-hatters refer clients to a 12-step group, clients cannot provide informed consent because they are purposely denied information that is highly relevant to the way in which their referral to Alcoholics Anonymous was decided upon. *A client has a right to know if the person who is referring him/her to AA is also a member of AA, and that AA creates unique perceptions about the nature of addiction and recovery and about AA itself.* However, two-hatters have come to believe that they are exempt from expectable or mandatory self-disclosure of their 12-step affiliations, some even citing privacy laws and regulations intended to protect clients. This is an intolerable professional conflict of interest.

Clients have a right to know of the risk/benefit relationship of 12-step groups, including long-term abstinent outcome statistics and information on the well-known hazards involved in recovery group participation. This task requires objectivity that is absent in 12-step participants, e.g., the high rate of self-recovery through planned abstinence is rarely presented. The appearance of conflict of interest is obvious, whether or not two-hatters think one exists. The problem is well documented by the discussion with Dick B., in *JRR*, pp. 2 - 3.

1.04 (a) Competence. Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

When a social worker provides information on the disease concept of addiction/alcoholism, saying or implying that the disease hypothesis is factual, it is highly relevant for the client to know that the social worker is a member of the 12-step fellowship, where the disease hypothesis of addiction/alcoholism is accepted as fact. Clients have a right to know that the disease concept of addiction is highly controversial within all professions except the CD counseling professions, and that many respected authorities consider it a mere hypothesis without scientific merit. Using regressive logic, defending the medical disease hypothesis with the semantic apology, "dis-ease," is destructive to the image of the social work profession. Examples of a social workers engaging in discourse outside the boundaries of social work education and training can easily be found in the atodconnect digest.

1.05 Cultural Competence and Social Diversity.

Despite its claim that 12-step groups are diverse in themselves, and that AA is broad enough so that anyone can find a home group with which one is compatible, the 12-step recovery group movement is remarkably homogeneous, all groups marching to the same doctrines and traditions. One basic tenet of AA that seems to go undisputed is that no society or culture has produced an adequate means to contend with substance abuse among its members. Despite its disclaimers, the 12-step program violates the traditional values of all societies and cultures. Its views about the nature of vice, sin, disease, and theology are entirely original, stemming mainly from the views of a man who never resolved his own addiction, Bill Wilson. By introducing the 12-step belief system to people at a time of special vulnerability, social workers demonstrate astonishing insensitivity to their clients' cultural origins and original family values. This practice, also infringes on NASW Code of Ethics, **1.06 (b)**, which states,

Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

The 12-step program requires participants to proselytize and recruit new members into AA/NA, without regard to any other system of thought, values, or ethics. It is clear that 12-stepping social workers are not exempt from this program element, for the "two-hats" concept was born of AA's desire to exploit the caseloads its members who are also professionals.

1.06 Conflicts of Interest. (a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

We must face the fact that despite its energetic disclaimers, Alcoholics Anonymous and other 12-step programs are “unequivocally religious,” in the words of two federal courts of appeal. When clients complain that AA appears religious, it is *unethical* for a two-hatter to deny what any non-AAer would conclude, e.g., that the program is religious in nature. The conflict of interest exists in the loyalty of the social worker to the doctrines of AA, upon which the social worker depends for nurturance and sustenance, and the loyalty of the social worker to the traditional values and code of ethics of the social work profession.

In the **NASW Code of Ethics, 1.01 (b)**, we read, “Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.” Given the extraordinary demands of the 12-step program upon the loyalty of its members (*Twelve Steps and Twelve Traditions*, and the “Big Book” of AA), two-hatting invites egregious ethical concessions stemming from the dual roles of social worker as clinician and as 12-step evangelist.

In **1.06 (c)**, we read, “**Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client.**” When a social worker refers to or works in an addiction treatment center that charges great sums of money for services that rarely result in sustained abstinence, the client is harmed both economically and personally, while the social worker is rewarded with wages, fees, and strengthened emotional and economic ties with the 12-step community.

1.06 (c) continues, “... **(Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)**

Very clearly, two-hatting fits this definition perfectly. The confluence of the recovery group movement and our social welfare system has created an ethical minefield for two-hatting social workers who now wield awesome powers granted by courts and social agencies, powers that are often routinely used in the interests of Alcoholics Anonymous to the detriment of the client.

1.07 (a) Privacy and Confidentiality. Social workers should respect clients' right to privacy.

Privacy and confidentiality. Anonymity and confidentiality are quite different concepts. Anonymity is a tradition of Alcoholics Anonymous; confidentiality, of the social work profession. Anonymity was instituted by AA founders to protect AA against stigma arising from the antisocial conduct of its unpredictable membership. The “anonymous” organizations imply very strongly and often state forthrightly that the group values the confidentiality of its members, e.g., “What’s said here stays here.” Although *anonymity* and *confidentiality* have entirely different meanings, the difference is easily lost to vulnerable people in a group setting. The admitted purpose of anonymity is to protect AA. Clients have a right to know that *recovery groups are public meetings*, whether they are said to be open, closed, or whatever, that those present have no obligation to protect anyone’s confidentiality, and that some agencies have policies that invade the confidentiality of recovery groups. The practice of slip-signing is an egregious ethical violation from which the social work profession must dissociate.

Continuation of 1.07 (a) ...Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research.

The information collected from substance abusers by social workers in both treatment or corrections settings is not relevant or essential to any purpose other than to oppress the client. Simply looking at the abstinent outcome statistics arising from services called *addiction treatment* can support this conclusion. The stigma now associated with addictive disease makes it all the more important for social workers to refrain from soliciting information from clients that by its nature can only be used against them.

SUMMARY:

Two-hatting is a practice that became accepted in the social work profession based entirely on the absence of strenuous objection during the years when the addiction treatment industry was emerging as a prolific enterprise. "Two-hatting" is a phrase taken directly from AA founding literature, in an elaborate context explaining why, from AA's point of view, it is agreeable for members to infringe upon other AA traditions, e.g., "forever unprofessional," and "without pay." It appears that as more professional people sanitized their reputations by affiliating with AA, the professions themselves, medicine, social work, psychology, etc., failed to scrutinize the emerging practice of two-hatting. Substantial public and third-party funds for addiction treatment services became available before addiction treatment methodologies, professional traditions, and professional ethical standards were properly developed and identified. The outward charm of the 12-step fellowship eased concerns about the apparent professional conflict of interest inherent in two-hatting, and the social work profession, like the other professions, simply *consolidated* around practices that conflict sharply with its own code of ethics. Several specific ethical issues are presented herein, along with brief explanations, and an exhibit based on current discourse among professional social workers.

At the very minimum, the following questions must be answered:

1. Should social workers in 12-step recovery be permitted to serve two masters with conflicting value systems, both of which claim the highest loyalty? Are two-hatters proverbial foxes in the chicken coop?
2. May a social worker in 12-step recovery providing services to substance abusers conceal his own 12-step affiliation from those clients?

Additionally, there are broader questions enumerated in this letter that deserve a comprehensive response by the NASW Board. I hope this ethics complaint will prompt NASW to investigate current practices in the addictions specialty of social work, even though there is currently no NASW credential for addiction treatment. At the least, this letter is now a permanent record of my grave concerns about two-hatting. There are also a number of related matters of significance that are well documented at the Rational Recovery website, <http://www.rational.org>.

I will gladly share my records and experiences pertaining to social work in the addictions field, based on my involvement with Rational Recovery, since 1986. Naturally, I expect and hereby demand that any NASW Board members who are members of Alcoholics Anonymous or other 12-step organizations disqualify themselves from acting upon this class-action ethics complaint.

Sincere regards,

Jack Trimpey, LCSW
Licensed Clinical Social Worker, BBSE #5261