

## **SMART RECOVERY®: ADDICTION RECOVERY SUPPORT FROM A COGNITIVE-BEHAVIORAL PERSPECTIVE**

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**ABSTRACT:** Self Management And Recovery Training (SMART®), a free self-help discussion group that is largely a cognitive-behavioral extrapolation of research findings on treatment of addictive disorders, is described. Information regarding its organization and operation is provided, and predictions are made about its future development.

SMART Recovery® is a non-profit organization offering support groups and related services for individuals desiring to abstain from any type of addictive behavior (activity or substance). “SMART” stands for Self Management And Recovery Training. SMART states that its perspective on recovery is based on scientifically supported concepts and techniques. Therefore its educational program is broadly cognitive-behavioral, because cognitive-behavioral interventions at present account for the majority of empirically supported addiction interventions (Hester & Miller, 1995). This perspective places SMART in contrast to Alcoholics Anonymous (AA) and other 12-step groups, which describe their recovery programs as having a spiritual foundation (Alcoholics Anonymous, 1976). One of the ironies of American health care is that the empirical support for 12-step groups and 12-step-based

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treatment is limited, but 93% of substance abuse treatment programs have a 12-step orientation (Roman & Blum, 1997). SMART is one effort to improve this situation. This article will describe SMART's meetings, SMART the organization, SMART's recovery perspective (with an emphasis on its cognitive-behavioral elements), and SMART's future prospects.

### SMART RECOVERY® SUPPORT MEETINGS

SMART meetings are typically led by a non-professional volunteer (the meeting coordinator). In some instances behavioral health professionals volunteer as coordinators. Coordinators are not required to be "recovering" (that is, describing themselves as having had an addiction that is now overcome). Most coordinators have informal contact with a professional advisor, a volunteer behavioral health professional who provides support and guidance as needed about how to conduct meetings.

SMART meetings are typically 90 minutes in length, and they are attended by up to about a dozen participants. If a meeting has a larger number, it may split into two or more groups so that there is ample opportunity for each individual to participate. Meetings are conducted according to a basic format that allows for local variations. The basic format includes check-in, group discussion, request for donations, and group review. The check-in is the opportunity for ongoing members to update the group about their progress and for new members to introduce themselves. Group discussion is the longest part of the meeting. It may focus on one or more members' concerns or on a theme or reading chosen for discussion. As opposed to the sequence of monologues found in a 12-step meeting, the discussion is interactive. The group review is an opportunity to describe and reinforce the primary lessons of the meeting discussion. Both the check-in and review are typically conducted by going around the circle of participants.

Coordinators have significant autonomy about how to conduct their meetings. Meetings may be open to the public, or open only to individuals desiring to abstain from something. Coordinators publicize SMART in their communities, but SMART meetings are the only venue in which coordinators interact with meeting participants. SMART, unlike 12-step groups, does not have sponsors (a senior member who meets with a newer member one-on-one to guide recovery). The sponsor relationship can be abused; for example, the sponsor can pursue a personal

agenda that is not in the sponsee's interests. This is informally referred to among AA members as "thirteenth stepping." Therefore, SMART participants who desire a one-on-one relationship are encouraged to attend individual psychotherapy or seek a 12-step sponsor.

### THE SMART RECOVERY® ORGANIZATION

SMART Recovery is primarily funded by member and other donations. The only paid staff work part time at the central office in Ohio (see Table 1 for contact information). SMART is governed by a board of directors, about half of whom are behavioral health professionals. The International Advisory Council (Table 2) includes many leading addiction researchers. Professional advisors, who support coordinators, are in turn supported by the board of directors and the central office. Since 1996, SMART has held at least one training conference annually for new and ongoing coordinators, professional advisors, and other interested professionals. From 1996–97, a series of six training workshops was sponsored by a grant from the Robert Wood Johnson Foundation.

As of Spring 2000, there are about 300 SMART meetings, mostly in the United States, but also in Canada, Australia, and Great Britain. About 40 of these meetings are held in correctional facilities. SMART also operates real-time online meetings and an listserv discussion

**Table 1**

#### **Contact Information for SMART Recovery®**

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To subscribe to SMARTREC (an Internet discussion group): Send message on next line to [listserv@maelstrom.stjohns.edu](mailto:listserv@maelstrom.stjohns.edu)  
subscribe SMARTREC yourfirstname yourlastname

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**Table 2****SMART Recovery® International Advisory Council**


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David Abrams, Ph.D.	Barbara McCrady, Ph.D.
Aaron Beck, M.D.	Peter Monti, Ph.D.
Carlo DiClemente, Ph.D.	Rodrigo Munoz, M.D., F.A.P.A.
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group (see Table 1 for subscription information). SMART publishes a recommended reading list (see References) and sells some of these publications from its central office.

**SMART®'S PERSPECTIVE ON RECOVERY**

SMART's fundamental document is its Purposes and Methods statement, the opening part of which is:

1. We help individuals gain independence from addictive behavior.
2. We teach how to enhance and maintain motivation to abstain; cope with urges; manage thoughts, feelings and behavior; and balance momentary and enduring satisfactions.
3. Our efforts are based on scientific knowledge, and they evolve as scientific knowledge evolves.
4. Individuals who have gained independence from addictive behavior are invited to stay involved with us, to enhance their gains and help others.

As noted in the third item in the Purposes and Methods statement, SMART attempts to keep its teachings consistent with current scientific knowledge about addictive behavior and its treatment. Thus, it is expected that SMART's recovery perspective will evolve. That perspective is now cognitive-behavioral. However, not every cognitive-behav-

ioral concept is suitable for presentation by a non-professional coordinator, or for discussion in a support group.

The SMART 4-Point Recovery Program, as noted in item 2 of the Purposes and Methods statement, can be elaborated as follows:

1. Build solid motivation to change or stay changed.
2. Cope with your urges and cravings to return to self-defeating behavior.
3. Manage your problems and your self-defeating attitudes, feelings, and actions.
4. Balance your lifestyle between short-term and long-term satisfactions (to make it less likely you will decide to return to addictive experiences).

These four points are an effort to simplify and summarize a large body of cognitive-behavioral addiction literature. SMART suggests that these four points are a complete summary of the elements of recovery for most individuals. The first two points are the “recovery training” referred to in SMART’s full name, and the final two points cover “self management.”

Recovery training includes both motivational enhancement and training in coping with urges (cravings). Motivational enhancement is accomplished in SMART meetings primarily by using the cost-benefit analysis, which asks the participant to consider both the costs and benefits of the addictive behavior, and to draw a conclusion about whether continuing the addictive behavior is truly in one’s long-term interests. The cost-benefit analysis also identifies areas of coping skill deficits, which can then be addressed. For instance, if an individual copes with boredom by gambling, or drinks in order to relax, the SMART perspective would suggest that the individual explore new avenues for excitement or learn new ways to relax. Improved skills in coping with urges is accomplished in SMART by teaching participants accurate beliefs about urges: Urges are time-limited, harmless in themselves, and unable to force the individual to act.

Self-management training occurs by teaching participants the cognitive-behavioral perspective that (1) emotions and behaviors follow from and are maintained by thoughts and beliefs, (2) to change one’s emotions and behaviors it is necessary to consider the accuracy and functionality of one’s thoughts and beliefs, and (3) it takes work and practice to replace dysfunctional thoughts and actions with more functional ones. In particular, Albert Ellis’s ABCDE method (Ellis, 1988) of identifying and correcting irrational thoughts is used. Self-manage-

ment training also occurs by encouraging participants to consider the balance of short-term and long-term satisfactions in their lives, so that relapse to addictive behavior (as a method to redress an imbalance) becomes less likely.

There are limits to the extent to which the issues covered by the SMART 4-Point Program can be addressed in meetings. Participants are encouraged to seek mental health or addiction treatment as needed.

### SMART®'S FUTURE PROSPECTS

Research about SMART is just beginning to emerge. Li, Strohm and Feifer (2000) found that SMART participants had a substantially higher internal locus of control than AA members. In an intensive day treatment/partial hospitalization program setting, Penn (Penn & Brooks, in press, this journal) compared an REBT/SMART®-oriented program with a client-centered version of 12-step, and she found that both were equally successful with dual diagnosis clients. However, she found that extensive, ongoing "remediation" was necessary to move the 12-step program counselors away from a confrontational style toward a client-centered style. Without this support, it is possible the 12-step component of her research would not have survived due to attrition of clients. Penn and Brooks further commented that SMART was "inherently client-centered." It is important to note, Penn and Brooks pointed out, that [*italics in the original*]

. . . this research project did *not* compare SMART meetings and 12-step meetings in terms of their efficacy. . . . Instead, with a population of multiple-problem, dual diagnosis clients, this research project compared an intensive outpatient treatment/partial hospitalization program that had an REBT/SMART orientation, with an intensive outpatient treatment/partial hospitalization program that had a non-traditional, modified 12-step/Disease Model orientation.

While Penn's research looks promising, it does not "prove" efficacy of SMART or of 12-step. Further research may be able to clarify whether, or for whom, SMART meetings (or 12-step meetings) are effective.

At present in most communities, SMART meetings may be the only way to obtain exposure to cognitive-behavioral models of addiction and recovery from it. Where it exists, formal cognitive-behavioral treatment has not encouraged support group attendance to nearly the same

degree that 12-step-oriented treatment has done. This may be in part because until recently there have been no appropriate community resources available. If cognitive-behavioral treatment becomes more widely available, the ranks of SMART may swell as treatment clients seek a support group compatible with the treatment they are receiving. Alternatively, widely available cognitive-behavioral treatment might supplant SMART attendance.

If SMART continues to expand, it may need to focus more on the training of meeting coordinators and perhaps to reconsider their role. It is crucial that these non-professional volunteers not confuse their role with the roles of individual or group psychotherapists. There is some overlap of content between what happens when an individual reads a self-help book, attends a SMART meeting, or goes for individual or group cognitive-behavioral treatment. Therefore, some confusion of roles might occur despite SMART's ongoing and substantial efforts to prevent it. In the future it may be desirable to distinguish these roles even more. Issues such as these are faced by any organization that attempts to support some form of peer support, information-giving, and discussion. Despite diligent training and admonitions, some meeting coordinators may cross a boundary between suitable support and education into a (probably poorly accomplished) effort at psychotherapy.

It seems likely that SMART will continue to expand in correctional systems, especially given a number of recent court decisions (Peele, Bufe, & Brodsky, 2000). These decisions held that 12-step groups are religious and that it is a violation of the First Amendment to the Constitution for the government to mandate that individuals attend them. Individuals may, however, be required by the government to attend *some* treatment or support group, but not specifically 12-step treatment or groups.

SMART faces transitional issues similar to any non-profit that operates on a shoestring budget, has uncertain funding, and is less than 10 years old. It remains to be seen how substantial the professional and popular support for the organization will be. However, SMART can be viewed as an effort to "give psychology away" that deserves the support of the health and mental health professions. SMART Recovery has probably already had a positive effect on the lives of tens of thousands of people.

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#### REFERENCES,

#### RECOMMENDED READING LIST (indicated by \*), ADDITIONAL USEFUL READING (indicated by \*\*)

- Alcoholics anonymous* (3rd ed.) (1976). New York: Author.
- \*\*Burns, D. (1980). *Feeling good: The new mood therapy*. New York: William Morrow.
- \*Edelstein, M. R., with Steele, D. R. (1997). *Three minute therapy: Change your thinking, change your life*. Lakewood, CO: Glenbridge Publishing.
- \*\*Ellis, A. (1988). *How to stubbornly refuse to make yourself miserable about anything—Yes anything!* Secaucus, NJ: Lyle Stuart.
- \*\*Ellis, A., & Harper, R. (1975). *A new guide to rational living*. N. Hollywood, CA: Wilshire Book Co.
- \*Ellis, A., & Velten, E. (1992). *When AA doesn't work for you: Rational steps to quitting alcohol*. New York: Barricade Books.
- \*\*Fingarette, H. (1988). *Heavy drinking: The myth about alcoholism as a disease*. Berkeley, CA: University of California Press.
- \*Fox, V. (1993). *Addiction, change & choice: The new view of alcoholism*. Tucson, AZ: See Sharp Press.
- Hester, R. K., & Miller, W. R. (Eds.) (1995). *Handbook of alcoholism treatment approaches: Effective alternatives* (2nd ed.). Boston: Allyn & Bacon.
- \*Horvath, A. T. (1999). *Sex, drugs, gambling and chocolate: A workbook of overcoming addictions*. San Luis Obispo, CA: Impact.
- \*Knaus, W. (1998). *SMART Recovery: A sensible primer* (3rd revision). Longmeadow, MA: William Knaus.
- Li, E., Feifel, C., & Strohm, M. (2000). Locus of control and spirituality in Alcoholics Anonymous and SMART Recovery members. *Addictive Behaviors*. Volume 25 (4): 633–640.
- \*\*Peele, S. (1989). *Diseasing of America: Addiction treatment out of control*. Lexington, MA: Lexington Books.
- \*Peele, S., Brodsky, A., with Arnold, M. (1989). *The truth about addiction and recovery*. New York: Simon & Schuster.
- Peele, S., Bufe, C., & Brodsky, A. (2000). *How to resist 12-step coercion*. Tucson, AZ: See Sharp Press.

- Penn, P. E., Brooks, A. J. (in press). Five years, twelve steps, and REBT in the treatment of dual diagnosis. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*.
- \*Prochaska, J., Norcross, J., & DiClemente, C. (1994). *Changing for good*. New York: William Morrow.
- Roman, P. M., & Blum, T. C. (1997). *National treatment center study: Summary report*. Athens, GA: Institute for Behavior Research, University of Georgia.
- \*SMART® (1996). *SMART Recovery member's manual—A compilation of practical information designed to assist the reader in attaining the ultimate goal of recovery*. Mentor, OH: SMART Recovery®.
- \*Tate, P. (1997). *Alcohol: How to give it up and be glad you did*. Tucson, AZ: See Sharp Press.
- \*Trimpey, J. (1992). *The small book*. New York: Delacorte Press.