



President's Letter

The Disease Theory Doesn't Reduce Stigma, It Promotes It

In 1960 Jellinek published *The Disease Concept of Alcoholism*. This book has remained a primary reference for those who assert that addiction involves loss of control of the voluntary behavior of substance consumption.

The conclusions and hypotheses of most 1960 scientific publications have been revised by later work. Jellinek didn't have much evidence to support his hypothesis, but it captured the imagination of many. However, in addition to the common sense arguments that a disease cannot ultimately control a voluntary behavior, and that someone can stop (or not start) a voluntary behavior any time it

is important enough, there is now very strong scientific evidence that critical elements of the disease theory are inaccurate. "Alcoholism" is not always progressive, it is not a single syndrome, there is no physical test for this disorder (although like most aspects of human functioning it has a clear genetic component), and recovery does not necessarily involve lifelong abstinence.

Despite the scientific evidence against the disease theory, the recovery field continues to promote it, for several stated reasons. It is suggested that others will be more tolerant (stigma will be reduced or eliminated because "it's not your fault"), the diseased will more likely seek help, and the guilt of the diseased will be reduced. In fact, promotion of the disease theory appears to have the opposite effect in all three areas! The disease theory is like the "disease" itself: it may have short-term benefits, but overall, for most people, it does more harm than good. SMART Recovery® offers a more helpful alternative perspective, that you can gain control of your own behavior.

Let's start with the hope that labeling addiction as a disease will make others more tolerant of the addicted. On the contrary, the first step in stigmatizing is the capacity to differentiate and label a group. If we have a group labeled "alcoholics" or "addicts" or "the chemically addicted", it is easy for those who don't identify with these labels to consider those

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The SMART Recovery® 4-Point ProgramSM

The SMART Recovery® (Self-Management And Recovery Training) program helps individuals gain independence from addictive behavior.

Our efforts are based on scientific knowledge and evolve as scientific knowledge evolves.

The program offers specific tools and techniques for each of the program points:

- Point #1:** Enhancing and maintaining motivation to abstain
- Point #2:** Coping with urges
- Point #3:** Managing thoughts, feelings and behavior (problem-solving)
- Point #4:** Balancing momentary and enduring satisfactions (lifestyle balance)

with the labels radically different. The next step is to blame addicts for their problems (“blame the victim”), and not support or help them.

Look at what has actually happened in the US. Is there any adult in the US who has not heard the claim that addiction is a disease? I doubt it. Has stigma been reduced? It does not appear so. Will renewed “public education” campaigns, such as the ones recently discussed in the press, reduce stigma? I predict they won't. These public education campaigns are the immediate impetus for this column, but I am taking this opportunity to identify other problems with the disease theory as well.

We continue to have harsh laws against possession and use of illegal substances, much harsher than most developed nations. Our substance problems are not getting any better. Arguably they are getting worse. If we had more compassion for the “addicted”, wouldn't we want to provide more assistance and less prison? It's easy to imprison if “those people are different than I am.”

As to people seeking treatment more easily because addiction is a disease, here also the labels are counter-productive. People often don't seek treatment precisely because it means getting labeled. On almost a daily basis I see individuals struggling with whether the label fits. I tell them these labels are actually harmful because they can become self-fulfilling prophecies, or because the struggle about whether the label fits is a distraction from the work of solving their problems.

I also tell them what SMART Recovery® suggests, that everyone has some experience of addiction, because it is built into human nature. We are survival machines (just look at what anyone will do to survive under threat of death). Under normal circumstances being a survival machine means being a pleasure-seeking machine, because

the foundations of survival (food, sex, belonging, accomplishment) are all accompanied by varying degrees of pleasure. Those who become “addicted” have experienced substances or activities (alcohol, gambling) that our hunter-gatherer genes have not evolved to cope with.

Among many who try these modern substances/activities, a percentage will find that their pleasure/reward mechanism has been “hijacked.” By hijacked I mean that against our better judgment we act in self-defeating ways for the sake of immediate pleasure. We can re-take control any time it is important enough, of course, but it can be shocking how much authority we might allow the hijacker before intervening. Such hijacking is common. The two-thirds of US adults who are overweight have had their reward system hijacked by food. The experience of alcohol only hijacks, to use very round numbers, between one fifth and one half (depending on the population). I suggest that the overweight could easily find it in their hearts to be compassionate toward those with other substance problems, except the labels get in the way.

Maybe if US society “decides” that overeating is also a disease we will see an increase in compassion toward all addiction. Recent surveys suggest that even most overweight people may not be sympathetic to the disease theory, and are in fact accepting of their eating. I hope they can learn to be accepting of others' addictive behavior as well, without endorsing the disease theory.

As to reducing guilt about addiction, the disease theory may work to a degree, but only to the extent that you don't pay much attention to yourself or others. When you do pay close attention to yourself you realize the control you have, and all the times you could have controlled your own behavior and chose not to. There is no loss of control, but

there is giving up the fight. If you fight long enough you win. You need to outlast the cravings, which are time-limited and distracting but not horrible (unless you catastrophize them). So we can add, if believing you have a disease induces you to stop trying, then the disease theory works against recovery not for it.

Families understand intuitively that addiction is not a disease, despite media campaigns to the contrary. Your family may be willing to state that addiction is a disease, but if you use they take it personally. Using means that you place the addiction ahead of them. They are quite clear about that part, and quite angry about it. Families don't get angry at members who have real diseases like cancer. So even if your loved ones call your use a disease, they still hold you responsible for it, and expect you to feel guilty about it! In your rational moments so do you.

One qualification in this critique of the disease theory is important. SMART Recovery® is committed to honoring the diversity of recovery. We have asserted that we have no objection to an individual pursuing any freely chosen approach to recovery. We hope, of course, that the individual pays attention to whether the approach is actually helpful! However, if it is helpful, we do not object (unless it is harmful in some other manner). If an individual identifies her or his problem as a disease, and this is helpful, we see no need to debate about it. Nor do we object to some individuals or organizations holding and/or promoting the disease theory.

If we truly wish to reduce stigma, the recovery community in general needs to stop promoting the disease theory. The federal and state governments need to state clearly the scientific evidence about “loss of control” and other outdated disease theory elements, and to craft

public information campaigns and recovery promotions that do not implicitly promote the disease theory. Simple changes needed include not using the labels "alcoholic" and "addict," emphasizing that making a choice (rather than treatment) is essential to recovery, and recognizing that addictive behavior is more likely under social conditions (e.g., poverty, lack of opportunity, racism) that could be dealt with directly rather than lumping under a "war on drugs."

Even AA could help. Although "illness" and "alcoholic" are repeatedly mentioned in AA's big book, these terms can be interpreted to mean a spiritual disorder, not necessarily a physical one. As our board member Henry Steinberger suggests, if the only requirement for AA membership is a desire to stop drinking, perhaps AA members could have the option to introduce themselves not as alcoholics, but as individuals who desire to stop drinking.

A practical question arises about SMART Recovery's view of addiction as not a disease, and our relationship to other recovery organizations. We want to promote recovery wherever we can. However, the typical coalitions of recovery organizations expect allegiance to the disease theory. So far we have not joined them. Perhaps over time we can persuade other organizations that the actual diversity of recovery requires them to adopt a broader view of recovery than the one they have now. Until then we will interact as cooperatively as we can with other recovery organizations, because despite the differences I have outlined above we still have much in common.

Tom Howath



SMART Progress

SMART Recovery® Online Community (SOL) Update

by Don S., Chairman, Internet Committee

We cordially invite each *News & Views* reader to join us online!

Stop by and visit the website at www.smartrecovery.org. On the site you will find a multitude of helpful materials. You'll also find an online publication order form and great new brochures designed by online members. One brochure is for the general public, and one is for groups to use in order to include local contact information. (The link to the brochures is: <http://www.smartrecovery.org/learn-aboutsmart.htm>; the forms are in the handout section.)

And, we now have a SMART Recovery® website in Spanish! Click on the "Haz clic aquí para español" button in the left column of the homepage. If there are any Spanish speaking Facilitators or Professional Advisors who would be willing to help with Spanish emails or the Spanish Message Board, please contact: sallwood@smartrecovery.org.

While you're visiting the website, be sure to click on the Message Board link (in the Meetings drop-down list) and join us in the Message Board Forums. The message board provides an excellent communication tool for those in recovery. There are over 2800 registered users! It also contains a variety of SMART

Recovery® tools in the "SMART Tools" section of the Main Forum. Readers who are volunteer Facilitators and Professional Advisors are invited to read and respond to posts; any readers who are in recovery are welcome to post questions.

There are a couple of new forums you might want to visit if you haven't stopped by in awhile. A Public Relations committee has formed to develop plans and materials for promoting SMART Recovery® to the public and among recovery professionals. An Internet Committee Forum provides a venue for discussion of online issues and opportunities. Face-to-face meeting Facilitators are invited to their own forum for discussion of the issues and challenges they face.

If you are new to forums and need guidance, just click on the 'Need Forum Help?' link you'll find on every page, and you can email the Message Board moderators directly with your questions.

The online meeting schedule continues to expand in an effort to meet the ever-increasing demand for online meetings. All are welcome to participate, including current face-to-face meeting facilitators. Two meeting formats exist: Parachat, which is text meetings; and LivVe, which is voice and text format.

The current online meeting schedule follows (but please be sure to check the online meeting schedule for updates):

Note: All hours posted are in Eastern Standard Time (EST).

- Mondays*
- 8:30pm – General Meeting – Parachat – Mask
 - 10:30pm – General Meeting – LivVe – Dan, password: trams

- Tuesdays*
- 8:00pm – General Meeting – Parachat – Dee aka Xantho13
 - 10:00pm – General Meeting – Parachat – Renee

Wednesdays

- 1:00pm – General Meeting – Parachat – Yesterdaywas
- 8:00pm – General Meeting – Parachat – LeeQ
- 10:00pm – General Meeting – LivVe – Rotating hosts, password: trams

Thursdays

- 6:00am – General Meeting – Parachat – Kalar and fen aka fenquat
- 7:30pm – Introduction meeting – Parachat – fen aka fenquat
- 10:00pm – General Meeting – Parachat – Jason

Fridays

- 10:00pm – General Meeting – Parachat – Dawg

Saturdays

- 3:00pm – General Meeting – Parachat - Barbe
- 8:00pm – General Meeting – Parachat – Kai
- 10:00pm – Social Event – Topics to be announced – LivVe – Host to be announced, password: trams

Sundays

- 3:00pm – Introduction Meeting – Parachat – Ed aka edflower
- 6:00pm – Managing cravings, urges, slips, lapses, A 6 month journey – Parachat – tj
- 9:00pm – General Meeting – Parachat – Kitt

We are currently discussing scheduling special meetings with guest speakers in the LivVe format. Got an area of expertise? Know some professionals with lively minds and good ideas? Let us know. We'd love to get your suggestions.

Substance abusers, especially young people, are increasingly beginning to search online as they look for information about

their behavior. Online help is truly self-directed, and genuinely anonymous. SMART Recovery's online presence is going to be very important as we grow. Thanks to an incredible cadre of volunteers, and the hard work of our office staff, the online resources are keeping pace with that growth. Stop by – we're only a click away.

Research Notes

Neurogenesis and the Brain

by Don Phillips

Excerpts from a press release from the National Institute on Mental Health, dated February 2, 2005, titled "New Neurons Born in Adult Rat Cortex." Complete press release at: <http://www.nimh.nih.gov/press/prcortexneurogenesis.cfm>.

When I began to learn about alcohol and what I'd been doing to myself all those years, one of the first things I heard was that alcohol destroyed brain cells and brain cells didn't reproduce. We know more about the brain these days and the news is far more encouraging. Let me quote from a write-up describing some recent research.

NIMH's Drs. Heather Cameron, Alexandre Dayer, and colleagues, report on their findings in the January 31, 2005 *Journal of Cell Biology*:

"Recent evidence suggesting that antidepressants may act by triggering the birth of new neurons in the adult hippocampus, the brain's memory hub, has heightened interest in such adult neurogenesis and raised the question: Could new neurons also be sprouting up in the parts of the adult brain involved in the thinking and mood disturbances of depression and anxiety?"

"Now, scientists at the National Institute of Health's (NIH) National

Institute of Mental Health (NIMH) have found newly born neurons that communicate via the chemical messenger GABA (gamma-aminobutyric acid) in adult rat cortex, seat of higher order 'executive' functions, and in the striatum, site of habits, reward and motor skill learning. In the cortex, the new neurons appear to arise from previously unknown precursor cells native to the area, rather than from cells migrating in from another area.

"Their discovery adds to the scientific debate over adult neurogenesis, which has potential implications for understanding a variety of brain disorders, possibly including Alzheimer's and schizophrenia. While most researchers agree that new neurons are generated in the adult hippocampus and olfactory bulb, the existence of adult neurogenesis in other brain regions remains controversial."

I ran the press release past Dick Bozian, MD, and member of the SMART Recovery® Board of Directors, and he thought it touched on some very significant things. Quoting Dick:

"There is no question that there can be neurogenesis in adult central nervous system cells. It had been believed that it was possible only in newborns but that has been refuted. There has been evidence for a long time about the correction of damage to neural cells in the brain in children and adults. With time and particularly with practice, adjacent normal cells can set up connections and restore function to a significant degree—not necessarily 100%. One can see this in stroke patients as they recover from the insult of cerebral infarction. In addition to the neighboring cells taking over function, now one can assume that new cells may be developing and contributing to the return of function. The role of neighboring

cells migrating and assuming new function has been well established for years at the University of Chicago. The only discouraging part of that has been that the neuronal cells seem to ‘wear out’ prematurely with age. This appears to be the case with polio where a syndrome of weakness appears many years later.

“This information is encouraging and should give hope to people who have damaged their brain cells over years of abuse. There *can* be regeneration and regain of function even though there has been organic damage. The ‘practice, practice, practice’ mantra of REBT’s rational thinking may help restore ‘executive functioning’ in a damaged brain.”

Dick Bozian

I’m feeling better already.

Don Phillips

Progress “Down Under”

The State of New South Wales (Capital: Sydney, Australia. Population: 4,000,000; prison population: 9,000) has just begun the rollout of adopting the SMART Recovery® Program around the State. Bronwyn Crosby, Deputy Director, and Alex Wodak, MD, Director, St. Vincent’s Hospital Addictions Unit, are responsible for this project. For three years, St. Vincent’s has been sponsoring four SMART Recovery® groups. Gaining a grant from the Alcohol Education and Rehabilitation Foundation to establish twenty groups over two years, they hope to do far better than that. They have been training their staff in the facilitator role and using the groups as part of their therapy program. Sincere thanks to Bronwyn and Alex for their hard work to help bring SMART Recovery® to New South Wales!

Book Review



Review of a CD submitted by Harry Henshaw, titled “Enhancing My Self-Esteem.”

Reviewed by Emmett Velten, PhD, *News & Views* Editor

The CD has two tracks, each about an hour long. Henshaw states that the first track works on the conscious mind, and the second track works on the unconscious mind. They seemed fairly similar to me. Each track aims to “change negative and possibly even destructive thought patterns to positive and empowering beliefs about yourself.”

The tracks consist of relaxation suggestions, new-age music, which is also superbly relaxing, and positive affirmations and beliefs. The voice of the person suggesting the affirmations is unusually relaxing and believable. So much so, that the music and the tone of the voice easily predominate, and one does not argue too much with some of the irrational beliefs suggesting that one “deserves” good things in life. Even that, however, came across to me in a new way as I listened to the tape. Instead, I found myself thinking that yes, one does deserve those things in the sense that one is automatically qualified for good things, experiencing them and seeking them, even though the outer world doesn’t care at all about one’s deservingness beliefs.

As well, the tracks are so relaxing that I also found myself not arguing too much about self-esteem versus self-acceptance. Esteem usually means one is a good person

due to good acts, which implies that one is a bad person for one’s bad acts (if any). Perhaps in future versions of the CD Henshaw can be clearer in suggesting that unconditional self-acceptance (USA, as Ellis calls it), is a decision, and neither success nor failure alters it.

I believe this CD is an excellent way to teach and practice relaxation procedures, and I recommend it. It is available from Harry Henshaw, at info@enhancedhealing.com.

SMART Ideas



Acceptance, Willingness, and “Giving One’s Permission”

by Hank Robb, PhD, ABPP

Acceptance is the opposite of demandingness. And since, as Albert Ellis once opined, “Demandingness will land you less than what you really want,” acceptance is preferable. Acceptance is not approval. I don’t have to like something to accept it. To me, however, the word “acceptance” does not quite reflect the active nature of what has to be done. Acceptance seems more like something passive. So, lately, I more and more find myself using terms like “giving my permission” or “willingness.”

Giving my permission for reality to exist may be a rather odd notion. After all, the world isn’t exactly waiting around for me to give my permission for it to do as it does. Even so, the phrase seems to catch the more active nature of what is required when one really is accepting. Not

only is it here, but much as I don't like it being here, I give my permission for the existence of the very thing I don't like.

"Willingness" also has some advantages in that it underlines a WAY of being present with something—willingly. Let me contrast that way with a few others. First is what we might call "white-knuckle flying." You're there all right, but the way you're there is, "Oh, my God! Oh, my God! Oh, my God!" Willingness is not white-knuckle flying. A second way of being with something is resignation. That's, "Well, I have to and there's nothing I can do about it." There's no sense of choice.

There are times when I don't have a choice. If I'm going to be at a SMART Recovery® meeting, I have to be there. I can't be some place else. Well, maybe psychologically it's, "The lights are on but nobody's home," but at least my body will have to be there. Resignation is an attitude one takes toward a thing being done. The Roman philosopher Seneca said, "He

who will, the fates guide. He who won't, they drag." OK, you're going. But with what attitude, resignation or willingness?

A third possibility is resentment. "OK damn it! I'm doing it! I don't have to like it, do I?" No, you don't HAVE TO like it. But neither do you have to be resentful about things you don't like. You could willingly be with things you don't like

even though you don't like them.

Of course, none of this necessarily relates to what you do with your hands, arms, feet,

and mouth. You can steadfastly refuse your favorite addictive behavior with resentment or resignation, or while white-knuckling through your life of abstinence. Yes, you could. But what's the advantage? None that I can see. Do I mean that if you do things you don't like there's an alternative to doing them with resignation, resentment, or "gutting it out?" Yes, I do. You could make a choice about the way you do them. And that choice could be to do them willingly.

The Roman philosopher Seneca said, "He who will, the fates guide. He who won't, they drag."

Willingness can also be applied to unwillingness. If I am acting with an attitude of resentment, resignation, or white-knuckling it, I first could be willing to be with that attitude rather than be resentful, resigned, or anxious about having it. Of course I could also change that attitude, and I could change it willingly.

So, if you do find that "accepting" life seems too passive, try using phrases like "willingness" or "giving my permission." They may help spark awareness that you have a choice about how you approach what the world inside and outside our skin has given you, even when you see yourself as not having a choice about what you've gotten.

The Mantra Tool

by Jeff Fredriksen, jeffery@jefferythegreat.com

Recently I had a slip and spent a night drinking and a week berating myself and being physically ill. After I finally was able to realize that I'm human and make mistakes and was far from back to where I

SMART Recovery® Program Tools & Techniques

The SMART Recovery® 4-Point ProgramSM employs a variety of tools and techniques to help individuals gain independence from addictive behavior.

These tools include:

- Change Plan Worksheet
- Cost/Benefit Analysis
- ABCs of REBT (Rational Emotive Behavior Therapy) for Urge Coping
- ABCs of REBT for Emotional Upsets
- DISARM (Destructive Self-talk Awareness and Refusal Method)
- Brainstorming
- Role-playing and Rehearsing

Participants are encouraged to learn how to use each tool and to practice the tools and techniques as they progress toward Point 4 of the program—achieving lifestyle balance and leading a fulfilling and healthy life.

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was several years ago, I turned to some of my SMART Recovery® material. I stumbled upon my own little tool, The Mantra Tool. I shared it with my fellow SMARTies at the local Chicago meeting, and in later meetings they have told me how they have adapted it in their toolboxes for addictive behaviors.

It's really nothing new. Many people I've read about have used sayings and acronyms to remind them of the consequences of their prior actions. Mike Werner, my personal guru and an authority on SMART Recovery®, told us often of such strategies that people have used over the years he has been facilitating in nearby Naperville. But at the risk of letting my ego take a bath, I shall describe what I came up with in the hopes that others may benefit.

It is simple—especially simple for me because I have always been good at formulas and memorization. My equation is this: **1 = 50 + LIFE**. One drink equals fifty drinks, because as Mike Werner puts it so eloquently, one drink and it's off to the races. I had to realize, once again, that my addictive brain would only be searching for more alcohol. But even more important, I had to be reminded of the consequences to my life. All of the positive feelings I have had, the relationships I had once again reveled in, the joy of a bike ride on a sunny day, and my favorite thing, my daily yoga practice, suffered. My life was not what it had been, and I felt down on myself in a way that drained me of all the positive and joyful emotions I had cultivated.

I had been completely blindsided by this slip. I had survived the sudden death of my younger brother without a drink. So now I have a mantra that will ring in my head should an urge rear its ugly head (not in a

month and a half...woo hoo). I've also written the equation on slips of paper around the house to remind me. Although I have done quite a bit to achieve lifestyle balance, having a mantra can keep me aware of the consequences of "just one drink."

I hope this idea will spur others. I would be grateful if you would share your ideas with me, so I can take them to meetings here in our town.

***"My equation is this:
1 = 50 + LIFE."***

Is SMART Recovery® Suitable For Early Recovery?

by Robert H. Taylor

Reprinted from the Volume III, Issue 2, April 1997 News & Views issue.

People sometimes ask whether SMART Recovery® and REBT are suitable for individuals in early recovery. This question reflects genuine concerns, and it also provides an opportunity to educate people about the possibilities we have to offer.

First bear in mind that one of the key components of SMART Recovery® is enhancing motivation to quit. As such, we work with individuals in various stages of change, from precontemplation to maintaining an abstinent lifestyle. This includes not only people who are in early recovery, but also those who are continuing to use and haven't yet decided whether they have a problem.

Second, one of the common recovery myths is that a person must hit bottom before they change. If we look beneath the metaphorical recounting of experience to the underlying dynamics of addictive behavior, I think we'll find that people don't change because they hit bottom; rather, they change because of the decisions they make. In other words, changing

addictive behavior is not something that happens to an individual; it is something the individual makes happen. Unfortunately, many people have taken the metaphor of hitting bottom as something far more than simply a metaphor.

SMART Recovery® recognizes that change is a process. We have no requirements, and we don't say, "If you're ready to quit, come see us," with the implication that if you don't quit, you aren't ready, and it's not our fault. Instead, we offer a variety of techniques and concepts for gaining independence from addictive behavior, starting with where the individual currently is at in the change process.

Third, I think part of the confusion about REBT and who it is suited for lies in three basic misunderstandings. One is that to be able to apply the ABCs, you must completely understand the underlying theory of REBT.

To use a wrench, do you need to understand torque? Isn't it more accurate to say that if we learn about torque at all, it may in part be due to our having experience with using a wrench? To my mind, there is a difference between asking someone to examine their own thinking (apply the rational wrench) and expecting them to fully understand the relationship between their thinking and their behavior (understand the theory of torque). One is not necessarily contingent on the other.

Fourth, REBT does not absolutistically demand that every time people recognize an irrational thought about addictive behavior that the people must dispute it to succeed at staying abstinent. As people gain experience at successfully disputing their irrational thoughts, their attachment to the irrational thoughts will tend to weaken. I think it's quite rational and within the scope of REBT to then simply identify the thought as irrational and

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dismiss it. (If the nut is already tight, you need not apply the wrench.) On more than a few occasions, I've had meeting participants report doing this, saying that as soon as they identified a particular thought as irrational, their inclination to act on it disappeared.

On the other hand, if a person recognizes a thought as irrational and self-destructive but continues to act on it, we get back to the issue of change as something an individual makes happen. (Possessing a wrench does not cause a person to use it.) Recognition alone doesn't change the behavior, it merely makes an important part of the process explicit.

Recognizing a thought as irrational and self-defeating and yet continuing to act on it indicates both a strong attachment to the thought and the need to actively dispute it.

Fifth, some people say that their addictive side knows REBT as well as their rational side and uses it against them. In my view, this is a variation of the disease theory. (The nut is credited with having a will and a mind of its own and an ability to effectively defy the wrench and the person using the wrench.) This gets back to the questions of who is in charge of the change process.

REBT does not view individuals as having an "addictive side" or a "rational side" as such. Rather, the addictive behavior is seen as the result of the individual engaging in irrational thinking, and the individual may any time make a decision to change, choosing to learn and practice more rational ways of thinking that lead to more self-fulfilling behavior.

We learn to change our behaviors, sometimes despite what seems to be a natural condition dictated by primitive processes within ourselves. If we didn't, as Ellis has said, we'd all be stuck pooping in our pants, let alone, drinking, drugging,

biting our nails, and otherwise continuing to behave against our own best interests. REBT can be used to articulate the decision-making process and make explicit the beliefs we choose for bringing about a desired change.

In my experience, SMART Recovery® and REBT are valuable options for people at any stage of change, from precontemplation to maintenance, including early recovery.

Risk-Reward Analysis for Alcohol & Drugs

by Stan Colburn, Facilitator, Inland Empire SMART Recovery®

To drink or not to drink. To use or not to use. What will break the log-jam of conflicting thoughts? Let's start by getting the pros and cons of quitting down on paper. All the things that terrorize us about stopping are Risks of Quitting. The Risks of Using are the reality of problems that probably have come up. These two categories involve the more immediate aspects of the situation.

I couldn't cope without my dope vs. What in the hell have I done now?

There must have been Rewards for Using or we wouldn't have kept it up so long. Then to complete the picture, there are surely to be Rewards for Quitting. These latter two categories involve the longer perspective.

In SMART Recovery® we want you to act reasonably and responsibly about your future involvement with intoxicants and/or a bad habit. There are a few ground rules to consider. You are a normal human being. You got started in this by seeking pleasure or relaxation, and perhaps to avoid some perceived distress. That was OK thinking. You are not defective! It's just that certain substances or behaviors can lose their luster and become a real problem for some people.

This Risk-Reward Analysis is a powerful instrument that enables you to see what you are doing to yourself and others, and it gives you a glimpse of your future, after you have won—or lost—the race. One great effort in SMART Recovery® is guiding you to balance long-term satisfactions against short-term satisfactions. Comparing them may help motivate you to change your lifestyle and habits.

This exercise is an important step in the contemplation of quitting. But it will have value as you become master over the addiction you are quitting. There will be urges to deal with, so going back to this material later will be an anchor for you to refresh your memory on your reasons for quitting.

Risks of Using	Rewards of Using
Risks of Quitting	Rewards of Quitting

You can begin with a blank paper and use this form to record and organize a better understanding of your own personal situation. On the following pages there are a few examples gleaned from having explored this exercise in meetings. There were many more entries we don't have space for here. But there will be enough of them to prompt your thinking and get you started on your own document. This is where the real work starts, but **you're worth it!**

Risks of Using (Here's a partial list of what people thought were important.)

- DUI or multiple DUIs
- Trouble with the law
- Problems with employment
- Financial difficulties
- Relationship problems
- Loss of self-respect and from others
- Health considerations
- Loss of ambition
- Fear of the future
- Fear of AIDS

Like the others in this series, these are things that people have brought up in group meetings. This is the area that people are the most aware of. Perhaps there has been some critical event or accumulation of circumstances currently that brings these items into a dramatic focus. You will have some things to highlight or add to this for your own inventory. Be as honest as you can; you can keep this to yourself.

Although there may be dramatic events presently that compel you to quit, if you stop there, you only partially deal with the real problem. Look into the bigger picture and try to truly understand what addiction is, how *you* got that way, and be prepared with knowledge and a strategy when you are tempted in the future.

A good definition of addiction is you've got it if you find yourself continuing in a behavior *when you know it is against your better judgment*. You find that you have been "hooked," so to speak. That's probably why you let things get to this stage. In SMART Recovery® we are interested first in having a clear picture of the problem. This page is a very good place to start!

Risks of Quitting (Once again a partial list that people have expressed.)

- No more getting stoned
- People will think I'm different
- People will think I can't handle it
- Won't be able to resist temptation
- I'll be on unfamiliar turf
- I'll lose my secret best friend
- I'll get the shakes (fear of withdrawal)
- I won't have the "liquid courage"
- I'll begin to see my real self
- I'll have to be a goody-goody
- I'll have to stay away from usual friends and contacts
- I'll have an empty place inside and nothing to fill it

- Can't think of how and where to find anything else better to do
- I'll have to face the uncomfortable things that result in my deciding (cause me) to drink
- If I fail, I'll be worse off than before Once again highlight and add things to make this personal.

These examples are enough to get an idea of things to think about and prepare for when you consider quitting. It is important to make your list as fair as you can and face the issues, rather than avoid them. Otherwise they will come back and bite you in the ass later. Also remember that many of these fears are based on faulty thinking, and you may have been using them to justify your behavior.

Rewards of Using (more things that have been brought up in groups)

- At least I can't fail (if I don't try) and won't end up worse than I was before!
- Feeling a rush, feeling a buzz
- Getting stoned
- Weight management or loss
- Social aspect, "let the good times roll"
- Like the taste of it
- Relaxation
- Mask guilt feelings
- Drowning sorrow
- Loss of inhibition
- Escape from problems, reality, people

Then there is avoiding withdrawal. You have to think about this one. It is often the strongest "pull" to go for a drink or a hit! As your addiction to the substance progresses, once you think of "something" and sense an urge, it flashes through your mind that not to have it would be painful. Right?

So note that some of the "rewards" are actually of a reverse nature. Drowning sorrow or avoiding the discomfort of withdrawal might be thought of as *reasons* or excuses to use or drink. But they belong in

this group because when we look into the rewards of Quitting next, we will compare things that are likely to be greatly preferred. We emphasize again that to seek pleasure and to avoid pain are healthy, normal, smart things to do. It is when the use of the substance or behavior *takes over your better judgment*, that you need to reassess the pros and cons of continuing what has gone from being a habit to becoming a harmful habit.

If you want to *end the addiction*, there are modern scientific ways to change your lifestyle with the fewest complications and best prospects. Establishing new alternative rewards is an important objective in SMART Recovery®. This project is a very graphic step in putting those things in perspective.

Rewards of Quitting are valuable assets and long lasting benefits.

- Better physical and mental health
- More money in the pocket
- More control over myself
- No more fear of a DUI
- Keep the judge happy
- Increased self awareness
- Peace of mind
- Better job security
- Improved relationships
- New friends and interests
- Feel optimistic
- Feel self growing up inside
- Not feel guilty all the time

Once again, these advantages were suggested by participants in meetings. Highlight and add your own. They all have to do with a healthy and positive lifestyle, which is a major goal here in SMART Recovery®. How attractive are these things? This is the time to clearly see the fork in the road. It's your decision. Can there be any question in your mind about which is the more desirable way to go?

If this comparison of pros and cons helps you see that, it is a useful and effective promoter of change. Make it yours personally, think about it privately, see what's best for you, keep it and then believe it! It's what you really think!

People Power



Silicon Valley SMART Recovery® Fondly Remembers Long-Time Volunteer

Bill Jachens, a long-time volunteer for Silicon Valley meetings, recently passed away.

Bill was one of the original founders of what was then Silicon Valley Rational Recovery®. He came to us from the Humanist Association, which at that time sponsored RR®. Bill led meetings for several years when he first joined the organization, and served as our treasurer ever since we formed the local Board in 1992. Bill had used REBT to help himself



Bill (center) is shown with other local Silicon Valley volunteers (left-right): Russ, Bob, Bill, Sam and Marc.

overcome a speech impediment and did not have addiction problems himself. He would remind us that he struggled with problems expressing himself throughout his life. We were often surprised when he did speak up to hear how passionately he felt on various subjects. So often one assumes that because people do not speak eloquently, they have nothing to say.

Listening to Bill was a reminder that the quietest among us often have deeply felt, coherent views. As Marc Crofton, Facilitator, put it: "I regret Bill's passing. I feel his absence. He did the best he could with what he had. No one could do better than that."

Bill is remembered and missed by both our local volunteers and by the Central Office staff, who had the pleasure of communicating with him in his role as treasurer for the Silicon Valley Groups.

Prison Outreach



From Beyond the Walls Freedom & SMART Recovery® Go Hand in Hand

by Barry A. Grant

I think if I had to comment on what I found to be the most outstanding benefit of SMART Recovery® while incarcerated, it would be the freedom that comes with knowing you are only as incarcerated as you believe you are.

From the moment one is jailed, in most cases I've observed and certainly in mine, the idea that someone else has

control over you is the paramount issue when it comes to freedom. This may be the reality of things from a physical standpoint, but resistance to changing one's viewpoint adds fuel to the proverbial fire. This is because of focusing on what appears to be going on externally, as opposed to adjusting what is really going on internally.

Fortunately, the epiphany came to me early on as I had the opportunity to be exposed to SMART Recovery®. I define this experience as an epiphany because for me that's what it was in every sense of the word. I'd previously been told that the only means of ever knowing anything remotely resembling a productive and drug free lifestyle would have to come as the result of a firm commitment to a group consciousness. Simply by learning that we generally act the way we feel, and in turn feel the way we think, changed everything for me. Once I became aware of this process it was relatively easy for me to apply this concept to prison life as a whole. Moreover as time went by and other inmates noticed a change in me (which is VERY common in this micro-cosm) interest began to spread like antiseptic through an open wound that is being cleansed.

It is fair to say that SMART Recovery® has changed my entire life. It has done so not only in terms of my direction in life and addictive behaviors, but also in terms of my career and a discovery of purpose. I apply it to my daily living and close relationships. As well, I apply it to my profession, which revolves around spreading the word to institutions and those who have a pretty good idea that their chosen path doesn't quite fit with how they define themselves and that they had better look at self-management instead of self-sacrifice.

To that end, I strongly recommend SMART Recovery® to those who believe they are not in control of themselves and

to each person who thinks that incarceration means a complete loss of freedom. It's all about empowering oneself with the ability to see things through the eyes of introspection—and that universe is as free; as vast and infinite as you believe it is. We've all heard that the truth will set you free, yet to that I might add that this type of thinking will help to keep you free.

Positively Speaking: By creating limitations that don't exist, we hinder our own growth and development. When we do so, we hold ourselves captive to a reality not founded upon rationality, but upon distorted beliefs. What one holds captive holds one captive as well...



News From the Courts

News from the Courts

Steve McCullough, Certified Legal Assistant, did a significant amount of research on a number of pending court cases, but at present, no new rulings have been published. We expect to be able to report on pending cases in the next issue. As soon as new rulings are available, we will share them with you.

News & Views Now Available Online!

As a not-for-profit organization, we are always seeking ways to be cost-effective, while at the same time ensuring that we are successful at sharing the word that SMART Recovery® exists.

To this end, we are pleased to announce that effective with this edition of the SMART Recovery® *News & Views*, a PDF version of the newsletter is available on our website: www.smartrecovery.org. Please invite and encourage friends, family, colleagues, treatment professionals – everyone you know! – to visit the website and read a copy of the *News & Views*.

Mark your Calendar!

The Annual SMART Recovery® Training Program will be hosted on October 22-23, 2005 in Chicago, IL.

In addition to the day and a half general training program on Saturday and Sunday morning, a separate track is planned on Saturday morning for those of you who have previously attended a training program. And...many of you have! As always, we'll look forward to repeat training participants helping with the Saturday afternoon role playing.

And, on Friday evening, October 21st from 7:30 – 9:30 p.m., please join us for a welcoming reception featuring magic with local comedy magician and "SMARTie" *Jeffery the Great*.

Lots of fun, networking and learning lie ahead! More information will be included in the next issue of the *News & Views*, but in the meantime, do mark your calendar and plan to join us!





3-Minute REBT

Stop Hesitation — Start Working to Help Yourself

by Philip Tate, PhD

Author of *Alcohol: How To Give It Up and Be Glad You Did*, 1996, See Sharp Press, Tucson, AZ.

Reprinted from the Volume III, Issue 2, April 1997 *News & Views* issue.

You may hear us say that in order to get better you'd better do the ABCs and Dispute your irrational beliefs. But, you don't do so. Instead, you talk about your problems, or just listen to others, and fail to change. That's because little change occurs through "getting it out" and gaining in awareness. Most gain occurs through work.

Consider this. What would you think of a woman who wants to increase her athletic abilities, and she reads books about it, talks things over with a personal trainer, and then does nothing with what she's learned? Would that work? You know it wouldn't. Then let's think further. Why do you hesitate to do the ABCs and Dispute your irrational thinking?

Maybe it's because you like the socialization that occurs at SMART Recovery® meetings, and you've decided only to have fun with the discussion and not to work on your problems? You can do both, can't you? You can have fun at meetings and work on improving your life outside the group. Then you have more

long-term fun, can solve your problems better, and eventually become more independent from the group.

Maybe you hesitate because you believe change should be easy, and, if it isn't you can't do it. Well, challenge these beliefs. Where's the evidence it has to be easy? Prove that you can't do it if it's hard. Of course, you can't. Actually, even though it is hard, you can do it and improve considerably.

Maybe you hesitate because you believe you have to do things perfectly well, and if you do poorly with the ABCs you'll be a louse. Fortunately, you'll never prove that to be true. So recognize that you do not have to be perfect and that doing better is good even though it's not perfect. Focus on doing, not on doing perfectly well.

Instead of hesitating at working on yourself, consider the idea that you come to meetings to deal with problems you're having with your life and to gain more happiness. The group will not do some of the most important work to be done. That's for you to do. So, get started. Push yourself and overcome your inertia. The best time is now. So do it!

Featured Quote of this Issue

“By creating limitations that don't exist, we hinder our own growth and development. When we do so, we hold ourselves captive to a reality not founded upon rationality, but upon distorted beliefs. What one holds captive holds one captive as well.”

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