



What do we recover?

by Don Sheeley, MD, SMART Facilitator, Saratoga Springs, NY

Many people use maladaptive behaviors to cope with painful or difficult life circumstances. No one wants to “recover” those circumstances or situations, of course, so what is it we are really recovering?

We cannot “go back” to a good life even if circumstances were positive (for example, in the case we drank or used for “fun” or to amplify positive life emotions). We can recover the ability to think clearly and make helpful choices, and follow through to create a new life consistent with

our values, as much as possible in our current reality.

The value of personal discomfort is that it can notify us that we need to change something. We become aware that the only things we have control over is ourselves. We can change what we do, how we think, our beliefs, how we treat others, change our feelings based on our beliefs (REBT), etc.

We recover sobriety. Then we can deal with life’s difficulties with a clear, sober head, and optimize our lives to the best of our abilities.

Life can be very uncomfortable and difficult, but at least in sobriety we can think clearly and figure things out, rather than temporarily escaping from it all, over and over.

Prescription for living

by Barry Grant, former member, SMART Recovery Board of Directors and long-time supporter of SMART

I was invited to participate in a research project a few months ago,

and having given some thought to my “prescription for living,” I determined it might be of use to others. Perhaps you can answer the questions and determine your prescription for living.

The researcher said: “I’d like to get a general sense of your prescription for living. Can you answer briefly the following questions?”

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The SMART Recovery 4-Point Program®

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:** Building and Maintaining Motivation
- Point #2:** Coping with Urges
- Point #3:** Managing Thoughts, Feelings, and Behaviors
- Point #4:** Living a Balanced Life

Q: Please list the main things that helped you initiate freedom from addiction, and what are the most important things that have helped you maintain it?

A: Being introduced to SMART Recovery complimented my aversion to being incarcerated and a returning to myself capable of not putting myself in such a predicament. While this may sound like a simple solution to what we perceive to be complex, it is merely a choice.

As a society, we are conditioned to believe that “we are powerless” to break free from addictive and self-defeating behaviors; however, by looking at our ability to choose, it is not mystifying at all. We interpret our experiences according to a thought system in which we have been trained to believe.

In life, every experience and event are opportunities to grow. Loss of freedom, loss of dignity, and the loss of a healthy sense of self are casualties I prefer not to revisit. I have a sign in my office that I regularly have my clients reflect upon: “When you choose your behavior, you choose your consequences.”

What, if anything, did you not find helpful for your journey out of addiction (i.e., types of treatments, certain lifestyle practices).

What I did not find helpful was the absolute way in which one must adhere to the tenets of the 12-step model in

order to abstain from addiction. In my case, this was heroin, cocaine, and alcohol. I did not like the idea that a group consciousness was necessary, which, for me, suggested that I needed to look outside myself to fulfill an essential need. That’s ironic because at the core of addiction is the seeking outside of oneself to fulfill an essential need.

Another distasteful feature for me were the labels: “I am an addict/alcoholic.” Any desire for transcendence from that would mean that I was in denial. Particularly of significance is changing the terminology such as, “I am an addict,” to “I have experienced addiction,” because that may have been something you experienced but certainly is not who you are.

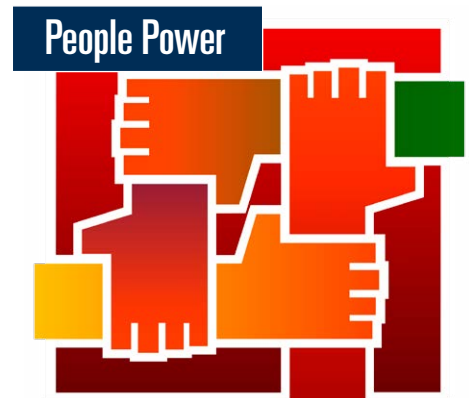
What is your relationship now to substances — caffeine, nicotine, prescription drugs, etc. Did you choose a path of full abstinence from your problem drug or did you choose a path of moderating it?

I haven’t used nicotine is 18 years, and I drink coffee occasionally. I changed my thinking once encountering SMART Recovery, and did extensive reading and training on Rational Emotive Behavioral Therapy (REBT).

My lifestyle is contemplative. I am and have been healing and living my life mentally, emotionally, and spiritually from a deepened sense of identity and empowering perspective. It’s by understanding that circumstances are only a reflection of my consciousness that I can make appropriate choices and not weaken myself with what’s not necessary.

In short, it is a cost-benefit analysis on an “as needed” basis. To that end, there is no need for mind or mood altering substances. As far as prescription drugs go, I take what is prescribed the way that it is prescribed.

By the way, I had a liver transplant two years ago. The methods of problem solving and DISARM (Destructive Images and Self-talk Awareness & Refusal Method) came in handy to manage pain and coping with the situation—and this was near death. SMART Recovery and REBT are not restricted to drugs, alcohol, or any “thing” or person. It’s about principled thinking for a rational and balanced life.



SMART Online Annual FUNdraiser: October 25 – November 1

An enticing selection of items will be auctioned during the week long Annual FUNdraiser, which raises money for SMART’s online services. All SMARTies, families, and friends are invited to join the fun and bid to help SMART online.

SMART’s online services include our website, the Online Toolbox, Articles & Essays, the SMART Blog, weekly online meetings, a 24/7 chat room and message board, volunteer training, and topical webinars and podcasts.

We offer these services for free but they still cost money to produce and maintain. They’re only possible with the support of our participants.

Articles are welcome!

If you have a story or information you would like to see published in **News & Views**, please submit it to Rosemary Hardin, Editor, rosemaryalmond@gmail.com. Unsolicited material is most welcome!

This year's auction items include:

- autographed books
- collectibles
- jewelry
- hand-crafted items

All items are donated or created by generous SMART supporters, participants and volunteers from around the world.

You can view the auction items at <http://goo.gl/4HHBsf>. Check back often because more items will be added as we receive them.

To participate in the bidding, you'll need to be registered on the SMART Community site, www.smartrecovery.org/community.

Click on the graphic for more information. See you at the auction!



Editor's note: There's never a dearth of SMART activities in Chicago! Here are some SMART Chicago volunteers at a July picnic.

SMART Recovery Chicago

by Christopher, SMART facilitator, Chicago

I recently spoke at the Howard Brown Health Center about SMART Recovery; it was a terrific experience.

I spoke a lot about how SMART isn't something that we talk about as much as we DO, that it's a program of

action and of active change of thoughts and behaviors.

This is not to discount the value of talk therapy; however, the tools and techniques of SMART require daily application. I discussed this in the context of my own recovery journey before I understood the tools. I explained how, through daily application of

SMART's tools, my life has improved, and I have become stronger and more resilient. Even though I am experiencing some challenges in life at the moment, I know that I am dealing with it better than I would have in the past because I have been applying the tools in my life, and have learned how to ask for help when I feel stuck. It is truly a liberating experience.

SMART Recovery® Tools & Techniques

SMART's 4-Point Program® uses many tools and techniques that may help you gain independence from addictive behavior.

These
tools
include:

- Change Plan Worksheet
- Cost-Benefit Analysis
- ABCs of REBT for urge coping
- ABCs of REBT for emotional upsets
- DISARM (Destructive Images Self-talk Awareness and Refusal Method)
- Brainstorming
- Role-playing and Rehearsing
- Hierarchy of Values

We encourage you to learn how to use each tool and to practice the tools and techniques to help you progress toward Point 4: Living a Balanced Life.

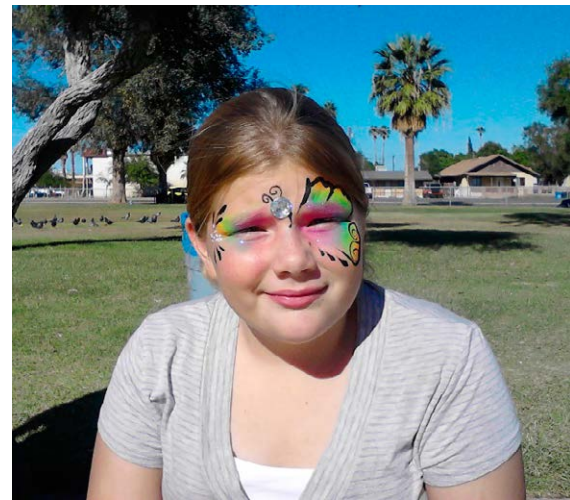
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Imperial Valley, CA SMART Recovery is not only SMART, it's fun!



The “Even Recovery Can Be Fun” Imperial Valley Softball Team pictured left. There are regular gatherings to play ball or corn hole — anything fun goes!



Lily, 12, is in recovery and a SMART participant. She visits schools to talk about the effects of drug addiction.

‘Exploring the power of choice’: SMART Recovery 20th anniversary & annual conference

September 26 – 28, 2014

SMART participants from around the world gathered for our Annual Conference at the National Geographic Headquarters in Washington, D. C., to celebrate SMART’s 20th anniversary.

The conference focused on recovery advocacy, recent innovations in the field of addiction recovery, tool training, and the newest developments at SMART Recovery worldwide. Featured speakers included White House drug policy officials, addiction experts, and SMART volunteers.

Watch for full coverage from the Conference in the January edition of *News & Views*.

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SMART family & friends growing quickly

by Kathy Lang, SMART Family & Friends Facilitator

A lot can change in a year.

Twelve months ago, there were five face-to-face Family & Friends (F&F) meetings in the United States. Today, there are more than 20 in 11 states: California, Illinois, Kansas, Maryland, Massachusetts, New Hampshire, New Jersey, Ohio, Pennsylvania, South Dakota, and Washington. That's a 300 percent growth rate!

Volunteers who had attended F&F online meetings over the past few years facilitate many of these meetings. More participants are interested in starting meetings in their communities. SMART expects that the number of face-to-face F&F meetings will continue to grow rapidly.

facilitator-training module to augment the SMART Recovery distance facilitator training.

SMART Recovery Board Member Roxanne Allen, a long-time F&F online facilitator and an originator of the program, said, "It is expected that the module will be available during the last quarter of this year."

F&F meetings also are growing worldwide. In the UK, there is a weekly online F&F meeting, and a pilot program is underway where Family & Friends meetings have been implemented in 34 facilities! Feedback has all been positive.

There are also two meetings in Canada and four in Australia.

For more information about F&F, email family@smartrecovery.org.



SMART Ideas

SMART reaches out to veterans

by Les Waite, Chair, SMART Recovery Veterans Administration Committee

The SMART Recovery Board of Directors voted in July to establish a Veterans Administration Committee. Its objective is to increase the availability of SMART meetings in the U.S. for veterans within the Department of Veterans Affairs (VA) hospital network.

In response to this interest in F&F meetings, SMART is developing an F&F

Each VA facility's Addiction Treatment Program has broad latitude in determining which peer support groups they integrate into their program. Historically, most VA hospitals strongly favored 12-step programs. While many VA programs list SMART Recovery as part of their outpatient referral services, few offer SMART Recovery as a service to their inpatient clients.

Efforts to include SMART as an alternative support program have been made almost since SMART was founded. For example, the Jefferson Barracks Division in the St. Louis, Missouri, area, has offered veterans a SMART Recovery group since 1996.

SMART Recovery meetings also have been incorporated successfully into VA programs in Florida, Minnesota, Illinois, Pennsylvania, and Washington. This number continues to grow as addiction treatment professionals recognize that 12-step programs do not work for everyone.

The inclusion of SMART Recovery into a VA hospital's addiction treatment program has usually been the result of grassroots efforts of one or more local people invested in the program. SMART's Veterans Administration Committee aims to expand SMART's presence by leveraging the successes of those grassroots efforts into a national initiative by taking the program to all of the 153+ VA hospitals around the country.

The Veterans Administration Committee is asking for volunteers to help with this effort, either as committee members or in advisory roles. If you facilitate SMART Recovery meetings in coordination with your local VA hospital or clinic, or would like to, please contact me at chicago.smart.recovery@gmail.com.

The pain of wisdom

by Hank Robb, PhD, ABPP

I recently heard a talk on leadership. The speaker had risen through the ranks of professional educators from teacher to high school principal to school superintendent. He said there's an important question leaders seldom ask themselves: "What am I doing that is contributing to our difficulties?"

Leaders aren't the only folks who don't ask this question.

There is a story about a person seeking a wise teacher. The seeker says to the teacher, "I have a question."

The teacher says, "I'll answer your question, but first you must answer mine."

"OK," replies the seeker, "What's your question?"

"Are you willing to be hurt?" asks the teacher, "Because whatever your question, my answer is likely to cause you pain."

So it is with the question, "What am I doing that is contributing to the difficulty I'm grappling with?" The answer is likely to be painful, which is why we rarely ask the question in the first place.

Who wants to hear that their difficulties are of their making – if only in part? Yet, that seems to be how wisdom works. If there is pleasure to be found in wisdom, it is the result of having acted wisely, not in the discovery of what wisdom is. As the saying goes, you have to have the pain to get the gain.

It seems to me that we all carry around a personal Box of Wisdom. When we're five years old, we don't have much wisdom in the box. As time goes on, our box begins to fill up. In my experience, the Box of Wisdom that each of us has really is filled with wisdom. We are just reluctant to open

the box and feel the pain that comes along with discovering what's inside.

SMART Recovery's Hierarchy of Values exercise is an example of this. When people write down five or 10 things that are important to them, their addictive behavior is almost never on the list, and it certainly isn't at the top.

After you write down what you value, ask yourself, "What would I be doing in this moment if I were really going to serve these values?" Your Box of Wisdom likely contains the answer; hearing that answer may be painful.

A similar thing can be found in changing a habit. We do habits quickly and easily, and without much thought. So, the first thing in habit change is consciousness-raising. That usually starts with, "Oh, I did it again!" after the fact. If you keep working on raising your habit awareness, you will, at some point, find yourself aware that you're doing your habit in the moment you're actually doing it. In that moment, you have a chance to do something different.

Here's the kicker: Because it is the nature of habits to be done quickly and easily, the new behavior is going to feel odd, strange, weird, and "not like me." If you refuse to put up with, "This feels odd, strange, weird, and not like me," you change that habit. Like your knowledge of what is wise to do in the first place, you can't have the gain of changing your habit without having the pain of doing a new behavior.

When you look at the top of your own Box of Wisdom, you are very likely to find the words of the wisdom teacher: "Are you willing to be hurt?" You'll answer yes because the pain of the moment is simply the price of the wisdom you seek.

Trial by pudding

by Timothy J. Eddy, PhD, SMART facilitator, Salem and Burlington, Mass.

I was facilitating a SMART Recovery meeting a few weeks ago when a participant posed an interesting situation to our group.

One of our regular participants — "Jack" — told a story in which he had attended an out-of-state memorial service for a relative. After the sumptuous post-service dinner with relatives and acquaintances, Jack still had room for dessert. He looked over the dessert menu and saw bread pudding with "strongly infused" bourbon sauce.

Jack had successfully remained abstinent from alcohol, his substance of choice, for more than a year. And, he knew that nearly all of the liquor used in sauces is usually "cooked out," and maintains little, if any, of its original alcohol potency. He believed that "strong" was a subjective term — he would be the judge of that — especially because he had a similar dessert only a few days before, and there was very little essence of alcohol in that dessert. He figured this one was probably no different.

When the dessert came, it looked delectable, but it had a bourbon aroma. As the server brought the dish closer, the scent became stronger. Jack said it produced a sensation that was close, if not identical, to that produced by having straight bourbon placed before him.

Then came the moment of truth. As Jack took his first bite of this dessert, he was acutely aware that this bourbon was nowhere near "cooked off," and was as unmodified as it was the moment it left the bottle. Another participant in this meeting, a chef, said it's not uncommon for such desserts to be "fortified" with

copious quantities of unadulterated (read: uncooked) alcohol right before it's serviced.

Jack said he was in a conundrum: He had successfully sworn off alcohol for more than a year, and now, sitting before him was, basically, a shot of bourbon with a bread-and-sugar chaser. If he refused the dessert, he would be keeping the promise to himself that he would no longer consume alcohol. If he ate the desert, he would be breaking that promise.

He ended up eating the dessert, and he told us, he thoroughly enjoyed it. When one of the other meeting participants asked him why, Jack said he was still hungry and was not a fan of throwing away \$10!

This is where the discussion got interesting. Jack wondered if he had relapsed. One participant asked if bourbon was Jack's alcohol of choice. If it was, this participant thought the event was a relapse. Jack said he was an "equal opportunity employer" of alcoholic substances, so we were no closer to an answer.

In the end, most of the meeting participants agreed that Jack had not relapsed. One participant said, "If this were any other recovery meeting, everyone at the table would say he relapsed."

"Before I ate the dessert, I told myself, 'OK, you got yourself into a sticky situation. How are you going to get out of it? Go ahead and eat it, but as you do, realize that this does not nullify the fact that you made incredibly bad decisions with respect to alcohol in the past, and eating this will not change any of that.'"

Since that night, Jack hasn't given himself permission to consume alcohol. He said he's grateful for the SMART tool that points out that as long as you learn

from your experience, if it allows you to more effectively get to the point where you want to be, then you can count it as a good, helpful event.

Jack described what he learned that night: "When your server tells you that the liquor in the dessert is strong, don't second-guess them. Then you'll be fine."

Court Outreach: InsideOut™ for correctional institutions

by Dolores 'Dee' Cloward, Chair, Court Outreach Committee



SMART has a "product" that you may not know much about called InsideOut™. It's a turnkey program for criminal justice institutions that provides training for facilitators and counselors, and a guided course for participants.

Dr. Joe Gerstein helped create InsideOut™ with the National Institute of Drug Abuse (NIDA) in 1999. For several years, a third party handled marketing this product; however, SMART has now retrieved that function and is making it widely available.

InsideOut™ is an economical way for institutions to provide cognitive behavioral programming. It presents SMART's 4-Point Program® and principles in a step-by-step course supplemented with material to help those in correctional settings lay the foundations for a lifestyle free of criminal behavior.

Cognitive Behavioral Therapy is required in federal prisons, and is becoming more widespread in state institutions, too. InsideOut™ is a good option for institutions that don't have SMART meetings or facilitators. Although the material is focused on the correctional setting, it could be easily adapted to any setting in which participants can complete the course with a relatively stable population. In addition, the program can be modified to accommodate shorter periods.

For more information, visit InsideOut™'s webpage, For Correctional Institutions, which has been recently updated. You also can watch part of an InsideOut™ video on SMART's YouTube channel, www.youtube.com/smartrecovery.

The Court Outreach team has been contacting institutions that might benefit from InsideOut™. For more information, or if you know of an institution that might benefit, please e-mail courtoutreach@smartrecovery.org.



Special events: final 2014 event coming up

This past quarter, we had two special events that were exciting and slightly different from some of the events we have hosted before.

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First, we had a discussion, *Behavioral Addictions – Gambling and Eating Disorders*, with addiction counseling professionals, Dr. Chris Tuell of the Lindner Center of HOPE, and Ann Hull of The Hull Institute, in July. It is exciting to hear how well SMART fits with current thinking in the professional world. The podcast is available in our Podcast Library, www.smartrecovery.libsyn.org, and on iTunes (search for SMART Recovery).

In addition, we had a “just for us” event, open to all but designed for volunteers and facilitators. Social media consultant, Corrie Oberdin, presented ways in which we can use social media to help spread the word about SMART in our local communities.

We captured Corrie’s presentation on video, which you can find in our Volunteer Library, under “Promote Your Meeting.”

On October 9 — our final special event for 2014 — our own Dr. Tom Horvath will interview pioneering addiction expert Dr. Stanton Peele. Dr. Peele is an expert on the state of addiction treatment and policy in the United States. We anticipate a fascinating and thought-provoking discussion.

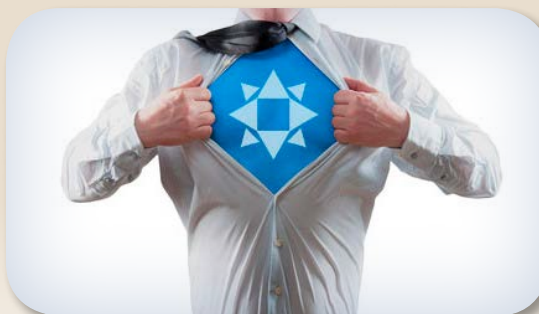
For more information and to register, visit www.smartrecovery.org/events.

Volunteer tool training and support schedule

Each month, SMART Recovery hosts an online training program for our volunteers. The schedule for the next three months is listed below. All events are on Saturdays at 5 p.m. Eastern time and hosted in the SMART Room on the SMART website. All volunteers are invited to participate.

Date	Presenter	Topic
October 11, 2014	Rod Allwood	Conflict Resolution
November 1, 2014	Bill Abbott	Stages of Change
December 6, 2014	Henry Steinberger	ABCs of REBT

SMART Online: update on ‘Freedom Fortnight’



On July 7-21, SMART Recovery Online hosted its first-ever “Freedom Fortnight,” which celebrated freedom from addiction. We invited online participants to “be a hero” by choosing to:

- 1. Speak Up for Freedom of Choice** — Inspire others by telling how you found freedom from addiction with SMART Recovery.
- 2. Support Freedom from Addiction** — Help protect the online support base of thousands as they seek freedom from addiction.
- 3. Be a Leader Online or in Your Community** — Be a hero and help others in the fight against addiction.

A huge thank you to all who pitched in to make Freedom Fortnight fundraiser a huge success. We raised \$3,715 and increased our number of donors to 62 — a 50 percent increase!

Our donor community rocks!



President's Letter

A closer look at SMART Recovery facilitators

by Tom Horvath, President, SMART Recovery

You may recall participating in a study on SMART Recovery conducted by Deirdre O'Sullivan, PhD, of the Rehabilitation and Human Services Program at Pennsylvania State University.

She recently published an article (with co-authors) called "SMART Recovery: Continuing Care Considerings for Rehabilitation Counselors," in the July 31 edition of *Rehabilitation Counseling Bulletin*.

The primary sample in this study consisted of 81 SMART participants. The findings about this group are worthy of attention; however, here I will only review the article's findings about facilitators. To my knowledge, this sample of 42 facilitators is the largest group of facilitators ever studied.

These facilitators are noteworthy in several aspects. They had a long-term involvement with SMART, which ranged from less than one year to 23 years (average of six years). They also were a highly educated group, with approximately 80 percent having college degrees or higher. More than 2/3 were men. Their ages ranged from 20s to 70s. Nearly 1/3 of the 42 facilitators were NOT in recovery.

There were four primary reasons this group became facilitators, listed in order of frequency as the most common reason:

1. To give back by helping others
2. Personal benefit for their own recovery

3. "Accidental" facilitator
4. To provide an alternative recovery group

The first reason involved giving back to SMART Recovery for what it had provided to the facilitator, or "paying it forward" to others based on a helpful experience with SMART. The second reason exemplifies a long-standing idea that the best way to learn something is to teach it. The third reason shows that "facilitator recruitment" is happening in SMART Recovery. These individuals attended meetings and were invited to facilitate, perhaps initially on a temporary basis. They may not have been entirely accidental as they were probably carefully selected for their initial role as a temporary facilitator. Then the role took hold and they continued. The fourth reason reflected a personal passion for expanding recovery options.

As to preparation to become a facilitator, over half cited SMART Recovery training materials and resources as the primary preparation. They also mentioned resources outside of SMART Recovery, and the facilitator's own formal training and education in addiction or related fields.

The authors note that "no facilitator indicated that adjustment to disability was important for recovery." Recall that this article appears in a rehabilitation journal. Rehabilitation specialists often deal with individuals who may be "in denial" about the limitations of a disability they have acquired. But SMART Recovery facilitators do not see such acceptance as important to recovery. It would appear that our self-empowering approach, and the idea that one can outgrow addiction, are well established in SMART Recovery.

The authors later note that "as adjustment to disability is not a focus of SMART Recovery, rehabilitation counselors should be prepared to discuss the health and disability complications that

can result from abusing alcohol and drugs." The authors list medical complications and the complications of further use. A SMART Recovery meeting would be unlikely to discuss these complications unless a participant brought them up, and nevertheless would consider them as complications arising from chemical use, rather than an innate aspect of addiction and recovery itself.

I foresee a time when the title "SMART Recovery Facilitator" will be a widely respected position of respect and trust in society. I'm delighted to see that scientists are beginning to take an interest in this hard-working, generous and inspiring group of people.

Visit <http://rcb.sagepub.com/content/early/2014/07/31/0034355214544971.abstract> to read the abstract.

Tom Horvath

Book Review



Mindfulness-Based Sobriety

by Nick Turner, MSW; Phil Welches, PhD; and Sandra Conti, MS

Reviewed by Jim Contois, SMART Recovery Facilitator, Minneapolis, MN

The approach the authors take in *Mindfulness-Based Sobriety* is a values-based curriculum. The curriculum links values to goals with the hoped-for result of learning to live a values-based life. In this light, the authors appear to have taken a very respectful, practical, and

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educational approach making the content understandable for clinicians of all skill levels with clear guidance for its use. MBS is an integration of the evidenced-based modalities of Motivational Interviewing (Miller and Rollnick, 2013), Acceptance & Commitment therapy (Steven Hayes, 2012) and Relapse Prevention therapy (Alan Marlatt, 1978).

MBS began “to fulfill the mission of reducing substance abuse and co-occurring mental health problems.” To this end, four criteria were followed

1. Engaging clients in therapy
2. Eliciting and clarifying pro-health values and goals
3. Enhancing motivation toward value-based lifestyle change
4. Addressing the multiple factors that may assist a person in achieving and maintaining sobriety through strategic planning and skill development

Through this integration of modalities, MBS took a collaborative approach to promote “client-therapist collaboration, empathizing empathy and [the] therapeutic alliance.” The authors have taken the time in Part 1, “Therapeutic Foundation and Approach,” to fully explain to the reader/clinician what the treatment is about, including explaining each model used and where MBS deviates from the original models, and the rationale as to why. The authors also cover group process and Stages of Change. And, the MBS curriculum is recommended by the authors for open-group therapy for both intensive outpatient or in a residential setting with separate curricula and guidance provided.

A good example in one especially interesting section, “Human Suffering: Psychological Rigidity,” comes with a case example. It’s useful in making the difficult concepts espoused in Acceptance and Commitment Therapy (ACT) of experiential avoidance, inflexible attention, attachment to a conceptualized self, cognitive fusion, disruption of chosen value and inaction or impulsivity accessible for both understanding the concepts and making the material available for immediate use.

Further, the training and guidance continues through to “Healing and Growth: Psychological Flexibility” to point out one needn’t remain in a pained life. This release is encompassed using ACT concepts of acceptance, mindfulness, self as context, defusion, chosen values, and committed action. And, finally, to relapse prevention therapy concepts are put forth to reinforce successes and solidify all gains as a person looks ahead.

In short, I found *Mindfulness-Based Sobriety* a refreshing, client-centered, evidenced-based approach to treatment. It’s easy to follow and implement due to excellent instruction in Part 1, and to the well laid out curriculum and worksheets in Part 2. Also, I found it refreshing from the standpoint of thoughtfully seeking a combination of approaches, while stepping away from fidelity, and modifying each modality for greater client effectiveness. Admittedly, the modifying of modalities may receive mixed reviews from purists, but the authors appear to use sound clinical reasoning to underlie their decisions to make the modalities not only work together but also to align philosophically.



International Development

SMART Recovery Alberta update: new meetings, new facilitators

by Curtis Boudreau, Executive Director, SMART Recovery Alberta

Hello again to the SMART World from Calgary.

Alberta has seen two new meetings open up and we have a third on its way. Big thanks to Gwendolyn and Trevor, who are facilitating meetings in Edmonton and Red Deer, respectively. Christy from High River is currently taking the facilitator training and will be opening up a meeting south of Calgary.

Tim in Edmonton reports that his meeting continues to thrive and he has a second facilitator to help him out.

Tammie in Airdrie continues to see growing support at her meeting. Airdrie will be moving the meeting to a new location in September. With the meeting moving from Monday to Tuesday, I hope to see some support from Calgary residents at her meetings. This move also will ensure that meetings are not shuttered for the long weekend holidays. Addiction doesn’t seem to take long weekends off.

We are weeks away from becoming SMART Recovery Alberta Ltd! The registered not-for-profit paperwork has been signed and delivered to the Alberta government. We are just waiting for the rubber stamp to make us a Registered Not for Profit Organization.

The dream I had in April 2005 that is now coming true, and we continue to gain acceptance from the recovery community in Alberta. More and more, we are becoming the “go to” program for those who desire the scientific approach to their recoveries. We even had a gentleman with 30+ years sober in AA bring his son to one of our meetings because the 12 Steps didn't seem to fit him.

Recovery Day Calgary was on September 8. SMART had a table at the event and every person who came to the celebration was directed to the SMART table as we have taken on the job of logging participants' clean day and calculating a net “clean time” of the event.

Last year, we calculated more than 1,000 clean years. This year, we hope to have about 1,500 participants, so I am excited to see the count this year. There were 28 tables at the event. Anyone and everyone who has anything to do with the addiction community in Alberta was in attendance. This means that absolutely everyone who came to Recovery Day was exposed to our wonderful program. Marketing heaven!

SMART Recovery Australia® update: reaching out to rural areas

by Ryan McGlaughlin, Executive Director, SMART Recovery Australia

The SMART Recovery Australia Strategic Directions and Plan 2015-19 have been completed. We completed this after the information gathered by the Review and Development Project was analyzed and debated at a SRAU Board and Staff Strategic Workshop in June.

The major outcome from the strategic direction was the need to make SMART Recovery more accessible to all people

living in Australia. It is also important for SRAU to diversify its income streams to become financially sustainable. You can see our Strategic Directions and Plan at www.smartrecoveryaustralia.com.au.



David Hunt joined the SRAU team three months ago as the area coordinator for Victoria, South Australia, and Tasmania. He lives in Melbourne. David recently completed a master's degree in the International Programme of Addiction Studies jointly convened by Kings College London, University of Adelaide and Virginia Commonwealth University. He also has a bachelor's in psychology, and a bachelor's in English studies. David comes to SRAU after working as a senior Alcohol and Other Drugs (AOD) clinician at Odyssey House, Victoria, and psychiatric and AOD public health researcher with the Burnet Institute.

This is the first time SRAU has employed outside of Sydney. If this is successful, SRAU will hire area coordinators in other regions over the next three years.

A cornerstone to the strategic direction and plan is to develop SRAU's online presence to make SMART Recovery assessable to everyone in Australia. There are too many people in rural and remote communities. Stigma is still a barrier for many individuals.

SRAU previously has had all the training team based in Sydney. This is why most of SMART groups are currently from NSW.

SRAU has hired Michael Bellamy as the Digital and Online Community Coordinator.

Michael's most recent position was as the National Director of Digital Content & Social Media at Australia's largest digital performance and experience agency, Columbus. He has 10 years of experience developing, implementing and managing digital content and social media strategies.

SRAU established a Research Advisory Committee with some of the leading addiction and mental health researchers in the country.

Professor Amanda Baker, SRAU Board Member, Co-Director, National Health and Medical Research Council's Centre of Research Excellence in Mental Health and Substance Abuse (University of Newcastle), immediate past President of the Australasian Professional Society on Alcohol & other Drugs is the chair. The other members are:

Professor Frank Deane, Director of the Illawarra Institute for Mental Health, University of Wollongong, NSW.

Professor Anthony Shakeshaft, Deputy Director, National Drug and Alcohol Research Centre, University of New South Wales

Associate Professor of Addiction Studies and Services David Best, Program Director Turning Point Alcohol and Drug Services

Associate Professor Jane Burns, Founder and CEO, Young and Well - Cooperative Research Centre and



former international Research Director, Inspire Foundation

Associate Professor of Psychiatry, John Kelly and representative of the SMART Recovery International Advisory Council.

Dr Peter Kelly, lecturer in clinical psychology with a research focus on evidence-based treatment within mental health and substance abuse settings), University of Wollongong, NSW.

The SRAU Research Advisory Committee has been established to ensure that all prospective projects for SMART Recovery Australia are evidence based, and that the latest research in addiction and mutual aid is considered. The focus of the committee is on building a recognized research base, and ongoing evaluation and development.



The SRAU team just presented *SMART is Smart* at the Mental Health Services Conference in Perth, Western Australia. The MHS Conference is the largest national mental health conference in Australia.

The SMART Recovery Handbook has been adapted to be culturally appropriate for Aboriginal and Torres Strait Islanders courtesy of a grant from the Andrews Foundation. The Drug and Alcohol Multicultural Education Centre (DAMEC), NSW and Vietnamese Drug and Alcohol Professional's Network has published

the updated translated Vietnamese SMART Recovery Handbook on the DAMEC website.

The last 9 months since my appointment as the Executive Director of SRAU feels like that we are rebuilding a house that has a solid foundation. The renovations that are happening now will refresh and make SMART Recovery Australia smarter.

SMART Recovery in Denmark: growing quickly

by Shari Allwood, Executive Director, SMART Recovery

In a prior *News & Views*, we reported that the Danish government had funded five organizations to pilot and maintain the SMART Recovery program and meetings in Denmark. A brief update from the organizations follows.

Klaus Morville, SMART PILOT

Currently, there are three open SMART Recovery meetings in Copenhagen, as well as two closed meetings. Attendance at all the meetings varies, but at the open meetings, we have approximately 35 people who attend more or less regularly.

We now have an agreement with our second partner, Frederiksberg Kommune, and soon expect to start the first SMART Recovery meeting in Frederiksberg.

We are going to start the first meeting in an established Danish rehab facility called ALFA Fredensborg. It will probably start soon after we finish the SMART Recovery facilitator training in Danish, which is another milestone for SMART Recovery and the SMART pilot.

There is a growing interest regarding SMART Recovery in Denmark, from potential meeting attendees and dedi-

cated volunteers to rehab facilities and government institutions.

We are getting there, mainly thanks to the meeting attendees, to the growing number of volunteers, to the remarkable knowledge, stamina, and patience of Bendt Hansen, and of course, to all the practical and moral support we receive from the SMART Recovery, USA staff.

Frank Brodde, Vælg Friheden

Since late 2013, meetings have successfully started in three locations in Esbjerg. We anticipate having more volunteers after the autumn in-person training.

In June, a meeting was held in Kolding; as a result, we are now planning to start meetings there within the next three to four months.

In autumn, a new meeting will be started in Ribe.

SMART has a closed meeting in Social Project Karateklubben, Danmarksgade, on Thursdays. Since April, the meeting has been followed by 7–18 young people from the age of 17 to 39 who mostly have problems with drugs.

Peter Olsen, Frivillighedshuset i Varde

Our meeting started in April with five participants and has grown to about 11 participants. It is my impression that some participants choose SMART Recovery because of prolonged treatment courses, and are expressing treatment fatigue.

There is collaboration with the Centre for Health Promotion motivation abuse consultant, where several of the participants have been proposed to use SMART Recovery.

All things considered, it has been a super start, and it's a positive turnout compared to the restraint this local area is known for.



Recent graduates from FriSe Denmark proudly pose with their SMART Recovery Distance Training certificates. Standing, left to right: Cathrine, Katrine, Laura, Anita. Seated: Bente.

Lone Jensen, Fåborg-Midtfyn

We started in May and have one open weekly meeting with four or five participants.

We have one new facilitator who is taking the online training. We look forward to the live SMART Recovery facilitator training in Danish, where we have the opportunity to educate more facilitators.

We are working together with the local abuse center, and they help us find some of our group participants.

Cathrine Sort, FriSe Denmark

The local FriSe project has established collaboration agreements with local associates and professionals working with different municipalities and official programs for drug addicts and other behavioral problems. The aim for collaboration is to communicate

and spread the knowledge and helping recruiting. This creates a platform for introducing SMART and getting professional supervision and knowledge about the target groups locally and in general. We collaborate with following professionals:

- Aarhus: “Center for Misbrugsbehandling” and “Center for Socialfaglig Udvikling, Aarhus Kommune”
- Sydvest: “Rådgivningscenter Tønder – Misbrug”
- Halsnæs: “Alkohol & Stofrådgivningen og Voksenstøtte, Halsnæs Kommune”
- Lyngby/Gladsaxe: “Rusmiddelcenter Gladsaxe” and now in constructive dialogue with “Alkohol- og Stofrådgivningen Lyngby- Taarbæk” and

“Akuttilbuddet og Slotsvænget i Lyngby”.

The first meeting was held in March with five attendees. We are recruiting volunteers for three projects. And, for the groups that are already going on, the biggest issue is recruiting more attendants. Therefore, we’re focusing on creating good relations with professionals and municipalities. The four local projects have held meetings with partners and made presentations for all the professionals and social workers in the local municipality office.

We are finding that the professionals are interested in recommending people to SMART. More presentations are planned. One institution has invited the facilitators to show up at the last treatment consultation. This gives facilitators a chance to show their faces and makes it easier to take the first step to a meeting.

“ I foresee a time when the title ‘SMART Recovery Facilitator’ will be a widely respected position of respect and trust in society.”

— Tom Horvath, President, SMART Recovery

SMART Recovery® relies on volunteer labor and donations. Please be generous with your time and money!

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