SELF
MANAGEMENT
AND
RECOVERY
TRAINING

SMART Recovery® NEWS & VIEWS

Bringing Science and Reason to Self-Help with Addictive Behavior

Volume 12, Issue 4 • Fall 2006

A. Thomas Horvath, PhD, President

Emmett Velten, PhD, Editor

President's Letter

A Balanced Perspective on Support Group Options

SMART Recovery® prompts a range of responses from others, some of which feel like being struck. The response to SMART Recovery® we would like is: Wow! What a great idea! It's about time someone built an addiction recovery group based on research findings. The format also seems sensible: Having people talk together, like a seminar, so they can help each other identify and resolve their issues more rationally. And the Four Points: they do seem like central issues for anyone's recovery.

I won't imitate some of the less enthusiastic responses to SMART Recovery®, because you probably don't need a reminder! What might be helpful, however, are some reminders about how to respond to attacks on SMART Recovery®. I'll make this reminder in the form of a comparison: SMART Recovery®'s "position" on abstinence, and SMART Recovery®'s "position" on other support groups.

SMART Recovery® offers groups to support those who have chosen to abstain or are considering abstinence. We do not advocate abstaining or endorse it, nor do we attack it or condemn it. We do point out that abstinence is an excellent approach for eliminating addiction problems, and for that reason is worth considering. Of course, alternative approaches (moderation, harm reduction, or doing nothing but hoping for the best) have their own appeal to specific individuals.

In SMART Recovery® the decision to abstain is left to each individual. If we said that there is a class of individuals who need to abstain, or must abstain, or cannot moderate, or some such description, we would be identifying the "alcoholic" without using that word. But we have explicitly said that we do not use the concept "alcoholic," and that drinking and other addiction problems lie on a continuum. For more on this issue, please review the Purposes and Methods statement, on our website. This two-page document is the fundamental document of SMART Recovery®. This document is comparable to the listing of the 12-steps of AA, just as the SMART Recovery® Handbook is comparable to AA's Big Book.

By comparison, SMART Recovery® offers groups, not only for those who have chosen to abstain, but also for those who would prefer an alternative to other recovery groups. Although experience suggests that most who seek out SMART Recovery®, as opposed to other groups, are seeking a non-disease, non-higher power approach, there are many reasons why someone might prefer an alternative: the emphasis on relapse prevention skills, the small meetings, the group exercises (such as doing a CBA or ABC), the tools for coping with craving techniques, etc. These reasons could also pertain to individuals who primarily attend AA or other groups, but who also attend SMART Recovery®. The desire to attend SMART Recovery® does not necessarily indicate what the individual thinks about other topics, such as AA.

(Continued on page 2)

The SMART Recovery® 4-Point Program℠

The SMART Recovery® (**S**elf-**M**anagement **A**nd **R**ecovery **T**raining) 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)

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What SMART Recovery® is aiming for is a general acceptance of the ideas that

- there are many approaches to recovery
- some approaches are perhaps better for different individuals
- in the present state of scientific knowledge, the best judge of what is better for an individual is the individual himself or herself
- in order to make that determination individuals need to be informed about the full range of recovery options and have the opportunity to sample them.

We can even argue that at this point in the development of the recovery field it is unethical for a behavioral health professional not to act in accordance with these ideas. However, don't expect the ethics codes of the relevant professions to change immediately and suddenly care about informed consent! I do consider these ideas worth asserting, but that is not the same as counterattacking.

Although it would momentarily feel better to respond to attack with counterattack (just as it would momentarily feel better to act on a craving rather than not act on it), in the longer run counter-attacks are not helpful to the attacker (who just feels justified in more attacks), the counter-attacker (who also is getting caught up in a cycle of escalating violence), or for SMART Recovery®. This is because counterattacks tend to maintain a hostile environment in which our widespread acceptance is difficult.

To return to the comparison, if we do not state that abstinence is better, only different, then we also need to state that SMART Recovery® is not better, only different. We need to point out these differences in an objective fashion: we acknowledge that each individual will perceive these differences according to his or her own needs and values. The following differences therefore can be positive, negative or neutral, depending on one's perspective:

SMART Recovery® aims at empowerment, not acceptance of powerlessness

- we do not make belief in a higher power part of our recovery program
- we have a scientific foundation not a spiritual one
- we are compatible with a non-disease view of addiction
- we do not expect lifetime attendance, although that's fine if one wants it
- we do not have sponsors, although we expect people will make friends
- we do not use the labels "alcoholic" or "addict," although awareness of one's history of problems is encouraged through use of a cost-benefit analysis
- our meetings are lively interactive discussions.

In fact (ask any SMART Recovery® facilitator) some perceive the 12-step experience as disempowering, involving endless meetings of disconnected monologues, harmful labels, and bullying or deceptively proselytizing sponsors. Indeed, many or most who are introduced to 12-step groups may have these perceptions to a degree. These perceptions could explain the fact that, just to consider alcohol, AA has only about 1.5 million US members, but the number of individuals with alcohol problems ranges from 15 million to 60 million, depending on how "alcohol problem" is defined. In short, most who might benefit won't attend AA.

By comparison, SMART Recovery® could be perceived as foolishly working within the values and goals of the individual, inflating the self (a dangerous direction for those perhaps already too self-centered), not telling people they need to go to meetings forever or at least enough to facilitate real change, lacking in long-term social support, and having meetings that are filled with jargon about tools. Sound unfair? To continue the comparison, it also seems unlikely that if SMART Recovery® were the dominant support group in the US, it would have any more than 1.5 million members. Most of those who might benefit would not attend SMART Recovery®.

These negative perceptions of 12-step or SMART Recovery® indicate how they are experienced, not how they are. At a fundamental level these groups do not exist except as how they are experienced: They are not things, but only experiences. Clearly, many individuals experience 12-step in a highly positive fashion. To tell them that 12-step is otherwise is to strike or strike back, leading to a potentially escalating cycle of criticism and misunderstanding. Let us be proud of the alternative we offer, describe its attributes objectively, invite those who wish to try us to do so, and acknowledge that no support group, even SMART Recovery®, is for everyone.

Tom Horvath

SMART Progress

Editor's note: SMART Recovery® on-line is doing real fine, The phenomenon called Jonathan, Has released from his stash, The future Ogden Nash.

SMART Recovery® On-Line (SOL) Update

by Jonathan von Breton
Director, SMART Recovery® On-Line

SOL is alive and well.
Here are the things that are new to tell.

We labored hard, with dedication.
To develop an on-line Volunteer Application.

To volunteer here, you apply now on-line.
There are job descriptions that are really quite fine.

You pick a job and fill out a form.
At most other places, that is the norm.

You answer some questions, about this, about that.
But not, "are you skinny?'" and not "are you fat?"

The questions are more like:
"Do you use parachat?"

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"Do you go to the Message Board?"
Yes, questions like that.

We have a Relapse Policy and Abstinence defined.
These were developed with compassion in mind.

Yes, we did develop an on-line Volunteer Application process for people wanting to volunteer at SOL. Prospective volunteers can fill out a form on-line for the SOL job of their dreams. Once they fill out the form, it is sent immediately to the Director of SOL. The director reviews it with the Liaisons. Then, the volunteer wannabe's name is posted in the relevant volunteer forum. If there are no strenuous objections, the person is confirmed as a volunteer. The director does have the final say. However, it is unlikely the Director will go against the recommendations of active volunteer and the Liaisons.

As part of this process, we developed a working definition of abstinence. This was needed because all of the SOL volunteer positions have abstinence requirements. We also came with a Volunteer Relapse policy in the event that a volunteer does relapse. These policies are below.

Abstinence

For the purpose of volunteering for SOL, abstinence means the following:

1. Alcohol & Other Drugs: If the volunteer's problem behavior involved alcohol and/or other drugs, then abstinence means they are not using any alcohol and/or other drugs. Exception: Medications prescribed by a physician.
2. Other behaviors (sex, gambling, overeating, etc.): Abstinence here means that the volunteer is refraining from his or her targeted problem behavior. The person is also not using illegal drugs and not abusing alcohol.

Volunteer Relapses

A relapse occurs when someone resumes any substance use or returns to the problem behavior. Relapses are sometimes a part of recovery. They are nothing to be ashamed of. The volunteer's recovery comes first, before any other consideration. Any volunteer who has a relapse is to bring it to the attention of the liaison or the director. They may be asked to take a month off to assess what happened. The length of time off would be determined by the director with the volunteer. If they wish, the volunteer may talk about the relapse openly as way to help themselves. This also models healthy behavior as to how to deal with relapses. Other volunteers are strongly encouraged to be supportive of the person who relapsed.

If the volunteer develops a major or ongoing relapse or series of relapses, he or she may be asked to resign. If there are other inappropriate behaviors that occur with the relapse, they may be asked to resign.

Volunteer relapses will all be addressed on a case-by-case basis by the director with the volunteer.

Please remember, this is not in any way intended to be punitive. Although it is certainly possible to be taken that way. This policy intends the following:

1. First and foremost, protect the volunteer. Time-off ensures that he or she has time to deal with the relapse itself, as well as the thoughts, feelings, behaviors, and situations that led up to the relapse and contributed to it.
2. Protect the participants by making sure that the volunteers are not impaired.
3. Protect SMART Recovery®. SMART Recovery® is a self-help group for people who chose abstinence. Not having a policy regarding volunteer relapses could be damaging to SMART Recovery®'s credibility.

In closing, I want to express my deepest appreciation and gratitude to all of SOL's volunteers. They work very hard and are extremely dedicated. Without them, there would be no SOL.

An Update on SMART Recovery® in the New South Wales, Australia Correctional System

by Geoffrey M Wilkinson, Program Development Officer, Department of Corrective Services, Sydney, NSW, Australia

Since January, approximately 105 facilitators have been trained and SMART Recovery® meetings are now underway in 14 Correctional facilities. In some of the larger facilities, there are several group meetings! SMART Recovery® meetings are held in minimum, medium, and maximum facilities and it is even running in the super maximum centres – where only 2 participants are allowed in a group.

There are also several inmates who are scheduled to be trained as meeting facilitators. This will happen in a prison named Oberon. Oberon caters for predominantly young offenders (under 25) and will be a great place to concentrate efforts in training for group facilitation.

I am pleased to report that there are now 1000 *SMART Recovery® Handbooks* in circulation within our correctional system, with another 1000 to be disbursed later this year. The *Getting SMART Recovery®* book that we put together in order to teach inmates the tools, techniques, and concepts of SMART Recovery®, has been well accepted, and has led to a greater inmate understanding of what the meetings are all about.

Here in the state of New South Wales, SMART Recovery® is also in the process of being introduced throughout the probation and parole services. It is also a prerequisite for entrance into any of the Department's therapeutic communities. Basically, it is becoming hard to meet the SMART Recovery® need that is being required around the state at this moment – we really need about six staff people to handle this job! However, we still envision that SMART Recovery® will be in every correctional centre here by the end of this year.

We also introduced SMART Recovery® to corrections staff in Tasmania, which is the island state to the south of the rest of Australia. They are looking at it too, and will very likely contact you soon about SMART Recovery®'s implementation in that state, as well.

So, SMART Recovery® is running really well over here, and it has been well received. It's exciting!

Editor's note: SMART Recovery® seems to grow faster, the farther it is from America!

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Annual Training Program – Just Around the Corner!

It's not too late to join us for the fall training programs, November 3-5, at the Crowne Plaza Boston-Natick! We have an exciting line-up of workshops and training. These include two special workshops on Friday, November 3rd…the *Workshop on Individualized, Evidence-Based Strategies for Managing Addictions*, and *Workshop on the Community Reinforcement and Family Training (CRAFT) Approach*. As an added benefit, we have arranged a special presentation during lunch on Addiction Psychopharmacology.

Saturday and a half day on Sunday provide two outstanding training options…the general training program (for individuals who want to learn more about the program, or to start SMART Recovery® meetings), and the SMART Recovery® Therapy training, designed for treatment professionals who want to incorporate SMART Recovery® principles into their existing group or individual therapies. And, Saturday also provides an Advanced Organizational Development Program for individuals who have previously attended a training program.

In addition to the excellent programs, the training provides an opportunity to network, share information and success stories, and to develop relationships with board members, long-time volunteers, and professionals.

Additional information about each program and the registration form is available on our website: **www.smartrecovery.org**.

Beat your Addiction:
A Complete Program for Overcoming Your Addiction, 2nd ed.

by Kenneth Peiser, PhD., & Martin Sandry, PhD., Pub: Adams Media, 1-59337-245-0, $12.95, 204 pages in 16 chapters.

Reviewed by Dan Kalnes, SMART Recovery® Facilitator, Chicago and Online Volunteer

Stated purpose of book (from back cover):

"… a simple step-by-step program that provides you with tangible hope and hands on guidance you need to break any addiction-whether emotional, chemical, or behavioral. If you find that the support groups such as AA is helpful, but feel that the spiritual component of these programs doesn't work for you, Beat Your Addiction, 2nd edition is the answer…"

Summary:

Chapter one offers an overview and introduction to basic 12 step and REBT concepts, discusses meeting attendance, and has a section on how to use the book.

Chapters two through thirteen correlate with each of the 12 steps in 12 step-speak, how REBT correlates with the basic goal of the step, and has between two to four exercises to help the user understand the basic concepts and think of how it applies to their life.

Chapter fourteen is a summary of the steps in a bullet format, first in 12 step-speak, then REBT-speak, then a line describing the basic goal/concept/principle behind each step.

Chapter fifteen offers brief strategies for multiple addictions. It appears as if the authors were not going for comprehensive approaches, but offer excellent starting points.

Chapter sixteen is devoted to Program Maintenance and Relapse Prevention. This was in the reviewer's opinion the most practical, yet most frustrating chapter in the book. It gave what could be referred to as another ten steps for how to work the program (the 12 steps being the program). For example: "1. Work the steps, 2. Learn and practice ABCDE…, 3. go to meetings and/or group therapy several times per week".

Reviewer's critique:

I feel the book met its stated objective well; however I saw some things I'd like to see incorporated into the 3rd edition. It was not well referenced. Seventeen references were cited at the end of the book, but none were listed at the end of any chapter, nor were any statements linked to those references.

Other key concepts were not listed in the index. For example, on page xiii the book it refers to the Chain of

SMART Recovery® Program Tools & Techniques

The SMART Recovery® 4-Point Program℠ 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 (**D**estructive **I**mages **S**elf-talk **A**wareness and **R**efusal **M**ethod)
- 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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Book Review Continued

Conditioned Addictive Reactions (it was discussed in chapter two).

I also had deep philosophical differences with other concepts. This was definitely a 12-step book, which was incorporating REBT principles, not the other way around. Research raises and answers questions about the effectiveness of inpatient rehabs or 12-step. (75% quit problem behaviors on their own). Do we want to water down REBT to conform to something that is probably ineffective? Or do we want to discuss choices and alternatives?

There was an undercurrent of the disease-of-addiction theory running throughout the book, and the concept of "graduation" was absent. In chapter 16, the recommendation appears, "Go to meetings and/or group therapy several times per week." There was no discussion of the fact that people can "grow beyond" their past addictive behavior, or move beyond the frequent meeting attendance. If you have an incurable disease, meeting attendance is required. If you learned a problem behavior, you can learn to live without it and move on with your life.

Strengths:

The book is readable, has plenty of exercises, and offers a new way to look at the 12 steps, or new things to add to an individual's program. I would be comfortable referring *Beat Your Addiction* to people who are required to attend 12 step meetings. Reading it might at least sneak in the idea that there is more than one way to beat an addiction.

I see value in referring to the book in places where the audience is hardcore 12 step. It's a way to sneak in many REBT concepts, possibly without unleashing the wrath of the audience.

Conclusion:

This book is NOT for everyone (what book is?) and I wasn't the target audience. However, on a practical level the book was well done, and I feel that reading it was a productive use of my time. I can see *Beat Your Addictions* as a source of debates and discussions. In my book, that's a compliment.

SMART Ideas

Research Notes: The 'Greats' Who Do It All

by Don Phillips

I have great admiration for people that seem to have the capacity to do it all. First, and perhaps foremost, from our perspective, they are healers (or effective change agents). Secondly, with the profound curiosity I so much admire, they want to know the how and why of things – so they conduct research on their practice and innovations. Thirdly, they teach – admirably they want others to have the benefit of their work. Finally they write – not just for their peers – but also for the practitioners that might be able to integrate the findings into their practice.

My heroes this month are Timothy O'Farrell, PhD and William Fals-Stewart, PhD. The new comprehensive guide "Behavioral Couples Therapy for Alcoholism and Drug Abuse" is based on the work of Drs. O'Farrell and Fals-Stewart at the Families and Addiction Program at VA Boston HealthCare. O'Farrell has directed the program since 1991. He began in Counseling for Alcoholics' Marriage at the VA Boston HealthCare in 1978. He is also a Professor of Psychology at Harvard Medical School where he has served on faculty since 1977.

Dr. O'Farrell's research program, which has been continuously funded since 1978, has produced 4 books and over 200 publications. He has received 20 grants from VA, NIH, and other sources for total research funding to date as PI of nearly 15 million dollars in direct costs. He has thirty years experience in the addictions field.

Here's a press release on the new comprehensive guide "Behavioral Couples Therapy for Alcoholism and Drug Abuse" from RTI International with a review by William R. Miller, PhD, Department of Psychology, University of New Mexico. Dr. Miller is another of the 'Greats' that has demonstrated that he can do it all (Motivational Enhancement Therapy). We are fortunate to have a number of these 'Greats' on our International Advisory Board.

RTI International – News Release – 08.30.2006

New Book Provides First Guide for Increasingly Popular Substance Abuse Treatment

RESEARCH TRIANGLE PARK, N.C. — Behavioral Couples Therapy for Alcoholism and Drug Abuse, a new book by researchers at RTI International and Harvard Medical School, provides the first guide to conducting one of the most effective substance abuse treatments.

"Behavior couples therapy is probably the most effective treatment available for dealing with substance abuse, but until now there hasn't been a definitive guide on how to conduct this intervention," said William Fals-Stewart, Ph.D., RTI International researcher and co-author of the book.

The book, written by Fals-Stewart and Timothy O'Farrell, Ph.D., Harvard Medical School, provides readers with all the materials needed to introduce and implement behavior couples therapy programs and work with substance abusers and their partners to improve their relationships and reduce relapse risk.

"Because of its clear effectiveness, behavior couples therapy is becoming more widely used in community substance abuse treatment programs," Fals-Stewart said. "Behavior couples therapy has been shown time and time again to be more effective than traditional individual-based addiction treatments, resulting in fewer days of alcohol and drug use and higher relationship satisfaction."

The book will serve as a guide for practitioners, educators, researchers, and social workers who want to implement behavior couples therapy programs. The therapy focuses

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on both substance use and relationship issues and is compatible with 12-step substance abuse approaches commonly used in community treatment programs. The book also includes a session-by-session treatment manual with 70 reproducible checklists, forms and client education posters.

Behavioral Couples Therapy for Alcoholism and Drug Abuse, published by Guilford Press, is available on amazon.com. (Please visit **www.smartrecovery.org** to access amazon.com, and SMART Recovery® will receive a small portion of the sale.)

A review of *Behavioral Couples Therapy for Alcoholism and Drug Abuse* by William R. Miller, PhD:

"In addiction treatment, where practice has lagged so far behind what we know from clinical science, there is, at last, rapid movement toward the use of evidence-based therapies. It is now abundantly clear that treating couples rather than individuals improves outcome, and BCT belongs on any list of evidence-based treatments for addiction. This clearly written book, authored by two highly experienced scientist-clinicians, provides a superb introduction to BCT that is accessible for a broad range of providers. It includes the structured outlines, handouts, and forms that are particularly helpful when learning a new treatment method." – William R. Miller, PhD, Department of Psychology, University of New Mexico.

Finally – a hat's off to the VA system that has affiliated with many top Universities promoting excellent research across the country.

Urge Surfing

by Hank Robb, PhD, ABPP

Urges happen! Fortunately, the longer you abstain from your addictive behavior, the less frequently you experience urges and, generally speaking, the less intense the urges when they do occur. I say "generally," because every once in a while urges can still be intense. I hadn't smoked a cigarette in seven years when I got a very intense urge to do so after eating lunch by a river one summer while fishing. So, what can we do when urges occur?

Urge surfing is about getting "on top" of the urge rather than tumbling around inside it. The urge is still "there," but you are using a different way of being with it.

Urge surfing begins by recognizing that YOU are not YOUR URGE. You are the person having the urge. When you cannot experience a distinction between YOU and the urge you are having, then instead of your having the urge, the urge is very likely to have you.

There is a certain physical sense in which you "are" your body. However, there is a certain psychological sense in which YOU "posses" your body. Take a moment to look at your hand. In a sense your hand is you. But, in another sense, your hand is something that you have, rather than something you are. If your hand were to be severed, the PERSON that is YOU would still be whole and complete even if your body were not.

It is this second way of looking at things that can be helpful. It is a way to put some psychological distance between YOU and your thoughts, images, and sensations, and especially that combination of thoughts, images, and sensations that make up your urges.

When you ARE your urge, it seems all but impossible not to act on that urge. It is rather different when your urge is something you are experiencing rather than something that you are. When the urge IS YOU, then you tend to "tumble around in it." When the urge is NOT YOU, then you have a better chance of "riding on top."

When you experience yourself as possessing your body rather than being it, you will typically find yourself experiencing quite a lot of control over your hands, arms, feet, and mouth even as you do not have so much control over things like urges. To say it another way, YOU find YOU don't HAVE TO act on the urge. The urge doesn't take over your hands, arms, feet, and mouth. YOU, this psychological you, the person who has a body but is somehow different from that body, can remain in control of what is done with all those body parts. This is important because it is a lot easier to surf an urge when you realize that you won't HAVE TO act on it. When lacking that psychological distance between YOU and your urges, urges seem more like things you HAVE TO act on rather than things you can surf.

Surfing an urge is not controlling it. Surfing an urge is letting it do its thing while you are doing yours. "Your thing" is to "be present" with the urge while not acting on it. Like waves on the ocean, urges build, and crest, and fall. Your job is not to stop this process. Your job is not to be controlled by it. Visually speaking, you "watch" the urge. Spatially speaking, you "hover around" the urge. This is very different than trying to control the urge or run away from it.

If you have tried controlling urges, you've likely found that it is difficult. If you've tried to run away from them, you've likely found that there isn't really any place to run to because no matter where you go, there you are, and so is the urge.

Surfing an urge is like being a good host or hostess. A good host or hostess is kind, considerate, and patient with a guest even if the guest is a pain in the neck. That "way of treating a guest" is what differentiates a "good" host or hostess from a "bad" one.

"Have a cookie. Would you like a soda?" That's what a GOOD host or hostess would say even it they were saying it to a BAD guest.

And, if you are a good host or hostess, you don't turn to the other guests in the kitchen while you are pouring the soda and say, "OK, let's be real nice to the jerk in the living room and maybe he'll go away." That isn't being a good host or hostess either. You don't draw a distinction in the way you treat your "good" guests and the way you treat your "bad" guests. They are all guests.

You also do not serve the soda while tapping your foot and checking your watch to see how long your guest has been sticking around. The guest will leave on the guest's own schedule; not, necessarily, on yours.

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You can even “get to know” your urge, without fear of being “contaminated” by it. Guests, even “bad” ones, come and go, just as waves rise and fall. YOU are not your guest. YOU are not the wave. While your guest is present you can learn all about him or her while remaining safe in the recognition that YOU are not IT. YOU are the person hosting IT. YOU are the person “hovering around” IT. YOU are surfing IT. YOU can be willing to have your urge even if you don’t particularly want to have your urge. This is about the same as the likely fact that at one time or another in school, you were willing to do your homework even though you didn’t want to do it. To paraphrase the Roman philosopher Seneca: “Those who are willingly have their urges can gain knowledge of them. Those who are unwilling will just be dragged around by them.” Surf your urges. They are not YOU. Host your urges. They are not YOU. Hover around your urges. They are not YOU. And, by surfing, hosting, or hovering, you can avoid being dragged around by them.

Editor’s note: One of the useful sayings of Women For Sobriety is apropos here: “I have a problem that once had me.”

The After-thought of After-care

by Ron Smith

Anyone who has ever dealt with the government or a regulating body knows it can be a frustrating and tiring experience. Having your livelihood depend on a license being reissued after dealing with addiction is doubly frustrating because it brings with it possible disagreements with the organizations that mandated treatment in the first place. Such is the case with anyone who works in teaching, aviation, the medical field, transportation (such as rail or trucking), or any other regulated industry. There are few aftercare alternatives (at least here in Canada) other than what is traditionally available. Those alternatives can be dated, stagnant, ineffective, and infringing on an individual’s beliefs. I know several colleagues who attend meetings, have sponsors, do steps (Is this a dance class, I asked), but only because they are told to do so. I even have a friend who relapses daily but attends two AA meetings a day in hopes that something “clicks,” as he puts it. Is he waiting for the Higher Power? Where is the long term benefit in such an approach? Where is the self-empowerment? Where is the self-responsibility for addictive behavior and treatment? Although alternatives are available, they are not widely publicized and not encouraged by the authorities.

> ***“I was encouraged to be re-empowered and make the personal changes in characteristics that have affected my life negatively.”***

That is why I have to thank the SMART Recovery® program for being an alternative program for addictive behavior aftercare. The main elements that attracted me to the program are the scientific and practical approaches. There is no reference to your having to have spiritual and religious beliefs. It does not matter what “god” you believe in, if any. Past addictive behaviors and maladaptive coping abilities have nothing to do with any religious or spiritual dogma. A higher power did not make you use and a higher power will not stop you from using. Only the individual has the strength to say, “I choose to stop!”

After my “official pardon” from a residential treatment center for alcohol addiction, I was told, “Ok, now go out into the world, take what we’ve taught you and don’t come back.” I had to think, “What did I learn?” Well for one thing, I learned that my alcohol addiction was a habit formed from maladaptive coping skills with life’s stresses, past and present. Another thing I learned was that my inabilities to express my emotions and desires in a constructive manner led to frustration, fear, anger, resentment and hopelessness that continually led to a “need” to numb and escape. All true I must confess. Of course it was only a matter of time before all these strikes added up and put me in a place where I needed to be, and that was in treatment. Whether your drug of choice is cocaine, crack, crystal meth, alcohol, pharmaceuticals, or any combination of the above and whether your life stresses are past issues of childhood, family stresses, work stresses, mental issues, or a combination of the above, the message from most treatment centers seems to be consistent. You need to rethink what you think about yourself, how you express yourself, and how you “feel” about yourself and others. So, I was encouraged to be re-empowered and make the personal changes in characteristics that have affected my life negatively.

So now that I had spent those 28 charming days in intensive therapy, was I cured? What do I do now? Where do I go? Strange how there does not seem to be much after-thought in after-care. My only choice or “recommendation” was to attend AA meetings. But what if I don’t believe in a higher power? Or, if I do believe in a higher power, why would I give up my empowerment in hopes that the spiritual world would stop me from using? I asked these questions and was told this is just what is available. It was even mentioned to me (to help me swallow the AA pill) that a higher power could be anything, even the building across the street! So did that building make me drink? And if no, why would the building help me stop? Of course it doesn’t make sense. So, welcome to SMART Recovery®!

To convince the powers that be that the SMART Recovery® program was one I identified with and that any spiritual or religious aftercare program was a waste of company and government resources, as well as a completely ineffectual program for me. I laugh now because I kept thinking of AA as the snake-oil salesmen who roamed the prairies in the 1800’s touting the vestiges of this miraculous cure-all. But, I was caught between the need to get my license back and back to work (or at least starting the process) but coming up against a system which seemed stuck in turn of the

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century spiritual horse and buggy thinking. I had to ask, "What is in my best interest?" Do I stand my ground come hell or high water, determined that I would not budge from my point of view? That would only lead to a stand off and although I might succeed, it would be a long, painful and time consuming battle. Or, do I present and argue my case in hopes that common sense would prevail and use the legal system only after having tried negotiation? This is a great example of the cost/benefit analysis chart in action. To be forced into a spiritual, religious or other cult-like program is truly an infringement of my rights. But that would have to be put on a back burner until a more subtle approach was tried first. So this is the plan I came up with.

I gathered all the information about the SMART Recovery® program. That included: pamphlets of the SMART Recovery® meetings in the city in which I live and information about the philosophy of SMART Recovery® downloaded from the website. I also contacted the SMART Recovery® central office to find out if they had any information on recent studies as to the effectiveness of this kind of approach, to locate all the national and international locations where SMART Recovery® meetings were being held to give the program an international, respectable and acceptable core. As well, I secured a letter from the local SMART Recovery® meeting facilitator, Don Roscoe, that indicated that I was attending the program, even though I had only just started. (It's always easier to ask for forgiveness rather than permission!) Lastly, I informed my GP (doctor) what my preference for treatment was and provided him with the same information. It is important to have in your corner a member of the medical field who shares the scientific worldview about addictive disorders, as opposed to relying on divine intervention. It adds validity to the approach. It's all about the presentation and knowing the material. If you don't know the product, you can't sell it. Or at least, that's the view I took.

All the information seemed pretty easily accessible, so gathering it wasn't difficult. I even managed to find a report done on a study of Cognitive-Behavioral Coping-Skills Therapy (CBST) by Richard Longabaugh and Jon Morgenstern, published by NIAAA (National Institute on Alcohol Abuse and Alcoholism). It compares CBST to traditional methods of treating addiction. Although the results of the study did not prove CBST or specifically the SMART Recovery® program, as any more effective than traditional methods, it also did not prove CBST or SMART as any less effective.

"The most important finding was that different types of individuals responded differently to different approaches."

This you may think would work against me. Not so. The study reaffirmed that there are different approaches with equal effectiveness to traditional therapies. The most important finding was that different types of individuals responded differently to different approaches. Individuals who were more cognitive and socially inclined tended to respond better to a cognitive approach. That seems to make sense to me; cognitive individuals respond to cognitive therapy.

Individuals who are less social and had lower problem-solving skills responded better to more traditional supportive programs such as AA. A quote from the report, "According to those studies, patients with low problem-solving (Jaffe et al.1996) or greater alcohol-related social dysfunction (Longabaugh et al. 1999) were less likely to benefit from CBST than from more socially supportive treatment approaches. For example, Longabaugh and colleagues (1999) found that patients with lower social-functioning skills had better drinking outcomes when treated with 12-step facilitation therapy, a treatment aimed at involving patients in Alcohol Anonymous (AA), a mutual self-help group, than when treated with CBST." So, it only stands to reason that individuals with higher problem-solving skills and higher social functioning would respond better to CBST where empowerment and self-responsibility are encouraged. That was even recognized within the report: "Even if CBST is not generally more effective than other therapies in the treatment of alcohol-dependant patients, CBST is still possibly superior to other approaches under certain circumstances. Thus, CBST may be particularly effective during certain treatment phases, in specific high-risk situations, or with patients with certain characteristics." At least that is certainly the case in my situation. And, I expect would be quite similar with anyone who is inclined to have a problem-solving facet to their personality and quite possibly use that skill in their daily lives (e.g., pilots, nurses, doctors, firemen, mechanics, therapists, homemakers, even the home-appliance repair person, etc.).

So with all my information in tow, I presented my case to the medical branch of the governing body that regulates the industry I am in. My hesitation and resistance to AA was not a secret (including my willingness to seek legal council if necessary), but it was up to me to provide an alternative that would be acceptable to everyone. Also, and most important, this would be the most efficient method to getting my license back so I could return to work. Or at least, that was my hope. In the end it took much less effort than I had anticipated and several days after suggesting the SMART Recovery® program as my after-care program, it was approved. How different this story would have ended had I been refused, I do not know. But what is important is the fact that another method of after-care treatment is in the system. Sometimes a bit of pressure can be a great motivator.

So here I am, learning about all my "musts," how prevalent they are in my thinking, and how I react to the world. It is amazing how resentful and anxiety-filled my life was before addressing my alcohol/thinking problem and

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SMART Ideas Continued

how I was dealing with myself and the world. The assumptions I put on myself and the world caused me considerable harm. All I know is that I am much happier now and am much more aware of what I am thinking and how that is making me feel and react. It really is enlightening.

I can only say to anyone reading this, take ownership of your after-care! It really is in your best interest. If you are serious about getting the most out of life and really want to have the best for yourself, don't let societal, medical, or governmental limitations stand in your way. Work around them, work with them, and encourage change if necessary. The system can be archaic, difficult, and resistant to anything new. For me, as soon as I stopped thinking that the world MUST be rational and just, and that people MUST see things my way, everything was easier to deal with. Even when things don't go as I had planned or preferred, I know I did my best and am accepting of that. That is what works for me.

It is not my intention to slander any program that helps individuals through addiction, such as AA. Addiction is a difficult situation for anyone, their loved ones, and others. My aim is to point out the challenges I experienced and the steps I took in deciding and implementing the kind of after-care that would be most appropriate for me. So I have to say, "Thank you!" again to the SMART Recovery® program and, in particular, the local SMART Recovery® facilitator (Don Roscoe) for providing me a safe harbor, a compass, and an engine, as I continue my journey. I guess each one of us has to ask the question, "What's in my best interest and what type of after-care, if any, do I want?"

Reference: Richard Longabaugh, EdD, & Jon Morgenstern, PhD. (1999). Cognitive-Behavioral Coping-Skills Therapy for Alcohol Dependence: Current Status and *Future Directions. Journal of studies from the National Institute on Alcohol Abuse and Alcoholism*, 78-85.

News From the Courts

North Carolina State Bar Association's Lawyer Assistance Program Forced to Cease Involuntary Twelve Step Indoctrination

by Steve McCullough, Certified Paralegal

Alan Pugh is a practicing attorney in North Carolina. His journey into and ultimately out of Twelve Step indoctrination began in late 2002. He asked a family friend in the substance abuse counseling business for a recommendation of assistance in overcoming what he perceived to be some degree of personal alcohol dependency. She recommended that he enroll himself into a program at Fellowship Hall, a facility in North Carolina represents itself as "treatment." By its own admission, Fellowship Hall exclusively employs the Twelve Steps of Alcoholics Anonymous in its "counseling" program. After completing a three week inpatient program at The Hall, staff "suggested" that he attend "intensive outpatient treatment," but he did not do so.

Not long after his release from The Hall, Mr. Pugh was involved in an incident at home that resulted in criminal charges filed against him. Those charges have since been dismissed and expunged from his record, but they occurred when he had been drinking. Harold G. Lilly, a Managing Member of Behavioral Associates of Asheboro, LLC, which also exclusively employs the Twelve Steps of Alcoholics Anonymous in its "counseling" programs, became aware of Mr. Pugh's behavior and insisted that the attorney enroll in a Twelve Step treatment program recommended by Mr. Lilly. When Mr. Pugh refused to do so, Mr. Lilly, motivated solely by his concern for the well being of Mr. Pugh, his family and his clients, contacted Edmund F. Ward of the North Carolina State Bar Association's Lawyer Assistance Program and reported Mr. Pugh's behavior.

The North Carolina State Bar Association has a Disciplinary Committee that seeks to protect the citizens of that State from lawyers run amok. Through that Disciplinary Committee, the North Carolina State Bar Association's Lawyer Assistance Program had the capacity to recommend the revocation or suspension of a North Carolina attorney's license to practice his profession and to provide for himself and his family. After Mr. Ward of the Lawyer Assistance Program (the "LAP") impressed upon attorney Pugh the power possessed by the LAP to recommend suspension of Mr. Pugh's license to practice law, Mr. Pugh agreed to sign a "contract" that ultimately required him to "voluntarily" participate in eighteen weeks of indoctrination at the infamous Talbott Treatment Center in Atlanta, Georgia (see e.g. Masters v. Talbott, No 94-14004-3, DeKalb, Super, filed Dec. 21,1994) and to attend meetings of Alcoholics Anonymous thereafter.

Unfortunately for the Twelve Step adherents within the LAP, the North Carolina State Bar Association is considered a State agency as opposed to a private organization. As an actor of the State, the North Carolina State Bar Association is charged with a responsibility to ensure that its actions do not violate the rights of its members to be free from State sponsored religious indoctrination pursuant to the First and Fourteenth Amendments to the United States Constitution.

Somehow, attorney Alan Pugh came out of his "treatment" at the Talbott Center with his ability to think rationally intact. They had bullied the wrong lawyer.

Courageously, Alan Pugh sued Harold G. Lilly and Edmund F. Ward in their official capacities as representatives of Behavioral Associates of Asheboro, LLC and the North Carolina State Bar Association, respectively. Pugh cited precedent previously reported upon

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in this column: Griffin v. Coughlin, 88 N.Y.2d 674, 649 N.Y.S.2d 903, 673 N.E.2d 98 (1996), cert. denied, 519 U.S. 1054 (1997), ("[i]t is beyond peradventure that doctrinally and as actually practiced in the 12-step methodology, adherence to the A.A. fellowship entails engagement in religious activity and religious proselytization"); Kerr v. Farrey, 95 F.3d 472 (7th Cir. 1996) ("[a] straightforward reading of the Twelve Steps shows clearly that the Steps are based on the monotheistic idea of a single God or Supreme Being); and Warner v. Orange County Dep't of Probation, 115 F.3d 1068 (2nd Cir. 1997), reaff'd after remand, 173 F.3d 120 (2d Cir. 1999), cert. denied, 528 U.S. 1003 (1999) ("[w]e have no doubt that the A.A. meetings which Warner was coerced into attending were intensely religious events").

The case of Alan V. Pugh vs. Harold G. Lilly et. al., Case # 1:05-cv-01093-NCT-PTS, U.S. District Court North Carolina Middle District (Durham), included the following allegations:

a) On or about February 20, 2003, Defendant Lilly sought to have Pugh enroll in and pay for a religious program based upon the Twelve Steps of Alcoholics Anonymous.
b) When Pugh refused to enroll in the Program, Defendant Lilly contacted Defendant Ward for the purpose of conspiring to coerce Pugh to enroll in said religious program and to practice its tenets.
c) Defendant Ward contacted Pugh's law partners and others in an attempt to enlist them in the effort to coerce Pugh into learning and practicing the Twelve Step religion.
d) Defendant Ward utilized his position and authority as a representative of the North Carolina State Bar Association to bring financial and professional pressure upon Pugh to enroll in a religious program.
e) Defendants Lilly and Ward did, in fact, coerce Pugh to enroll in a "treatment" program based upon the Twelve Steps of Alcoholics Anonymous; and
f) Defendant Ward coerced Pugh under the threat of State action to execute a "contract" that attempted to bind Pugh against his conscience to study and practice the Twelve Steps of Alcoholics Anonymous and further required Pugh to inculcate the tenets of that religion into the hearts and minds of Pugh's wife and children.

Pugh proffered that the actions listed above violated his right as a citizen of the United States to be free from State-sponsored religious indoctrination as guaranteed by the First and Fourteenth Amendments to the United States Constitution. The First Amendment to the U.S. Constitution holds in part, "[C]ongress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof." The Fourteenth Amendment to the U.S. Constitution makes that guarantee applicable to the States by demanding, "[N]o State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States."

Pugh's law suit demanded that the actions of the Defendants be declared to be a violation of Pugh's aforementioned First and Fourteenth Amendment rights. It further requested that the Defendants be permanently enjoined from engaging in any actions against any other persons similar to those alleged to have been taken against Mr. Pugh.

The parties were able to mediate their dispute, and Mr. Pugh agreed to voluntarily dismiss his law suit in return for promises made by the North Carolina State Bar Association to make some very significant changes to its Lawyer Assistance Program. Most important, the North Carolina State Bar Association has now approved the elimination of its Rule .0614, formerly known as the "force-to-treatment rule," which previously authorized the LAP to file grievances with the Disciplinary Committee. The authority of the LAP to initiate a grievance against a North Carolina attorney is now revoked. In addition, on July 19, 2006, the LAP made some meaningful changes to its operating regulations by adding the following language:

"[T]he LAP will proactively discuss all treatment options which are reasonably available to the lawyer / patient. For each option discussed, the LAP will disclose any arguably religious aspect of that option. The LAP shall not recommend a treatment option with an arguably religious aspect without mentioning to the lawyer / patient that secular treatment options may also be available or can be developed. The LAP does not and shall not force anyone to participate in AA."

In a recent article published in the North Carolina Bar Journal, the Director of the LAP, Don Carroll, denied "any basis" for the claims made in Pugh's lawsuit, and praised "the willingness of one lawyer, who has suffered in a certain way, to reach out and help another lawyer who is suffering similarly." He stated that the cases finding AA to be a religion are based upon "a reductionist view of man; that he is physical and emotional creature with no inherent spiritual nature." He further declared that the elimination of the "force-to-treatment rule" and the changes to the LAP policies reported upon in this article occurred only because "lawyers are cautious people" and were adopted solely as a result of an unrelated, independent, and entirely coincidental decision on the part of the LAP Board "to review its policies and practices with an eye toward being sure that nothing in the program's operation might offend the Constitution."

When contacted for a comment for this article, Alan Pugh addressed the new operating regulation of the LAP, which states, "[T]he LAP shall not recommend a treatment option with an arguably religious aspect without mentioning to the lawyer/patient that secular treatment options may also be available or can be developed." He expressed concern that, given the beliefs of the LAP Director as expressed in his aforementioned article recently

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published in the North Carolina Bar Journal, the manner and conviction with which secular counseling options are presented to North Carolina lawyers remains to be seen. He is worried that those seeking counseling from the LAP might be told, "There may be various options available, but AA is the only thing that really works."

But those readers who desire an end to coerced participation in Twelve Step programs may take comfort from the fact that the predictions of the counselors at the Talbott Treatment Center were wrong: Alan Pugh is not dead; he is neither in jail nor institutionalized. He is alive, he is reasonably well, and he is practicing law in the State of North Carolina. And he no longer attends meetings of Alcoholics Anonymous.

Please note: It is extremely important for the reader to understand that this column is not intended to impart any kind of legal advice. Anyone contemplating decisions or actions based in whole or in part upon perception of his or her legal position is strongly urged to seek and follow the advice of a competent and experienced attorney.

Editor's note: The ghastly story of Talbott and his program, which is touted as the national center for treatment of impaired healthcare providers, is documented in Resisting 12-Step Coercion, written by Stanton Peele and Chaz Bufe. To read about the Talbott Center is to be drawn into an intricate, horrifying nightmare, from which a number of its patients can never awake. Why not? Because they committed suicide. Five of them committed suicide while at the treatment facility, and at least 20 others committed suicide after completing treatment. (One of the failed suicides went on to marry Talbott's son!)

In 1999, which is years earlier than the Pugh case described above, The Center, and its founder, G. Douglas Talbott, the first president of ASAM, were found guilty of malpractice and fraud for misdiagnosis and false imprisonment of a physician who fought back. The jury awarded the physician $1.3 million in compensatory damages. Talbott settled out of court for punitive damages, which probably exceeded the compensatory damages. The jury found Talbott liable for fraud in the form of breach of fiduciary duty. One of the Talbott doctors who misdiagnosed the physician had earlier been found liable in one of the suicides.

Mandatory Training!!!

by Barry A. Grant

Little reflection is necessary for most of us to realize that what appeared to be our most troubling times have generally been responsible for our most noticeable, significant growth and development. Without meaning to do so, perhaps we bring onto ourselves the very experiences that are needed for us to grow. Nevertheless, we view those events as terrible hindrances, not as opportunities to hone our skills as travelers to the next level of our very desires.

In SMART Recovery®, the concept is expressed very clearly through the "Training" component of the acronym. Without exercising our "Training" muscles, we may interrupt the opportunity for our steadily becoming stronger. Whether it is in the workplace, at home, with people or alone, this training is essential on a daily basis.

Speaking to those who are still currently "Inside The Walls" physically, I can say that the perception, "Everything will be okay once I get out of here," is largely a fallacy. This is because there are a myriad of things with which to contend, and the most important of these is how we ourselves think and act that led to incarceration. While you are "Inside the Walls" is a time to look deep within yourself. It is also not a time to focus on the immediate discomfort, but rather a time to contemplate how your predicament was called onto you by you, and how not to repeat this experience.

The same thing is true for those who are "Beyond The Walls." Our unhealthy and irrational thoughts, emotions, and actions towards a mate, a co-worker, a friend, or neighbor, can imprison us behind a strong wall we ourselves built, one that separates us from them if we don't acknowledge its cause and do something about it. Often we add to our troubles in such situations by unassertively allowing them to fester, rather than accepting responsibility and attempting to take constructive action. Such a problem begins to infect and corrupt the integrity of whatever healthy existence there may be with friends, acquaintances, and even strangers. Moreover, it dominates and pollutes every emotion. Left unchecked, it controls us and decides our destinies.

The point is that good habits are as easily formed as bad ones, and good ones make up most of our daily activities. In short, what you focus on grows and what you think about expands. No one else has power over your behavior. No one else can push you into actions for which you'll feel shame or remorse. Responsibility for who you are in all respects is yours, whether or not you consciously use that power to train yourself in more fulfilling directions. After all, by default, everything we wish to become we already are – it's always a matter of self-management and self-training, but we choose the direction.

Positively Speaking:

Waiting for or expecting another to make you richer, happier, fuller, content or more satisfied is to invite yourself to a state constant of suspension.

Articles are Welcome!

If you have a story or information you would like to see published in the ***News & Views***, please feel free to submit a copy to Emmett Velten, Editor, via email: **ev_verb@msn.com**. Unsolicited material is most welcome!

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3-Minute REBT

by Philip Tate, PhD

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

Self-worth is a concept that's talked about and believed in by therapists, the media, and more important, by individuals. Therapists and people in the media may genuinely believe they're helping you when they try to help you increase your self-esteem. But, when you think much of your own worth, especially your worthlessness, you easily diminish your ability to do as well as you want to do.

In the theory of REBT, self-worth is a belief in which you rate yourself either as good or bad. Self-worth is when you tell yourself something like, "I'm no good."

Let's say you believe that you are worthless after you fail or after you get rejected. Or, let's say you believe that you are worth less than others and don't deserve anything good most of the time.

What happens while you think you're such a louse? Instead of doing something you enjoy, you feel misery and you may believe that you cannot do better, so you try less.

Hypothetically, let's say you have two choices. You can think that you are worthless or you can live without the idea of worth ever entering your mind. And let's say it's just as easy to think one way the other. Which would you choose? Would you prefer to believe that you're worthless, or to never have that belief at all?

If you already rate yourself, you probably cannot easily do otherwise. You can't merely choose to eliminate your irrational thinking and have those ideas vanish from your mind: You have to work at it. By repeatedly challenging your self-downing ideas, you can greatly diminish your tendency to think them. Let's do some challenges now.

When you define yourself as being a louse, is there any substance to the definition, or is it mere words without substance? What does, "I'm no good" refer to? Can you prove that "no good" exists?

Look for the evidence. Is there any evidence that you are no good? Think about it, and you'll come up with nothing. You can do badly, but that doesn't prove that you are bad. You can screw up, but that doesn't make you a no-good-nick.

What good can happen to you if you if you never rate yourself at all? Let's say that you rate how you did, like grades in school that rate academic performance, but you never rate yourself? How would you be different? You'd probably do better at many of your activities because you aren't distracted by thoughts of having to prove yourself. And you could believe in your skills and talents more, because you aren't worried about proving yourself worthless.

Dr. Tate is author of the book titled Alcohol: *How to Give It Up and Be Glad You Did*, which is available through the SMART Recovery® Central Office or can be ordered online at **www.smartrecovery.org**.

Featured Quote of this Issue

A Psychological Miranda Right

You have the right to think rational and self-empowering thoughts. If you choose to give up that right, anything you think or believe can and WILL be used against you in a court of emotions.

JeCraw, F2F Facilitator and Online Volunteer

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