

A. Thomas Horvath, PhD, President

Emmett Velten, PhD, Editor



President's Letter

In memory of Albert Ellis, PhD, 1913-2007

On August 17th at the annual convention of the American Psychological Association in San Francisco, a memorial was held for Albert Ellis, PhD, the founder of Rational Emotive Behavior Therapy (REBT). Despite failing health Dr. Ellis had been expected to attend, but he died on July 24. What was originally organized as a tribute became a memorial to Ellis's life and work. About one dozen students and colleagues spoke, filling the two hours with stories of Ellis's courage, wisdom, wit, curiosity, learning, professional contributions, and personal generosity. Below are my highlights of

This issue is dedicated to Dr. Albert Ellis 1913-2007



each speaker. Full text of the remarks of many of the speakers is available at http://www.rebtnetwork.org/library/tribute_to_albert_ellis.html.

Jon Carlson, PsyD, EdD, psychology professor and author, organized the tribute turned memorial, and introduced each speaker.

Bob Alberti, PhD, co-author of the bestseller, *Your Perfect Right*, and the editor at Impact Publishers, noted that Impact had published five of Ellis's 85 (!) books. He wished he could have published more of them. The copyright for all these books is held by the Albert Ellis Institute, indicating Ellis's complete commitment to establishing and maintaining the Institute on solid financial ground, even at his own expense. Despite health problems, Ellis was still signing books as late as 2004.

David Burns, MD, author of the best-seller, *Feeling Good*, described how he and Ellis maintained correspondence. "Even though I belonged in another school of thought—with Aaron Beck—Ellis was generous with his time. Ellis's work in the 50s provided the foundation for much of what we today call cognitive-behavioral therapy." Burns said he once had presented data to Ellis on the importance of therapist empathy, at a time when Ellis emphasized getting the client to do homework, regardless of how the client felt about the therapist.

(Continued on page 2)

Inside:

President's Letter

In memory of Albert Ellis, PhD	1
4-Point Program SM	1

SMART Progress

SMART Recovery® Online Update	3
Training Staff Pursuant to the Throughcare Link	4

SMART Ideas

"Problems," Medical and Otherwise	5
Gullible's Travels	7
It's Only a Game	7
Fighting Fear	8
Tucson, Arizona - City with The Most SMART Recovery® Meetings in the World!	9

People Power

A Tribute to Dr. Albert Ellis	12
Two Great Ways to Support SMART Recovery® Without Really Trying	13
I Won't Forget Albert Ellis	13

Prison Outreach

InsideOut® Launches Spanish-Language Version	15
From Beyond the Walls	15
3-Minute REBT	16

The SMART Recovery® 4-Point ProgramSM

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

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

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

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

Ellis changed his views based on Burns data, an act of intellectual honesty that made a deep impression on Burns. "He was kind, gentle, and supportive to me, even though I never quite knew why." Burns's remarks left me with the impression that, despite a different public persona, in private with Burns or with anyone, that's just who Albert Ellis was: kind, gentle, and supportive.

Elliott Cohen, PhD, at the Institute of Critical Thinking, suggested that Ellis was a philosophical pioneer. At a time when philosophy was dominated by logical positivism and linguistic analysis (e.g., Wittgenstein, Russell), Ellis was interested in turning the power of philosophy onto the problems of everyday life. In this regard he was similar to ancient philosophers, especially the Stoics (e.g., Epictetus, Marcus Aurelius) on whom his work was partly based. Cohen hopes that in time Ellis's REBT will come to be understood not just as therapy but also as philosophy. REBT emphasizes that the mind is active, not passive, that absolutist thinking is often inaccurate, and, "Thought without behavior is empty; behavior without clear thinking is blind." Participants in SMART Recovery® already appreciate Ellis as both therapist and philosopher, even though—true to Ellis's inquiring spirit—they don't always agree with him!

After Cohen spoke we viewed two segments from the Gloria film, in which Carl Rogers, Fritz Perls, and Albert Ellis each work in turn with the same woman. One segment shown was a portion of the Ellis and Gloria session, and the second was a portion of her de-briefing about the three sessions.

She stated that Ellis would definitely be helpful in getting her to think more functionally.

Art Freeman, PhD, psychology professor, a past president of the Association for Advancement of Behavior Therapy (now the Association for Behavioral and Cognitive Therapies), and like Burns primarily a Beckian cognitive therapist, spoke about how Ellis helped him finish his dissertation in 1966. Freeman had everything finished except the write-up of the results, but couldn't bring himself to complete the project. For five months he had attended a therapy group, led by a Freudian, for doctoral students unable to finish their dissertations. Although he was gaining "insight," little was being written. He saw Ellis for six bi-weekly 30-minute sessions, and guess what? By the last session, he'd completed his dissertation! In homage to Ellis's famed rational songs, Freeman provided lyrics commemorating him, set to "Oh, Susanna," and led us in singing them. At one point the audience was left to complete a couplet, to rhyme with "Puck." Everyone seemed to know what to do!

Aaron Beck, MD, founder of cognitive therapy, was an unexpected speaker. He had published a paper in the 60s on how people think when they are depressed. Ellis called him to discuss it, and encouraged him in his work. Beck then invited Ellis to make a Grand Rounds presentation at Penn. Beck was grateful for the support. Beck noted that he had started out to get evidence in support of psychoanalysis, whereas Ellis had already realized the mistakes of psychoanalysis. Both were trained

psychoanalysts, and both ended up having similar views of its efficacy.

Bill Knaus, PhD, also of the Institute of Critical Thinking, described Al Ellis the private individual as warm, cordial, responsive, and generous. Ellis deeply believed in freedom and liberty for all, and fought for them to the end. He repeatedly had the courage to take on issues that others would avoid. Ellis was deeply upset by recent events at the Albert Ellis Institute, where he was voted off of the Board of Trustees. A judge later re-instated him. Despite this conflict, Ellis believed that REBT would carry on, and helped establish REBTNetwork.org.

Alan Marlatt, PhD, a pioneer in the field of addiction treatment and relapse prevention training in particular, spoke on "Moving from 12-steps to SMART Recovery®". Many of his comments were based on information I sent him about the history of SMART Recovery®, and how Dr. Ellis has been the "patron saint" of our organization.

John Norcross, PhD, a leader in the study of psychotherapy, spoke of Ellis's courage in arguing half a century ago that homosexuality was not a disorder, that sex education was needed, and that the outcome of psychotherapy should be studied empirically. Ellis, in 1950, was the third person to present psychotherapy outcome data. Norcross quoted Tom Paine: "He who dares not offend cannot be honest."

John Minor, PhD, an independent practitioner, described Al as the "consummate psychologist." He noted Al's voracious reading habits, and his ability to manage diabetes well past an age when most people would have died from it.

Gerald Corey, EdD, a psychology professor and author, noted that Al “brought psychology to the streets,” but gave credit to his predecessors. He was always ready to give a workshop. He relentlessly encouraged clients to do their homework, including exposing themselves to feared situations (PYA: “push your ass”), and to challenge their own thinking. He didn’t expect others to be like him, but he wanted them to learn from him.

Nick Cummings, PhD, a past president of the American Psychological Association and a leader in the field of brief psychotherapy, first met Ellis in 1954. They had the longest association in this group of speakers. Ellis used to tease Cummings (born in 1924) that Cummings was “just a youngster.” Cummings believed that Ellis used REBT on himself as much as anyone, and that he was the “tenderest, shyest” man he had known.

Debbie Joffe-Ellis, Al’s widow, was also an unexpected speaker. She noted that Al practiced what he preached. When she found herself furious over the actions of the Institute, he encouraged her to “just understand what they are thinking.” This shift allowed her to empathize. In his final months of life, he continued to be kind. She gave as an example how he spoke with one of his caregivers, who had just lost a sibling.

“Saint” may seem an incongruous concept given Al’s public persona. After Marlatt mentioned this concept, two other speakers took it up. Bill Knaus had already noted how a dozen nuns had walked out of a 1962 presentation Al made at Springfield College. However, at this tribute, Al was viewed

as a saint not for his language, but for his complete dedication to the well-being of his fellow human beings.

Tom Horvath



SMART Recovery® Online Update *Meet Renowned Authors, Visit with Volunteers, and enjoy the FUNdraiser!*

This year SMART Recovery® Online (SOL) will be celebrating our 9th Birthday, and we plan to do it in a BIG way! Please plan to join us for some of these outstanding events!

A 24-hour Chat-a-thon, beginning at 11:59 a.m. Saturday, October 6th, and ending at midnight on October 7th. At **News & Views** press time, the following special guest speakers will be featured (check the message boards for updates on any new/exciting additions):

7:00 a.m. Sunday - Fraser Ross, SMART Recovery® UK - Love Songs and SMART Recovery® Tools for the Stages of Change - E-Voice

10:00 a.m. Sunday: Dr. Tom Horvath, President of SMART Recovery® and Author of *Sex, Drugs, Gambling & Chocolate: A Workbook for Overcoming Addictions*, will be available

to discuss his book, and SMART Recovery®.

11:00 a.m. Sunday: Anne Fletcher, author of *Sober for Good: New Solutions for Drinking Problems – Advice from Those Who have Succeeded*, will be on hand to discuss her book (which has brought many to the SMART Recovery® program!) as well as the importance of recovery options.

1:00 p.m. Sunday: A Tribute to Albert Ellis, led by Dr. Emmett Velten (co-author of a number of books with Dr. Ellis) and Jonathan von Breton, Director of SOL.

2:00 p.m. Sunday: Dr. Robert Meyers, author of *Get Your Loved One Sober, Alternatives to Nagging, Pleading and Threatening*. Dr. Meyers is also the creator of the Community Reinforcement Approach and Family Training (CRAFT) intervention, which is a scientifically based intervention designed to help concerned significant others (CSOs) to engage treatment-refusing substance abusers into treatment. Note: SOL has weekly online meetings for CSOs.

4:00 p.m. Sunday: Dr. Reid Hester, renowned researcher (he has been a Principal Investigator on a total of seven NIAAA funded research projects) and creator of the new SMART Recovery® online web course, will be discussing the new online course, as well as the empirical basis of the elements of SMART Recovery®.

6:00 p.m. Sunday: Dr. Michael Edelstein, author of *Three Minute Therapy*, will be available to discuss his very popular book.

10:00 p.m. Sunday: Reminiscing — 9 years of SMART Recovery® online, led by Arby, one of the originators of SOL.

Remember...check the message boards from time to time for announcements of additional special guest speakers!

Throughout the weekend we'll be having the annual SOL FUNdraiser. Exceptional prizes to be auctioned off:

Gourmet Coffee or Tea Gift

Collection from Roast De Gourmet

\$100 Barnes and Noble gift card

\$100 gift card from Williams Sonoma

Canadian and Australian versions of the latest Harry Potter book

Plus: Autographed books, unique artwork and handicraft, stamps, surprises, and more!

Bidding will end at 9:00 PM EDT Sunday evening, so be sure to get you bids in throughout the weekend. And better keep an eye on your bids so as to not lose out at the last minute!

Drop by, day or night (or both!) and join in the fun!

Training Staff Pursuant to the Throughcare Link with Substance Abuse Interventions between Corrective Services and the Community

by Geoffrey Wilkinson, Program Development Officer, Department of Corrective Services, Sydney, AU

The Getting SMART training experience in Tasmania, June 2007

The Tasmanian Department of Justice requested assistance from the NSW Department of Corrective Services to train correctional centre staff in the anti-criminality substance abuse intervention,

Getting SMART. The latter is an evidence-based program devised by the NSW Offender Programs Unit in order to



Staff from many organizations attended the SMART Recovery® training in Tasmania

teach offenders the theory, tools, and techniques of Cognitive Behavioural Therapy (CBT), as used in *SMART Recovery*®. *SMART Recovery*® is a successful CBT program that is used around the world and is available throughout the community, and also to offenders in custody. SMART is a preferred option and link for the Throughcare management of offenders requiring ongoing substance abuse treatment with a anti-criminality focus.

The *Getting SMART* and *SMART Recovery*® programs have already been widely applied throughout correctional

settings in NSW and QLD. Many organizations play a significant role in the big picture of Throughcare treatment for offenders, linking corrections and the community. The Tasmanian Department of Justice organized a three-day training/workshop for 20 people representing not only correctional centre staff, but also community organizations. In attendance, were staff from Relationships Australia, Salvation Army, Red Cross,

SMART Recovery® Program Tools & Techniques

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

These tools include:

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

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

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The Link social services, The Bridge drug rehabilitation services, Anglicare, and correctional centre staff including case management custodial officers.

Training all interested parties together proved beneficial and practical. Some of the reasons being:

- There was a high level of enthusiasm, participation, and diverse skills.
- People from a number of occupations were there, which enabled attendees to broaden their perspectives on the bigger picture of offender management.
- Attendees and organizations linked up, using Throughcare treatment links.
- The cost was the same to train either 6 or 20 staff, which made the workshop highly accessible to all.



Geoffery Wilkinson and Tara Rouse from the Offender Programs Unit

conducted the training, and all materials for the training were produced by inmates working at Corrective Services Industries at Grafton Correctional Centre, NSW. Participants commended the facilitators, as well as the excellent quality of the materials.

Some of the feedback from the participants was...

"I completed the training feeling amply confident of delivering the program in our correctional setting." Scott Winters, Alcohol & Drug Program Facilitator,

Integrated Offender Management, Tasmanian Prison Service

"I have reflected a lot on what I have taken away and how it will be helpful, not only as a professional, in the work that I do, but personally. It was a pleasure to be there amongst that group." Sonya Bacic, Family and Relationship Counselor, Relationships Australia Tasmania

"I thought the training was great. This is such a great programme. I really hope it is able to come to life in the Tasmanian correction system as well as our community sector." Michelle Ewington, Red Cross, Tasmania

"The knowledge I gained over the 3 days will be invaluable to me." Pam Enniss, Assessment & Planning Unit, Tasmanian Prison Services

"A thoroughly enjoyable and worthwhile 3 days. It can only improve my value and skills as a Correctional Officer." Francis Cronin, Correctional Officer, Tasmanian Prison Services



Experiential learning required everyone to participate

What can we learn from this experience? It is evident that this cross-sector style of staff training would be a beneficial ongoing practice. Many offenders entering custody facing drug related charges seek assistance from a corrective services addictions Counselor so as to enter a

community based rehab as opposed to serving a custodial sentence. However, community based rehabilitation centres often complain about the behaviour and attitudes that offenders bring into their services. This highlights the fact that many community-based services need additional support regarding the treatment complexities of offenders. This training process will enhance the Department's opportunity to make better informed community based referrals for offenders, and at the same time allow for community services to provide specialized treatment for their clients.



SMART Ideas

"Problems," Medical and Otherwise

by Hank Robb, PhD, ABPP

Recently, I again heard someone talking about "medical problems," and, as usual, my little rap about "medical problems" went off in my head. It goes something like this. "Medical problems" are when you take medicine and the medicine gives you problems. It has nothing to do with the "nature" of a problem for which one takes medicine. Labeling problems as "medical" just tends to drum up more business for the medical industry.

More important, it helps stop the “Blame Game” from being played by, and on, the person with the “medical problem.” This is because part of having a “medical problem” is not being “at fault” for “having it.” Of course, one could just stop the Blame Game because it isn’t that useful or pleasant to play, but people often insist on having a “good reason” to do that. “Having” a “medical problem” seems like a “good reason” to stop the blaming and condemning.

However, instead of the above, this time when I heard “medical problems,” I realized that life experiences don’t come labeled as “problems” either. Life experiences are exactly that—life experiences. The way we relate to them is up to us. We could choose to treat them as “problems” and get busy “problem-solving,” or we could choose to treat them in other ways.

I had previously noticed this in a specific way when couples complain about “communication problems.” In truth, most couples with “communication problems” don’t have communication problems. They have agreement problems. Each knows exactly what the other person wants.

At any rate, sometimes couples really do have communication problems. The most common one starts when one person wants the other to commiserate with him or her. Commiseration sounds like this, “Wow, that must be so painful. I’m so sorry you’re having to face this.” The partner, however, doesn’t recognize that what is wanted is commiseration and instead starts problem-solving, which sounds like, “Well, have you

thought about doing this instead of that?” The partner who wanted commiseration then says something like, “You just don’t understand!” And, the problem-solver, usually by now annoyed, responds with something like, “What do you mean? I’m working as hard as I can!”

The root of such exchanges is acting as if the only available response to life experiences is to treat them as “problems,” and to start solving them. As the saying goes, “When all you have is a hammer, everything starts to look like a nail.” Thus, when the only response a person has is problem-solving, then every life experience starts to look like a problem in need of a solution. While commiseration won’t solve problems, it will draw people closer together, which also is something worthwhile in life.

This can be real trouble when one realizes that the nature of life is such that we are not always going to get what we want. And the nature of human beings is to feel sad when they don’t get what they want. So, we get the admonition, “All life is sorrowful.” You just can’t be alive as a human being without sometimes feeling sad because some of the time you won’t get what you want—and maybe a lot of the time!

The best way to relate to this situation is to make peace with it. Turn problem-solving loose on, “I don’t want sorrow, but as long as I’m alive, I will have sorrow, because all life is sorrowful,” and what do you get? Bump yourself off, take drugs, drink like a fish, shop till you drop, etc.

Crummy problem-solving methods such as those suggest, or so I think, that sometimes there are other and more life-affirming ways to treat life experiences.

It is common to talk about acting rationally when participating in SMART Recovery® meetings. In a very important way, being “rational” means being “flexible.” It means doing things that actually work in growing and maintaining a fulfilling life, not just for today, but for as long as possible. Flexibility means more than having many different problem-solving strategies. It means having other ways to relate to life experiences besides treating them as problems to be solved.

Consider urges. One can treat them as “problems” or one can treat them just as facts to be made peace with. In fact, urges tend to come and go and, if not acted on, over time they tend to come less often. Benign neglect can be a very effective way to relate to life experiences.

Not only can SMART Recovery® meetings be good places to develop problem-solving strategies, they also can be good places to develop additional ways to relate to life experiences. Try treating yourself as a person to be loved, not a problem to be solved. It may just “work better.”

Editor’s Note: Hank cogently points out the folly of musturbating (at B) about Activating Events (at A) we dislike, but cannot solve (change) without possibly causing ourselves more problems, or cannot solve (change) at all, such as the inevitable Activating Event, namely: “Life’s a bitch, and then you die.”

Gullible's Travels

The incredible effect of stopping an addiction and its effects on people you know, love, or tolerate.

About two years ago, after legal problems with addictions, I decided (with the heavy-handed guidance of the court) to quit drinking. Given my live-for-the-moment lifestyle, this was a dramatic change. While handling within myself the fact that I had quit drinking was difficult enough, I couldn't figure out how I would address disclosing this fact to the outside world. First I concealed this life-changing experience from the outside world, and I used the standard copouts:

- Sorry, I'm on medication.
- I have a very early meeting tomorrow morning.
- My drive home is filled with cops on the prowl.
- I'm still hammered from last night.
- I can't drink now and still do ecstasy, cocaine, and heroin later on.

After six months, I finally got through the intellectual knothole of letting my social circle (gradually) know that I wasn't drinking. That discreet public acknowledgement made me realize two things:

1. The personal difficulty with letting people know individually of my change of lifestyle turned out to be MY PROBLEM.
2. Within my circle of friends, self-selection will take place—by this I mean my mutual interaction with these people will be guided by how they NOW treat me, and how I react to their response.

I made a list of 40 people in my social circle and then categorized them by their response to my quiet, face-to-face announcement that I would no longer be drinking.

While the sample size is small, and the story is anecdotal, I could break the list down into three categories.

50% of my acquaintances didn't care at all. It was truly a non-issue. My "non-drinking" pronouncement had ZERO effect on their lives or my relationship with them.

30% of my social circle said, "It's about time!" They knew that I had a problem, but hadn't been able to tell me so. I cannot resent them for not pushing me to quit or slow down.

20% of my social circle did NOT understand why I had decided to quit for good. They encouraged me that I could have just one drink, maybe two, and it would not be a problem for me to continue drinking.

For this last group, I came to realize three things: (1) Because it was impossible for me to have just one drink (or maybe two), this crowd did NOT have my best interest at heart. (2) The only thing I had in common with these people was drinking. This being the ONLY common bond (and since I wasn't going to drink) truly meant I didn't fit in with them, they didn't fit in with me, or both. (3) We would not have to make an explicit decision to part company. We would probably drift apart—and that's what happened.

A lot of the baggage/trauma/drama of quitting an addiction and acknowledging it publicly is self-induced. Just think about my case. EIGHTY PER

CENT of my entire social circle either had no reaction or else congratulated me. My reticence on public disclosure was MY PROBLEM, and the idea that I would be stigmatized or ostracized was an Irrational Belief residing in my mind.

Here endeth the lesson.

Submitted by: L'Angelo Mysterioso

It's Only a Game

by Joe Gerstein, New England Volunteer Advisor

At a recent prison meeting, an interesting scenario played out. One of the inmates, an African-American man about 35-years old, doing his 3rd "bid" or sentence, had "sold" a pair of sneakers to a younger man, who delivered a lot of excuses, but never the payment (which involved some canteen credit transfers). Hearing that the sneakers' purchaser was being transferred to a lower-security prison, the older man confronted him and got the sneakers back, with more excuses.

Naturally enough, he had a strong impulse to "pop" the guy, and certainly had such a disrespectful episode occurred earlier in his history, he almost certainly would have, he said. However, he knew there would be severe consequences if he initiated a fight, so ultimately just walked away, seething.

I asked him why it was that now he was able to think rationally about the consequences and choose to avoid them (obviously a more mature decision) whereas previously he had been unable to do this.

His answer shocked me: "CHESS"!

He had taken up chess during this term and was very enthusiastic about it. He played almost every day, considered that he was quite expert, read books

about chess strategy, etc. “Obviously,” he asserted, “chess is a game that requires you to think ahead. You always have to be thinking two or three moves ahead. If you see that pawn sitting there just begging to be picked off, it may be a trap. You can’t just plow ahead and make the obvious move. You must think your way through the problem before you move.”

The object of chess is to checkmate the King. Period. Nothing else counts. When inmates set as their highest goal to get out of prison as soon as possible, or to get to a better prison, and that becomes the “check-mate” issue, then their attitude and behavior change.

What a marvelous paradigm of what we are trying to get across to people with the SMART Recovery® program. Naturally, thinking it through does not always produce the best answer, but it does allow one to avoid the impulsive, “spur of the moment” decision, which very often is self-destructive.

Our brains are set up to handle instant responses to threats or temptations. But it is amazing how humans can actually assess an acute situation within a second and avoid precipitous but inherently destructive actions if they want to do so. And know that this type of assessment is possible.

Provocations are legion in prison, the rule rather than the exception. Inmates who never thought that they could react to a provocation in any way except direct confrontation and physical violence, can learn to walk away and feel good about it once they understand the technique of always considering the long-term consequences. It isn’t easy, but they learn they can do it and feel good about it. Self-empowerment is satisfying and habit-forming

Another of our meeting attendees had been punched in the face by another inmate without warning. Because he had been reminding himself that no matter what, he must not get a “ticket” because he was going to pre-release in a week, he had taken this blow and walked away. A Corrections Officer, who had not directly witnessed the altercation, had written him up, and thus he had spent a week in solitary and lost his pre-release. He appealed that decision. When the event was investigated in more depth, he had been exonerated and went straight to pre-release. He agreed that the only reason that he had avoided disaster was that he was constantly rehearsing what he would do if provoked: walk away.

In the same way, a chess player had better resist the impulse to take pieces off the board or do the “obvious” move, and instead, had better assess situation carefully so as not to act without thinking through the long-term consequences.

In a way, life is a chess game. It can be a lot of fun, but is ultimately deadly serious. Decisions often have widespread and lingering implications. We should be making them methodically in dealing with people, events, and substances.

Let’s all learn to be chess players. It works for addictions. It works for life. That is the essence of maturity.

Fighting Fear

by susanj, SMART Recovery® Online Participant, as posted on the Message Boards

It’s dark, the wind is blowing, there’s a deep thump and then a scratching—thump scratch, thump scratch—and your mind gets to work, stirring the cauldron of fear: it’s a monster, someone’s in the house, I am bait, I am going to become a victim of the

boogie man. You lie there paralyzed with fear, shaking, eyes wide open in darkness. But the feeling is just too...scary. So you get up, grab the Louisville slugger and grope through drawers, far more terrifying than the monster on the house, and get the flashlight and you sneak out, still shaking. You shine the flashlight around, bat poised for destruction. The shadows hold terrors beyond description, the light casts glows on hunched shapes of bushes that hide monsters...and you discover the tree limb that you meant to trim is bashing on the shingles. Now you are not scared, you use the bat for a walking stick and you go back to bed, sleep soundly with the sound of the tree setting the beat for a dream.

Naming Dragons, that’s the term I have used since I was a kid. Once you name a fear, you can tame it. Or at least take away its power.

My life for sure has been filled with scary things, things I didn’t know, couldn’t understand. Recovery has given me a chance to pick up the flashlight and the bat and confront them.

Fear of the unknown. Every great pioneer (I choose to believe this) was for a moment terrified of what was over the next rise, what lay beyond the horizon, what lurked in the next shadow. But the need to go forward, the desire to discover—well, it’s a good motivator. These days my Louisville slugger is the ABC tool. I am finding all kinds of new and sometimes terrifying feelings. And yet I am able to step up and take them on.

Just recently I was paralyzed by the fear that I would live out my life in loneliness. That I had such a flaw

that no one could possibly WANT to be my friend. And I was like a kid banging a cabinet door on my fingers, just doing it to see how long it would hurt and which bang wasn't gonna hurt. I just kept doing the same old thing thinking that the results would change.

Sometimes getting rid of the boogie man means renaming a fear. I took the loneliness dragon and renamed her solitude. She seems so less dangerous now.

You see, I thought the isolation of early recovery was a short-term thing, a time to focus all of my attentions on the business of getting sober, finding the edges of sanity and then when I was better then the isolation would go away. Well, it kind of does; you are more able to ease into the world without feeling as if you have doggy-do in your purse, but there is still a part of you that holds back. In the middle stages (the part I am still in) of recovery, we cherish the time we spend alone. The solitude gives us room to think, plan, dream, and scheme. Lonely and alone are not the same thing. Lonely is a feeling, alone is a place.

When I crawled out from under my blankets and examined this feeling of loneliness, I realized that like the tree limb, it was just something I hadn't gotten around to yet.

Like many people, I am terrified of being lonely for all of my life, dying alone, being left behind. Funny how odd that sounds when you see it written down. But sometimes while we are struggling to avoid being lonely, we "hook up" with people who may not be the best choice. Or we try too hard to be perfect for the people we think we have.

Maybe the feeling of lonely is part of the recovery. So much of what we do in recovery means doing it in our heads, and that kind of separates you from the rest of the world. In this crowded old planet we are never really alone. Ever watched kids on the playground? How sometimes they play side by side without interacting? Man, kids are smart. They know that just being near is sometimes enough.

I have learned that my surges of new feelings are a lot like scary sounds in the night, I can just hide from them in terror or I can drag out the flashlight and the ball bat and get to figuring out what is scaring me.

Life seems full of the unknown—just ask the astronauts, the divers, the explorers. And from my silly perspective, I am all of these. Just a pioneer in my own life. Now, that's FFT = food for thought!

Be well and courageous.

DID YOU KNOW... that SMART Recovery® Online (SOL) has a weekly meeting just for CSOs (Concerned Significant Others)? It is open to all, but its focus is family, friends, and loved ones who would like to learn the SMART Recovery® tools and the CRAFT tools. CRAFT is Community Reinforcement And Family Training. Dr. Bob Meyers at the University of New Mexico developed it several years ago, and it has served families in the community quite successfully. SMART Recovery® Online members also participate and offer valuable insights to Family and Friends at the Sunday 12:30 ET online meetings. Please feel free to attend or invite your loved ones

to attend. Learn tools to help you, and to help you help your loved ones, in their journeys toward sobriety!

NOTE: Dr. Bob Meyers will be joining in the SOL FUNdraiser as a guest speaker at 2:00 p.m. on Sunday, October 7th. You can order a copy of *Get Your Loved One Sober* and pose questions directly to the author!

People Power



Tucson, Arizona - City with The Most SMART Recovery® Meetings in the World!

by Thomas M. Litwicki, Member, SMART Recovery® Board of Directors

I recently learned that Tucson has more SMART Recovery® meetings than any other city in the world. Considering that Tucson is my home town, and I have worked for more than ten years to get SMART Recovery® fully integrated into the prison system in Arizona, I began to wonder: How is it that a town like Tucson—which is around the 65th largest metropolitan area in America—would have such a swell of SMART Recovery® Meetings? What are the ingredients that make this town different? This led me to investigate the implementation of evidence-based practices, as well as

a historical review of SMART Recovery® growth in Tucson and the people behind that growth.

The most comprehensive analysis of evidence based research is provided by the University of South Florida, National Implementation Research Institute. In their implementation manual, *Implementation Research: A Synthesis of the Literature*, Dean Fixsen and others identify six stages to implementation of evidence based methods. These include Exploration and Adoption, Program Installation, Initial Implementation, Full Operation, Innovation, and Sustainability. I suggest that Tucson is in the Full Operation Stage and moving into Innovation and Sustainability.

Currently there are nine SMART Recovery® Meetings available to the public in Tucson, and seven meetings held in institutions. Meetings are supported by the four major behavioral health providers of inpatient and outpatient services; the Arizona Department of Corrections through meetings in their general population and their treatment programs; the Pima County Probation Department, which invites SMART Recovery® volunteers to present each year at their annual Probation Officer Training; other peer support organizations such as Hope, Inc., which provides consumer-managed behavioral health services; youth programs, such as the Pima Prevention Partnership, which initiated meetings facilitated by youth in their outpatient clinic; the University of Arizona, which hosts a meeting in the Student Campus Health Service department; and most recently, the largest

provider of transitional housing services, Old Pueblo Community Foundation, has opened its doors to SMART Recovery® meetings.

In addition to hosting the actual SMART Recovery® Meetings, the SMART Recovery® philosophy has been embraced by institutions throughout Arizona. Our Regional Behavioral Health Authority, the Community Partnership of Southern Arizona, supports the integration of SMART Recovery® through free quarterly training sessions offered by Ken Rogers, a SMART Recovery® Member and Volunteer. I also had the pleasure to provide training on our methods to behavioral health providers attending the Summer Institute, an annual research implementation conference supported by the Addiction Technology Transfer Center and the Center for Applied Behavioral Health Policy.

Finally, I have the honor of sitting on the Co-Occurring Policy Advisory Team, a committee formed by the Governor's Office to advise the state legislature on policy and funding needs for persons struggling with co-occurring disorders. All of the behavioral health providers currently sitting on this committee express their support for SMART Recovery®.

All of this points to full systems integration here in Tucson. But the question still remains, why Tucson? So many people I speak with are struggling to get SMART Recovery® integrated with local behavioral health systems and implement community based meetings. On the

SMARTcal listserv, I hear many accounts of arguments with legal systems, and lawsuits against state agencies demanding parity. None of this has occurred in Tucson, where SMART Recovery® has flourished. What happened here that might be translated to other areas?

I suggest that SMART Recovery® flourished in Tucson because of a handful of dedicated volunteers and members. It seems that SMART Recovery® has grown here based on a simple mission of making groups available to those who want to attend.

Volunteers have led a SMART Recovery® revolution in Tucson. But it has been a generally quiet revolution. Some of the first meetings and regular trainings in Tucson were organized by Dr. Emmett Velten in the mid 1990s, when he still lived in the Bay Area. He and Dr. Patricia Penn, now a clinical and research psychologist with La Frontera Center in Tucson, had been friends when she lived in the Bay Area.

As he did with everyone who would listen (or not), Emmett had ceaselessly proselytized for—then—Rational Recovery. Pat listened. When she moved to Tucson to retrain as a clinical psychologist at the U. of A., Pat soon secured a five-year NIDA grant to compare—then—Rational Recovery and 12-step. Thus began SMART Recovery®'s behavioral health system integration, with Pat's research on the application of SMART Recovery® for persons with mental health disorders. Emmett was the consultant for the Rational Recovery module. He wrote its

training manual, flew down to Tucson often for trainings, and in 1997 he ended up moving here.

Besides Pat and Emmett and one leader of RR meetings, Bob X., there were two people in the corrections field who got going strong at about this time: a parole officer, Fred Markussen, and, ahem, yours truly. Our long-term, outstanding Volunteer Advisor, Jennifer Wilson-Diez, was the second group leader and counselor for what had by then become the SMART Recovery® module. She emerged as a supportive leader, who encourages meeting facilitators by offering quarterly facilitator meetings, updating a meeting phone line, providing updated meeting lists, presenting to interested agencies, and always being available by phone and at new meetings as a coach for new facilitators.

Through the dedication of the people mentioned above, SMART Recovery® got going and has flourished here. However, besides the fact that they are saints, what makes those people unique? What do they have in common? I would say they have some common traits. Specifically, they believed in SMART Recovery®, which in its earlier days was essentially REBT's self-help philosophy and methods, and they enjoyed making an alternative available and seeing people empower themselves with what grew into SMART Recovery's 4-Point Program. The early days were exciting, but the work was steady, seven days a week, during actual SMART Recovery® meetings.

If there is an implication for SMART Recovery® as a worldwide organization, I believe it is to increase our focus on starting SMART Recovery® meetings because we enjoy seeing people empower themselves, which includes cultivating and supporting facilitators. Implementation research illustrates that training leads to approximately 5% of method adoption, while training, demonstrating, practicing, and coaching results in 95% adoption. SMART Recovery® grows where there are local organizations managed and supported by local volunteers and members. Our worldwide organization has a responsibility to provide support through literature and guidelines, but meeting growth depends on local people who care and who want to help other people help themselves.

In addition, I think Tucson SMART Recovery's success comes also from the fact that its members feel they are a valued part of the local organization, and they also feel they are part of a purpose they very much care about. Members are supported in becoming new facilitators. For example, people who attended SMART Recovery® meetings in prisons and behavioral health agencies are now leading SMART Recovery® Meetings in the community. They are doing this because they found the methods helpful and believe they can now help others. They continue to do this because they are supported by local volunteers.

As a worldwide organization, SMART Recovery® will grow by

increasing opportunities for members to take the lead in helping other people help themselves. There is sufficient membership in Tucson to support our local needs and provide funding to the Central Office. SMART Recovery® has a method that will help many people transform their lives, and these people are ready and willing to give back. When members feel close to our management, we can more easily tap into their motivation.

Tapping more easily includes—I think—simplification of our literature so that facilitators can start meetings with minimal training and more local coaching. I have often heard members say that they would lead a meeting but they are not knowledgeable enough. We need to fix this. The change process offered by SMART Recovery® is simple and accessible. Our literature should reflect this. People are our greatest asset and meeting their needs is why we exist.

I am optimistic that these changes are already happening in SMART Recovery®. Our current national conference reflect this shift with less emphasis on training, and more emphasis on dialogue with the members, with growth as our objective. I encourage volunteer facilitators and members to attend these sessions, and to continue to make your voices heard.

In conclusion, SMART Recovery® is in Full Operation stage in Tucson Arizona, and we hope that our success as a community can encourage others. If we can do it, so can you. Our next stage is Innovation, as we find new ways to grow and serve present and

potential members, through training and conferences, web-based presence, social events, and chapter development.

Editor's note: I agree with Tom that your Podunk areas, such as New York, LA, and AAmyville, can do it if Tucson can do it. (BTW, I moved to a real city, Phoenix, eight years ago.) However, he forgets one big fact: Pat Penn secured a five-year, well-funded government grant, with employees—including Pat, Emmett, and Jennifer. If not for that, Tucson might not be our world capital. So, my #1 recommendation is this: apply for grants. There are dozens of potential, important research projects bearing on SMART Recovery®. Recommendation #2 starts with fact that part of Tom's success was that he astutely persuaded the correctional powers that be—his employers—of the value and timeliness of recovery alternatives. Again, hundreds of you have jobs helping people with addiction problems, and SMART Recovery® should be a real, programmatic alternative, not just a faint tack-on that gets mentioned to a few clients out of charity to you. You will have to push for it.

As for Fred Markussen, he did work as a parole officer, but his work for SMART Recovery® was almost entirely after-hours. This is a true fact: he retired and became a stand-up comedian!

A Tribute to Dr. Albert Ellis

by: G. Alan Marlatt, PhD, Member, SMART Recovery® International Advisory Council, and A. Thomas Horvath, PhD, President, SMART Recovery®

Although Albert Ellis was only slightly involved with substance abuse treatment or research, a significant part of his legacy may turn out to be

his impact on US and international addiction treatment, and in particular, addiction self-help groups.

In the mid-1980s, a California social worker and REBTer, Jack Trimpey, started a revolution against the almost universal insistence that the 12-step approach was the only way to recover from addiction. He wrote *The Small Book*, which was an application of REBT and some of his own original ideas about coping with craving and about how to decide to quit drinking forever, and which he astutely titled to place its contents as an alternative to the AA "Big Book." He also started Rational Recovery, a network of free self-help groups. Like AA, they were free, open to all, and supporting abstinence, except that the program of recovery followed *The Small Book*, not the Big Book.

In 1991, Trimpey gathered a volunteer board of advisors, who met in Dallas. This group evolved, with Trimpey's blessing, into a non-profit organization, incorporated in 1992. The non-profit was to run the Rational Recovery self-help groups, while Trimpey provided his for-profit services under a different aegis. By 1994, differences of opinion about the proper direction for Rational Recovery resulted in the non-profit's changing its name to SMART Recovery®. By Jan 1, 2000, Rational Recovery stopped operating any free support groups as a matter of policy.

SMART Recovery® has emerged as the leading alternative support group. Other notable groups include Women For Sobriety, Moderation Management,

Secular Organizations for Sobriety, and Life-Ring Secular Recovery.

When SMART Recovery® changed its name in 1994 it also explicitly stated that it would keep modifying its recovery program in the light of empirical findings. The original program was based on a cognitive-behavioral self-help format. Since 1994, more motivational components have been added, based on the success of motivational interviewing. Mindfulness components are currently under review.

If there is a patron saint of SMART Recovery®, it is Albert Ellis. (One might wonder how AI would take up the role of a patron saint...). Even though REBT itself is not widely used in addiction treatment, Ellis's self-help philosophy and methods are widely viewed in SMART Recovery® as the foundation on which the cognitive-behavioral treatment of addiction is based. For the average non-psychologist, CBT is about thinking rationally in order to feel better and to behave better. For most SMART Recovery® members distinctions between the schools of Ellis, Maultsby, Beck, A. Lazarus, Seligman, or others are not worth bothering with. Albert Ellis is Dr. Rationality. The accessibility of AI's many books, not to mention their often colorful language, has made him the natural choice to read for many SMART Recovery® participants. Furthermore his concepts are also presented as components of the SMART Recovery® Handbook.

So at a typical SMART Recovery® meeting, in addition to members

doing their CBAs (cost/benefit analyses), they are also doing their ABCs (Activating event, Belief, emotional and/or behavioral Consequence). They are watching out for musturbation, awfulizing, and catastrophizing. When a new idea emerges, they wonder what Dr. Ellis would think of it.

SMART Recovery® now offers online meetings, at smartrecovery.org, seven days a week. There are about 300 face-to-face meetings, mostly in the US, but also in Vietnam, Canada, Australia, the UK, and Uzbekistan, and emerging in other countries. And there are dozens of meetings online. Like the British empire of old, the sun never sets on SMART Recovery®. There is a rapidly growing number of meetings in prisons and other correctional settings. The latter increase has depended considerably (*Editor: but also see Tom Litwicky's column*) on court rulings in effect in nearly 20 states, that the government cannot order someone to attend a 12-step meeting because of its religious content.

Dr. Ellis supported SMART Recovery® in a number of ways, and in Phoenix, the Albert Ellis SMART Recovery® Center obviously bears his name. He reviewed books for the SMART Recovery® newsletter. His Institute in NYC was the site of SMART Recovery® trainings. He was a member of our International Advisory Council. In behalf of SMART Recovery® and because he knew he could draw large audiences, he appeared on numerous panels at professional conferences in America and Canada. Similarly, he donated

his time in making a number of free presentations to large audiences of the general public drawn to his philosophy, methods, and fame.

Severe addictive behavior is an excellent example of irrationality. It is fitting that Al's work would have found a lasting place SMART Recovery®. There, participants not only learn to overcome addictive behavior, but also how to lead more functional and happier lives. It's what Al wanted for all of us.



Dr. Albert Ellis
1913 - 2007

Two Great Ways to Support SMART Recovery® Without Really Trying

Did you know that you can help support SMART Recovery® without its costing you a single penny?

SMART Recovery®, along with iGive.com, invite you to turn YOUR Online Holiday shopping into support for a truly worthy cause!

You can **support SMART Recovery® this Holiday Season** just by shopping online for brand-name stuff at over 684 well-known online stores, and get free deals and coupons just by being an iGive.com member!

Join iGive.com and make a purchase within 45 days from one of

684 or so participating stores, iGive.com will donate \$5 FREE to SMART Recovery®!

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It's FREE, private, & easy!
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3. Up to 26% of each purchase gets donated to SMART Recovery®... and **it costs you nothing!**

And just in case you're thinking, oh yeah, who wants to buy something from Never-heard-of-it.com, here are just a few of iGive.com's 684+ stores: **Office Depot, Lands' End, JCPenney, PetSmart, Expedia.com, The Gap, Barnes & Noble, Neiman Marcus, eBay, Best Buy, Dell, Vitamin Shoppe, QVC, Shop NBC, Drugstore.com, Orvis, Hallmark, Staples, and more!**

And remember to use the Amazon.com link at SMARTRecovery.org for your purchases at Amazon to help support SMART Recovery®!

So, consider helping SMART Recovery® this online shopping season, and *have your clicks support a great cause... without really trying!*

I Won't Forget Albert Ellis

by Emmett Velten

I had a 40-year-long personal as well as professional connection with Al. With these words, I will share a few personal details about him and his

family you otherwise might never know, and do the same for some details of his professional part in SMART Recovery®'s unrecorded pre-history, before they are lost.

The fashion these days is to “celebrate” the life of the person who died. I think that’s mainly nonsense, our culture’s denial of what is stark and forever. Al’s death at 93 was the death at 65 of part of me, too—not just me, but many others—and dreadful grief when I can bear to remember his kindness, his genius, his wit, his guts. Al’s wish had been to die at home, in his apartment at his Institute, to which he returned for that purpose the last month of his life, after a grueling year or more in the hospital and nursing home, and three years of almost unimaginable personal and professional tragedy.

Al and SMART

Without Al and REBT, we might not be around. All—100%—of the people first brought into and attracted to Rational Recovery Systems, beginning in 1985, were REBT practitioners or fans, members of the American Humanist Association, or both. Among the many honors and accolades Al had received, had been the Humanist of the Year award of the American Humanist Association. It was the fact that REBT was at least as much an explicit humanist philosophy of life as a cognitive-behavioral self-help system, which made it a perfect part of the recovery revolution Jack Trimpey led. Jack was a trained REBT-er and on Al’s Institute’s referral list. When they contacted me, then a

fellow Californian, and we first met in 1988, Jack and Lois knew of me only because my name was on the same list.

The American Humanist Association formally allowed Rational Recovery Systems to affiliate with it in 1989 or 1990, I believe it was. In September 1992, a new non-profit corporation, Rational Recovery Self-Help Network (RRSN), was established. Its five board members were Jack and Lois Trimpey, humanist Peter Bishop, current SMART Recovery® *News & Views* columnist and long-term REBT-er, Phil Tate, and—yours truly.

By mid-1994, Jack Trimpey had made dramatic changes in the way he formulated addiction and recovery, and in effect he left behind RRSN, which not long thereafter was renamed the Alcohol and Drug Abuse Self-Help Network—ADASHN. Thank goodness for REBT-er Rob Sarmiento! He came up with the “doing business as” moniker we all know and love: Self Management And Recovery Training—SMART Recovery®. The rest, as they say, is history, the history most of you already know.

Family

Al was married three times and divorced twice. He married Karyl Corper in the late 1930s and Rhoda Winter Russell in the mid-1950s. He remained friends with them both after divorce. Corper died in 2000; Russell is alive and well in Texas. Al had a 37-year-long relationship with Janet Wolfe, who became a psychologist with his encouragement and support,

collaborated with him in promulgating REBT, and ran his Institute for several decades. She continues to live and practice in New York City. Late in life, Al married Debbie Joffe, the dearest love of his life, who saw him through his final years of grueling hospitalizations and personal tragedy.

Al leaves two nephews, David Ellis and Joel Greer, and a niece, Judith Greer Greenspan. His brother, Paul Ellis, and his sister, Janet Ellis Greer, preceded him in death, as did his best friend and co-author, Bob Harper. Paul was a businessman who helped Al in founding his Institute and served on its Board for many years. Al’s sister, Janet Greer, was a leading light of Overeaters Anonymous and died of a stroke she suffered while giving a talk on a tour for O. A. through the Midwest. Few know—and no one now at his Institute—but in death Al leaves three children. They are a daughter, Laurie Farber, and two sons, who prefer to remain anonymous.

Note: In 2007, Emmett has two books about Ellis coming out through See Sharp Press. They are The Lives of Albert Ellis: American Revolutionary, foreword by David Burns; and Under the Influence: Reflections of Albert Ellis in the Work of Others, foreword by the late Mike Mahoney. Emmett will soon have served nine years as a Board of Trustees member for Ellis’s Institute.



InsideOut® Launches Spanish-Language Version

Since its development in 2002, InsideOut® has helped dozens of correctional facilities and drug counseling centers provide care to people with substance abuse problems. Based on the principles of SMART Recovery®, InsideOut® is a correctional program designed to deliver treatment and prevent recidivism. Now, this exceptional program is available in Spanish. This version of InsideOut® includes participant workbooks and videos in Spanish, which makes quality treatment available to a lot more people.

According to research by Sabol, Minton, and Harrison (2007) at the United States Department of Justice's Bureau of Justice Statistics, the number of Hispanic/Latino inmates in federal and state correctional facilities equals about one-third of the total inmate population, and the proportion has risen considerably since 2005. Put this fact together with Mumola and Karberg's finding (2006) that 53 and 38 percent of those inmates in state and federal correctional facilities, respectively, reported using and/or abusing drugs during the month before incarceration. Some facilities had difficulty treating the growing number of Spanish-speaking inmates due to language barriers. Now, however, more

Latinos will be able to better understand the SMART Recovery® concepts of enhancing and maintaining motivation, coping with urges, emotional and other problem-solving using REBT, and lifestyle balance.

SMART Recovery® and Inflexxion, Inc. are both excited that their partnership continues to provide and expand treatment that illustrates steps to success for people with substance abuse problems. If you have any questions about the new version of InsideOut®, please contact Tyler Achilles, Sales Coordinator for Inflexxion, Inc. via email: tachilles@Inflexxion.com or phone: 617-614-0376 (direct), toll free: 800-848-3895, x276.

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From Beyond the Walls *Self Management is the Key to Control* by Barry A. Grant

One of our most detrimental misconceptions is that we can control others or things. The hard-won truth is that we can only control ourselves—and it may take a lifetime to learn this—yet it does not have to be. Self-control means release—release from the bondage of uncontrolled, thoughtless, and irrational behavior. When we recognize that our only legitimate power is over ourselves, it gives us the freedom to develop and enhance ourselves.

Lack of control is not freedom; it is chaos. Conflicting impulses squander energies instead of controlling them

and directing them toward growth. It is unlikely that we can subdue our unruly selves by fighting them: accept them, love them as part of our human, fallible individuality. The first step toward health is to tell ourselves the truth. Once we accept the truth unconditionally, much of the cloud of inadequacy and disturbance will lift, and so will the need to control others.

Freedom is a decision that can be made at any time. Whether it is freedom from fear of abstinence, or freedom from fear of the fact that one will fail to control others or things, the point is that we can choose freedom. We can choose not to shackle ourselves with our thoughts.

As we come to recognize the benefits of effective self-management, we'll choose it more and more often. Thereby, as Albert Ellis once said, we can partly transcend some of our social and biological limitations. We'll become more fully in control of our lives, better able to direct our energies and do what we prefer—more complete, healthy, and balanced people, living the SMART way.

Positively Speaking: My direction in life is determined by the degree and skill of how well I choose to control my-self as the vehicle to my destination. Think hard, feel deep, and choose wisely.

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

Overcoming Problems of Self-Concept and the Past

by Philip Tate, PhD

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

We humans tend to categorize and label ourselves. If you have problems with addiction, you may think of yourself as an alcoholic, a recovering person, a troubled person, or as a person with any other category or label.

By doing so, you create your self-concept.

All notions of self-concept are thoughts. If you believe them, you influence yourself accordingly.

Thoughts of you limit you, because at best they represent only partial truths based on the past, whereas the truth about you is complete and in the present.

Thoughts of your past burden you. They represent the total you about as much as an old photograph. Please think seriously of what I am saying. To bring the past into the present, and to believe it contains the truth about you, is closer to dying than to living.

Of greater importance than the categories and labels mentioned, you may believe that you're a worthless person. The theory of REBT considers this belief to be irrational mainly because it is absolutistic and easily creates emotional disturbance and self-defeat. Simply ask yourself, "Where's the evidence that I'm worthless?" When you look for facts to prove that you're worthless, what do you find? You find that you've made mistakes. But, do you find worthlessness?

Worthless is only a thought, isn't it? And, it refers to nothing. Truth lies in what you see and do and not in what you think. Unlike the labels mentioned above, when you look for worthlessness, it never shows its face.

What are you? The only accurate label for you is human.

How important are thoughts? Thoughts are not facts. They're of history. Most can be set aside without loss.

When does life take place? Now.

How can you overcome troublesome thoughts? Accept their limitations. They lack sufficient truth about you now to be important. Awareness of what is going on now, especially of what you are doing, is immensely (perhaps a thousand percent) more valuable and truthful than any thought.

What you are doing this moment is the only reality, isn't it? Your awareness of what is going on is your only connection with reality, isn't it? Thoughts interfere with awareness, don't they?

Focus on your actions. If you're drinking and have wanted to quit, then do something else, and do it with no thought whatsoever except to focus on it. If you're not drinking, continue your activities with an attentive and quiet mind.

Featured Quote of this Issue

REBT emphasizes that the mind is active, not passive, that absolutist thinking is often inaccurate, and, "Thought without behavior is empty; behavior without clear thinking is blind'."

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