



President's Letter

A Facilitator Toolbox

The idea for this toolbox arose in the online Authoritative Facilitator Training of August 31. I appreciate the insights offered that evening. All volunteers and facilitators are welcome to participate in these monthly meetings.

Beliefs about a god or gods

Participant: I (believe/don't believe) in God. Is SMART Recovery® appropriate for me?

Facilitator: SMART Recovery® can work for you regardless of your beliefs about a god or gods. Based on a survey we have conducted in the US, over 2/3 of our participants believe in a god. However, we also have atheists, agnostics, and polytheists.

Beliefs about addiction as a disease

Participant: I (believe/don't believe) addiction is a disease. Is SMART Recovery® appropriate for me?

Facilitator: SMART Recovery® can work for you regardless of your beliefs about addiction as a disease. Regardless of whether addiction is a disease, everyone believes that recovery is based on making better choices. We'll help you make better choices. Based on a survey we have conducted, about one third of our participants believe addiction is a disease, about one third believe it is not, and about one third are unsure. In the past, SMART Recovery® has suggested that addiction is not a disease. However, we now consider belief about addiction as a disease to be akin to belief about God, a personal matter that we do not discuss. SMART Recovery® is in the process of changing its documents to make them consistent with this new approach.

Moderation (I want to)

Participant: I want to moderate, not abstain.

Facilitator: SMART Recovery® meetings are open to anyone (unless a meeting

has a specific group it focuses on), so you are welcome to attend. We are not aiming to control you, but we do aim to control our discussions. Our discussions support abstinence, and individuals who are considering abstinence. You may find Moderation Management (moderation.org) useful.

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The SMART Recovery® 4-Point Program®

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

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

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

- Point #1:** 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)

Moderation (using tools to accomplish)

Participant: But couldn't I use the SMART Recovery® tools to moderate?

Facilitator: Once created, a tool of any type might be used for many purposes. You could use a screwdriver as a crowbar. You are free to use our tools however you wish. However, in our meetings we focus on how to use our tools to abstain. We are not trying to control you, just our own discussions.

Participant becomes upset about moderation discussion

Participant: All this talk about moderation makes me upset! I thought SMART Recovery® was an abstinence group. It seems some nights we mostly have people who want a court card signed and have no intention of abstaining or even moderating.

Facilitator: SMART Recovery® is open to anyone. We do not control our participants, but we do control our discussions. However, during check-in and checkout participants may mention their plans to moderate or make no changes at all. If these individuals didn't get their court cards signed here, they would get them signed at other types of meetings. We are happy to have them learn about SMART Recovery®. A number of regular participants started as individuals who just came to get a court card signed. I understand that you feel upset about our discussion so far. Would you be willing to do an ABC? It seems like we already have the A (other participants mention moderation) and the C (feeling upset). What other B's are you having?

AA better/worse than SMART Recovery®; Attend both?

Participant: I think AA is a (better/worse) approach than SMART Recovery®.

Facilitator: SMART Recovery® does not claim to be (better or worse) in general than any other approach to recovery.

However, we may be (better or worse) for some individuals. It's up to you to decide which resources to use. Many individuals attend both 12-step meetings (or other support groups) and SMART Recovery® meetings, perhaps gathering different benefits from different groups.

Suicide

Participant: I want to kill myself.

Facilitator: I'm sorry to hear that you are feeling that bad. If you want to kill yourself right now, I suggest you leave the meeting and call a hotline or go to the ER. Suicide is not an issue we are prepared to address in this group, and we'd like you to get the best help available. However, if you'd like to listen to or participate in a discussion about abstaining from addiction, then you are welcome to stay. That discussion might even improve your mood. But I want to be clear, we will not be discussing suicide, because that topic is beyond the scope of this meeting. After the meeting, I hope you will consider seeking professional help.

Irrelevant discussion topic (or a long-winded check-in)

Participant: (wants to discuss a subject that falls outside of appropriate meeting topics, including whether God exists, whether addiction is a disease, whether moderation is possible, their experiences in other groups, etc.)

Facilitator: Although we might have an interesting discussion about the topic you propose, that topic falls outside of a SMART Recovery® discussion. We need to stay focused on our primary purpose, which is gaining independence from addictive behavior, using the 4-Point Program® and the SMART Recovery® tools.

Irrelevant personal topic

Participant: (raises a personal issue that

may not be relevant to recovery, for instance: recent experiences with spouse, or boss, or child)

Facilitator: How is this experience related to your recovery? (If the experience is related, choose a suitable tool for working with it.)

Advice giving

Participant: (asks for advice, or other participants start offering advice)

Facilitator: If someone wants advice, there are professionals who can provide it. I understand the best professionals aim as much as possible to help individuals arrive at their own conclusions. Because we are not professionals, ALL we are going to do here is help move you along toward making your own decisions. We might describe what has worked for us individually, but you will still need to decide how much the experiences of others apply to yourself.

Principal practices of SMART Recovery®

Participant: Just how does SMART Recovery® work? What do I do exactly?

Facilitator: It can take some time to learn how to apply SMART Recovery® in your own life. We have meetings (face-to-face and online), a message board, a 24/7 online chat, publications, and videos. Some of these methods of learning about SMART Recovery®, and of being involved in our community, may appeal to you more than others. However you learn them, the 4-Point Program® provides an overview of what you need to do in recovery, and the SMART Recovery® tools provide specific methods or tactics for accomplishing the broad goals identified by the 4 Points.

Principal idea of SMART Recovery®

Participant: Is there one principal or central idea in SMART Recovery®?

Facilitator: SMART Recovery® has not identified one central concept in its approach to recovery. For many of us it is the concept of “choice,” but for others it is the concept of “self-control” or “self-empowerment” or “changing your thinking.” After you learn more about SMART Recovery®, we’d be happy to hear what the central idea is for you.

Principal Idea of meetings to maintain rational focus

If you want a simple way to remember these suggestions, they can be condensed to one sentence: SMART Recovery® meetings limit their discussions (the working time of the meeting) to how to apply the recovery tools we teach.

Tom Howath



2010 SMART Recovery® Annual Gathering — San Diego, CA

On October 15–17th, 2010, we’ll be enjoying the Annual Gathering of SMART Recovery® volunteers and friends. We look forward to regaling you with some photos and an overview of our time together. For additional infor-

mation about the event, visit: <http://www.smartrecovery.org/sandiego2010/index.html>. We look forward to seeing many of you in San Diego!

New SMART Recovery® Online Meeting for Family & Friends

Do you have a loved one struggling with addictive behaviors—drinking, drugging, gambling, etc.? If so, please join us for a Wednesday night weekly online meeting for Family & Friends from 9–10 PM Eastern Time. Volunteer facilitators will be providing a meeting to address specific issues encountered when a friend or family member tries to reach out and help a loved one.

The meetings will share SMART Recovery® tools loved ones can use to help with emotional upsets, effective communication methods when dealing with loved ones, and more. Techniques employed within the CRAFT Program (Community Reinforcement Approach and Family Training) will also be shared for the benefit of meeting attendees.

Recommended readings for participants of the Friends & Family meeting include:

Get Your Loved One Sober: Alternatives to Nagging, Pleading, and Threatening, available from Amazon via this link: <http://astore.amazon.com/smartrecovery07/detail/1592850812>

The SMART Recovery® Handbook, and the SMART Recovery® Quickstart CD, available via this link: <http://smartrecovery.org/SMARTStore/>.

To participate in the meetings, register for SMART Recovery® Online via our website: www.smartrecovery.org. Also, be sure to visit our Concerned Significant Others Message Board Forum for additional information. Our community of volunteers will warmly welcome your participation.

Fall Fun is in the Air

by Jim (GJBXVI) Braastad, Online and Distance Training Volunteer

The signs of fall are beginning to appear—shorter days, cooler nights, the leaves on the trees are starting to change colors, the kids are back in school, football practices & games... the list goes on and on.

Yet another telltale sign of fall is that the planning and preparations are in full swing for the 2010 Fall FUNdraiser, celebrating the 12th anniversary of SMART Recovery® Online (SROL). This year’s festivities and Fundraising event will be taking place on Friday and Saturday, November 5th – 6th, 2010.

Fall FUNdraiser festivities will “kick-off” on Friday, when bidding opens on the fun-filled auction that just keeps on getting **BIGGER** and **BETTER** every year! Once again this year, we have many **AWESOME** items that have been donated by our members and friends and we extend our heartfelt thanks for your generosity! Among the items “up for grabs” to the highest bidder are many beautiful, original and unique handmade jewelry items, a **GORGEOUS** Australian opal (mined by SMART Recovery®’s founding President Joe Gerstein), an antique Hummel figurine, various popular recovery books (some autographed by their author), plus many, **MANY** more items too numerous to mention. There is something for everyone, so remember to bid often and bid high! (Don’t be like Shari last year, who literally had the rug pulled from beneath her feet!)

Once again, we have an amazing line-up of guest speakers for this year’s event. Some have been brought back again by popular demand, while others are premier, first-time speakers! It promises to be a full day of interesting and helpful topics and discussions. The full line-up and schedule for Saturday, November 6th is:

8:00 a.m.	Bill White	<i>The History of Addiction Treatment and Recovery in America</i>
9:00 a.m.	Joe Gerstein	<i>Mining Australian opals and The Origin of SMART Recovery®</i>
10:00 a.m.	Reid Hester	<i>Overcoming Addictions in America (a SMART Recovery® interactive internet course)</i>
11:00 a.m.	Anne Fletcher	<i>Sober for Good</i>
12:00 p.m.	Tom Horvath, PhD	<i>How SMART Recovery® is Different than 12 step Organizations</i>
1:00 p.m.	Bill Knaus	<i>End Procrastination: How to Take Charge of Your Life.</i>
2:00 p.m.	Barry Grant	<i>The Barry Grant Story (This is a first time ever event! Don't miss this one!!!)</i>
3:00 p.m.	Emmett Velten and Jonathan Von Breton	<i>Ask The Pros</i>
4:00 p.m.	Hank Robb, PhD	<i>What Elements of Acceptance and Commitment Therapy (ACT) Would Work Well in a Self-help Group?</i>
5:00 p.m.	The Volunteer Hour	<i>How to Become a SMART Recovery® Volunteer</i>
6:00 p.m.	Final Auction moments...	<i>WHO will win WHAT??? Auction bidding ends at 7:00 p.m.</i>
7:00 p.m.	Telethon	<i>All lines are open at the Central Office</i>
8:00 p.m.	The Masters Hour	<i>Meet some of the "Masters" of SMART Recovery® Online</i>

All times listed are Eastern Standard Time

So mark **November 5 – 6, 2010** your calendar now! It's going to be both a fun-filled and learning date you won't want to miss!

SMART Recovery® Regional Representatives

In 2009, a call was issued for individuals willing to serve in the role of Regional Representative, and since that time, the

Representatives have begun ongoing communications to support one another, and to enhance the important role they play in helping the organization to grow. The group is currently ably led by Jim Rives, who reports the Representative's activities to the Board of Directors.

The SMART Recovery® Regional Representative is in place to serve as a resource for the volunteers within the

Representative's assigned region. Specific duties include:

1. Attend quarterly Regional Representative meetings to present successes and goals for the region.
2. Make contact with facilitators in the region at least one time between each quarterly meeting.
3. Follow-up with those who express an interest in starting a new meeting.

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- (Executive Director will contact Regional Representatives upon receipt of interest from individuals.)
4. Provide regional marketing as able.
 5. Serve as a clearinghouse to provide ideas/feedback to the Central Office

- from facilitators within the region.
6. Attend the SMART Recovery® Annual Gathering each fall if/as able.
 7. Recruit, identify and nominate replacement when term is completed. Those of you who are facilitators will

be hearing from your Regional Representative from time to time, and we encourage you to share successes, failures, need for specific resources, etc. when speaking with your Regional Representative. Here's a list of our current Regional Representatives:

Region	Representative(s)
Central East – Delaware, DC, Maryland and New Jersey	Hugh Delaney and Dave Willis
Great Lakes – Illinois, Indiana, Michigan and Ohio	Dick Bozian
Gulf Coast – New Mexico, Texas and Louisiana	Vacant
Mid-America – Nebraska, Kansas, Oklahoma, Missouri, and Arkansas	Ginger Frank
Mid-Atlantic – Kentucky, Tennessee, Virginia and West Virginia	Chris Cook (KY/WV), Michael Collins (TN), and James Rives (VA)
Mountain West – Colorado, Idaho, Montana, Nevada, Utah and Wyoming	Brad Simpson
New England – Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island and Vermont	Lee Harpur
Northeast – New York and Pennsylvania	Michael Abbate
Northwest Frontier – Alaska, Hawaii, Oregon, Washington and Pacific Islands	Doug McCullough
Pacific Southwest – Arizona and California	Vacant
Prairielands – Iowa, Minnesota, North Dakota, South Dakota and Wisconsin	Robert Brown
Southeast – Georgia, North Carolina and South Carolina	Mark Todd
Southern Coast – Alabama, Florida and Mississippi	Vacant

If you are interested in filling one of the vacant positions (Gulf Coast, Pacific Southwest, Southern Coast), please contact Shari Allwood via email for further information: sallwood@smartrecovery.org.

Heartfelt thanks to our Regional Reps who continue to help SMART Recovery® to grow!

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 (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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Volunteers Do Make a Difference!

Most of you are familiar with the fact that SMART Recovery® relies on volunteerism to remain alive and growing. Many of you know your local face-to-face facilitator, or our online facilitators. They are the mainstay behind keeping the meeting portion of the organization vibrant!

In addition to these valuable volunteers, there are others working behind the scenes to enhance and improve the products and services provided by SMART Recovery®. Here are a few examples...

In addition to our online meetings, we also have very active message boards and a 24/7 chat room. Our message board and chat volunteers, who oversee those areas of SMART Recovery®'s online presence, help to share the program tools and respond to questions and recovery needs. We are grateful for their valuable assistance!

The Materials Review Committee (MRC) has created a system whereby volunteers who have local materials that have proven valuable can share a copy with the MRC for review and possible inclusion on the website and within SMART Recovery® publications. Here's a link if you have something to share: <http://www.surveymonkey.com/s/MaterialsSubmittalForm>. A subcommittee has also taken the time to review all of the information available on our website, and has categorized the information according to audience, which of the 4-Point Program® the materials support, etc. These big tasks require a team of dedicated volunteers to accomplish, and we're grateful to the members of the MRC and its subcommittees!

We also now have a team of people dedicated to assist with social networking and PR outreach. A document outlining social networking opportunities for facili-

tators is now available on our website (see Social Networking for Facilitators via this link: <http://www.smartrecovery.org/resources/volunteers.htm>). You'll also find a press release created by the team at that same link. Without the expertise and assistance of this team, our growth would slow.

In addition, we expand based on the valuable efforts of our Regional Representatives, who serve various regions within the US. They collaborate with volunteers within their region to help us to continue to grow more meetings, and to serve the volunteers in their area. (See the Regional Representatives story on page page 4.)

If you have a specific talent you'd like to lend to SMART Recovery® on a volunteer basis, please contact Shari Allwood via email: sallwood@smartrecovery.org.

To each one of you who volunteer your time, talent, and energy, our sincere thanks. You DO make a big difference—not only in keeping the organization moving forward—but also by touching many lives. Thank you!



International Development

SMART Recovery Australia®

Greetings from Sydney! Jim and Josette have had a very productive winter here in Australia and are happy that spring is upon us!

In June, both Jim and Josette attended and presented at the NIDAC (National Indigenous Drug and Alcohol Committee) Conference. NIDAC is the leading voice in Indigenous alcohol and drug policy. Based on expertise of health professionals and other relevant experts, NIDAC advises government. The Conference displayed and celebrated the quiet efforts and achievements of those striving to improve the health and well-being of our Australian communities. During this conference, Josette and Jim gave a presentation that showed how to adapt the SMART Recovery® program for Indigenous communities. With over 500 attendees at the NIDAC Conference, we were able to network with many of the Indigenous organizations to develop relationships for further trainings and assistance.

In July, Josette and Jim travelled to Hobart, Tasmania. With 45 attendees, we conducted a two-day facilitator's training at the Salvation Army's Bridge Program. The Salvation Army aims to train facilitators, who can conduct SMART Recovery® meetings in its rehabilitation program. Hobart now has two SMART Recovery® groups.

Also in July, Josette and Jim travelled for the first time to Portland, Victoria. Portland is on Portland Bay, 361 km west of Melbourne and 75 km east, by road, of the South Australian border. In collaboration with the alcohol and drug service in Portland and nearby Hamilton and with the Department of Child Protection, we trained 18 people. Some of the attendees work for Indigenous organisations and want to start SMART Recovery® meetings in their communities.

In November, the Be SMART Family and Carer's program will be presented at the Creating Synergy Conference. The latter is a forum at which government and non-government organisations across NSW can discuss evidence and models for family inclusive approaches to drug and alcohol interventions.

Currently, we are piloting the Be SMART Program in order to gain some research and feedback on the program.

SMART Recovery® AU aims to publicize SMART Recovery® to as many alcohol and drug conferences as possible, so that we can market the program, answering any questions, develop partnerships, and continue to expand SMART Recovery® in Australia.

SMART Recovery UK® Update

Much has happened in the past half year. SMART Recovery UK® had an identity crisis, which led to a debate and national consultation on how to develop SMART Recovery®. This was a lively affair, with over 700 people downloading the consultation documents, 70 questionnaire responses, many thousands of words of written submission, and four seminars around the country.

One of the most difficult issues was our relationship with treatment services for substance misuse. In the UK, most treatment is within a CBT framework and uses tools similar to SMART Recovery®. With increasing pressure to help people achieve abstinence, many of the biggest organizations want to work closely with SMART Recovery®. The fear was that if we got this bit wrong, SMART Recovery® might become just another form of treatment.

The consultation produced a blueprint for how to unite SMART Recovery® and achieve the kind of growth in meetings that we think is possible. The growth of peer-led meetings remains our primary focus, though we will use the support of treatment providers to help us add to our current 20 or so facilitators and become a national movement. The proposed approach builds on a pilot scheme funded by the National Health Service,

which trained “champions in treatment service.” The latter helped recruit peers facilitators and offered support to get meetings established.

The other important priority has been training. Our colleagues in the USA offered to run their distance-learning program specifically for the UK, to help us keep up momentum. In the first three days, more than 50 people registered for the course—which had 35 spaces! The course has now finished and has been a great success, so huge thanks to Shari, Jim, Tom, Lorie and everyone else from the USA who made this possible.

We are working to build our own training capacity. We plan to use online resources to aid self-study, with support provided by chat-based seminars and a short session of face-to-face training. This work is underway and we expect to start our first new meeting by the end of October.

The Board of Trustees of UK gained strength with two new members. Terri Semple is the manager of a disability charity in Edinburgh, and Carl Cundal is an experienced SMART Recovery® facilitator, who also runs an aftercare service for an alcohol treatment service.

There is a growing sense of excitement in the UK that the time has come for SMART Recovery®. We are finally pulling in the same direction and the email inbox is full of offers of support. Our precarious finances are becoming less so, and we will forever feel grateful to the Roxbury Foundation for its support in recent months.

SMART Recovery Alberta® Update

by Curtis Boudreau

Hey there, fellow SMART Recovery® folk!

SMART Recovery Alberta® has continued to grow, both in terms of

numbers of people who attend meetings and in awareness in the addiction community. Our work here in Calgary has made its way all the way to British Columbia where The Sunshine Coast Treatment Centre has been giving our information to its clients from the Calgary area for when they return home. They have also been informed of how they can look up all Canadian meetings, including BC, at the .org website.

Our new Thursday meeting has regular attendance of around 10 people, and its prospects look bright. The format for the Thursday meeting is a topic discussion where we discuss something related to our recovery journey. Recently the topic was Self Image and How We View Ourselves. This meeting affected some of the members on a deep level, and I even received extremely positive feedback via my e-mail, where they expressed their gratitude for all that SMART has brought to their lives in recovery.

The Henwood Treatment Centre near Edmonton contacted me recently and would love for me to head up there and do my presentation for all of their staff, as well as their current clients. Perhaps this can become a scheduled presentation, weekly or monthly, depending on the facilitator's schedule. This will be a great place for SMART to draw those in recovery to our **new Edmonton meeting**, which I hope will be up and running by year end! Tim has been down to Calgary to see how we do things at our Calgary meetings, and will be down to see how I present SMART to treatment facilities as well.

I am scheduled to speak at this year's conference to discuss how to



present the SMART program to treatment centres. I will be discussing exactly how I have been able to gain acceptance of the SMART program into places that have religion-focused or 12-Step based programs. The answer is “YES,” it can be done! I will expand on this at the conference.

There are people in Whitehorse, NWT, and in Red Deer, Alberta, who may well be taking the online facilitator’s Distance Training program this year. We hope to have meetings set up in both cities in the next year. Stay tuned!

The SMART Recovery® program is very dear to my heart, and it has been an absolute privilege to be heading up SMART Recovery Alberta®. I get such a “high” when I get to see the “light bulb” go on over someone’s head in realization for the first time that “YES, I CAN RECOVER!” This program is still the “backbone” of my recovery and empowers me not only to stay clean, but also to help others get, and stay, clean.

That’s all from Alberta this quarter! See you all at the Annual Gathering in October!

Editor’s Note: For ideas on SMART and 12-step, confer a paper I wrote eons ago, Velten, E. (1996). The rationality of Alcoholics Anonymous and the spirituality of Rational Emotive Behavior Therapy. Journal of Humanistic Education and Development, 35, 105-116. Some of the same points are in the SMART Recovery® chapter in REBT for People with Co-occurring Problems: Albert Ellis in the Wilds of Arizona, 2010, E. Velten & P. Penn, Professional Resource Press. Also, review the ideas for keeping meetings focused Tom shared in his President’s column in this issue.

The Brain that Changes Itself: Stories of Personal Triumph from the Frontiers of Brain Science

by Norman Doidge, MD (Penguin Publishing ISBN: 0143113100)

Reviewed by Patrick Garnett, Volunteer Facilitator, Chicago

If you are new to recovery you have probably wondered, is it truly possible to change? Do my thoughts really matter? Can therapy make a difference? Can an old dog learn a new trick? In Dr. Norman Doidge’s new book, “The Brain That Changes Itself,” we learn the answer is a resounding yes. Dr. Doidge, a Canadian psychiatrist and award-winning science writer, recounts the accomplishments of neuroscientists involved in neuroplasticity by sharing with us eleven truly remarkable examples. He is a great writer who simplifies the most complex of sciences, demonstrating the astonishing changes people made to their brains, thus transforming their lives.

Neuroscientists have now discovered that the human brain is extremely malleable well into old age. In classical neuroscience, the adult brain was considered hardwired, a continuous working machine once formed. Specific brain areas and maps were labeled with a specific purpose, which led to the common belief that you could not easily mold the brain.

Doidge highlights how our brain is a system of processors that process data from our senses and how these processing

centers change and adapt based upon the data that enters. We learn how certain brain exercises can offer radical improvement in cognitive functioning in how we learn, think, perceive, and remember, and that these improvements are even possible in the elderly.¹

Doidge points out that changing our behaviors, unlearning a response and learning a new behavior is very possible, but it takes hard work and practice. Just like on our planet, there is constant competition in our brains for space, which explains why unlearning a bad habit is difficult. The more we have repeated our bad habits, the more space in the brain they claim, thus making it harder for a new habit to find space. It is a process. The saying that you didn’t become addicted overnight, and that it will take practice and patience to unlearn your addictive habits and replace them with good habits, is proven true.

Doidge explains that neurons that fire together wire together, which gives us insight into how and why certain stimuli or triggers can create an urge to use. You will learn that neurons that fire apart wire apart, hence why it gets easier the longer you abstain from using.

Doidge goes into detail as to why internet porn addiction has become an epidemic in the US and why watching internet porn quickly becomes addictive by hijacking your normal dopamine release. While pornographers promise healthy pleasure and relief from sexual tension, what they often deliver is an addiction, tolerance, and an eventual decrease in pleasure. Users develop new maps in their brains based upon photos and videos. Moreover, because our brains are a use-it-or-lose-it system, these brain maps long to keep activated. Just as our muscles become impatient for exercise if we’ve been sitting all day, so too do these areas of the brain hunger for stimulation.

Doidge also covers how we can use our brain’s plasticity to stop worries,

obsessions, compulsions, and bad habits. Based upon research by Jeffrey M. Schwartz, we learn how we can shift our brain out of the obsessive thought patterns by focusing on a new, pleasurable activity. The key is to realize that the more you focus on the content of the obsession the worse the condition becomes. It is essential to DO something to “shift” the gear manually. This could even include doing meditation or deep-breathing.

Doidge shows there is not much difference, in our brain, between imagining an act and doing it. We learn that there is actually a materialistic change in the brain when we think. This is why it is of the utmost importance for us to not “play” with thoughts of using, such as remembering the “good old days,” and instead visualize what we are hoping to accomplish.

In another story, Doidge discusses how psychotherapy can actually help to reorganize the brain. Therefore, for those of you who may have passed on psychotherapy, thinking it was of no use, you might want to reconsider.

At this point, you are probably thinking all this sounds very exciting and hopeful, which it is; but there is also the other side of our brain’s plasticity. This feature can also cause us to become more rigid

in our behavior, rather than fluid. The more we repeat a behavior the deeper the grooves in the record become. The brain is actually so malleable it is quite vulnerable to its surroundings. What seems to be a small amount of input to the mind can make a drastic change to the way we perceive and handle the world around us. Television and the Internet significantly affect our brains, which is leading to various disorders in today’s young, such as ADHD. It is important to know that parents, peers, and leaders can also make a significant contribution to the structure of our brains.

Overall, the book is very positive and uplifting. Doidge shows how brain exercises can improve intelligence, how people can improve their cognition, perception, muscle strength, and musical talents, all by letting the imagination shape our minds for us. Physical exercise

and learning are key to keeping the brain fluid and healthy. Exercise helps produce new brain stem cells and learning prolongs their survival. When learning new skills, paying close attention is essential to long-term change. Doidge’s book is a fascinating read and reminds us that everything matters that we think, feel, and do. That implies that those of us in recovery would do well to have a well-structured recovery plan.

¹ Editor’s Note: Yes, but what about the young?

Book Review: REBT For People With Co-occurring Problems: Albert Ellis in the Wilds Of Arizona

by Emmett Velten, PhD & Patricia Penn, PhD. 2010, Professional Resource Press: Sarasota, FL.

by Jonathan von Breton, Director, SROL (SMART Recovery® Online)

In this issue of *News & Views*, I don’t have to write an article on SROL. Jim Braastad, screen name GJBXVI, wrote an excellent one on the upcoming fall fundraiser. I urge you to read “Fall Fun in the Air.” Even more important, I strongly urge you to participate and, of course, donate. This year’s festivities and fundraising event will be taking place on Friday and Saturday, November 5th – 6th, 2010.

I will use my space to indulge in a little promotional activity for a friend of mine, Emmett Velten, PhD. Emmett, by the way, is the editor of *News & Views*. He is also a long time friend of SMART Recovery®, a fellow REBT practitioner, and a prolific author.

I just finished one of his recent books, *REBT For People With Co-occurring Problems: Albert Ellis in the Wilds Of Arizona* (AE in AZ from this point forward). Emmett co-wrote this with



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Patricia Penn, PhD. They apparently share Albert's love of very long book titles as well as his love of REBT!

AE in AZ is a fictional trip by Albert Ellis to do training in Arizona. This is a wonderful vehicle for demonstrating the theory and application of REBT. It is told from the perspective of LaWanda Brenda Diaz-Chen. She is the program manager for an agency serving people who have both addictions and other problems, such as severe, chronic mental illness.

It begins with the van trip to pick Al up at the airport. LaWanda is driving the day treatment van with several clients and they're stuck in the desert. One of her clients has to go to the bathroom. She, the client, ends up having to do a CBA (Cost/ Benefit Analysis) of peeing in the desert (risking snakebite) vs trying to hold it in (risking an accident in the van). LaWanda herself has to dispute her irrational beliefs about not getting to the airport in time. She misses Al, who has left for the hotel in a pink taxi, but for that story, you have to read the book.

Emmett and Patricia intersperse solid clinical material about RAPT (Rational Assessment & Personalized Treatment) in often hysterically funny vignettes. RAPT is the application of REBT to people with co-occurring problems, dual diagnosis, or whatever the current in vogue term is. In reality, RAPT is how psychotherapy preferably should be done. It explicitly honors the person's goals and helps him or her overcome the irrational thoughts and behaviors that interfere with attaining those goals.

Because this is about Albert Ellis, there are plenty of sessions showing Al at his best. In order to demonstrate the universal applicability of REBT/RAPT, Al is shown doing demonstration sessions with staff as well as clients.

My personal favorite session with a staff member is when Al works with Jonvon. Now, Emmett assures me that all the characters except Albert Ellis are completely fictional. But this Jonvon person reminds me a lot of someone I know. Anyway, Al does some magnificent and very funny work with Jonvon's LFT (Low Frustration Tolerance) about the huge amounts of paperwork he has to do. Al also gets him to dispute his ridiculous and highly irrational demand that this mountain of paperwork should not exist!

Emmett and Patricia do an outstanding job of presenting REBT/RAPT in a highly entertaining way. Much of what is in AE in AZ is based in a long term study Patricia Penn did (Emmett was a consultant) using SMART Recovery® and 12-Step with clients with co-occurring problems.

I greatly enjoyed this book. I learned some new things about applying REBT in my practice and my own life. I strongly recommend AE in AZ.

Emmett Velten has two other books recently out or coming out soon. Already out is *Under the Influence: Reflections of Albert Ellis in the Work of Others*. Emmett edited this book about how many of the top psychologists have based their work on Albert Ellis's theories without giving him any credit or acknowledgment at all. Several people contributed chapters to book. Soon to be released is *Albert Ellis: American Revolutionary*, Emmett's biography of Albert Ellis, with a foreword by David Burns.

All of these books can be obtained through Amazon.com, using the gateway under "Bookstore" on the SMART Recovery® website, of course.

I also greatly enjoyed Emmett's latest DVDs, "How to be Miserable at Work"

and "Ten Ways To PYA—Push Your Ass—without Feeling Motivated." Do the opposite of everything he says in the first of those DVDs, and you'll be fine, especially if you follow the 25, not just 10, recommendations in the second one. These DVDs are available at www.anchoredminds.com

Thank you for letting me indulge in this little side trip.



SMART Ideas

Being Present With A "Tin Can Monster"

by Hank Robb, PhD, ABPP

Fortunately, our thoughts, images, and bodily sensations don't control what we do with our hands, arms, feet, and mouth. Even when we can't stop thinking about our addictive behavior or feeling like doing our addictive behavior, we still don't have to move our hands, arms, feet and mouth and actually DO our addictive behavior – or anything else. Instead, we can move them to make important the things we choose to make important in our life. However, it is useful to have different ways of relating to our thoughts, images, and sensations especially when we find them painful or difficult. Here's a suggestion.

Start by asking yourself what it is you are currently most aware of with regard

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to thoughts, images, and bodily sensations. If there is a “tie” between two, for example a thought AND an image, fine! Go with a tie. If you are willing, remember you don’t HAVE TO, close your eyes and just gently hold that experience. Notice what happens. Act like Jane Goodall. She would go out and JUST WATCH chimps. She didn’t go out to “fix or change them.” She just went out to notice what they are doing. So for 15 seconds or so, just be present with what is now most prominent and we’ll see what happens; just like Jane.

In fact, only six things can happen. The first is nothing. Everything just stays the same. Second, the experience gets more intense. Third, the experience gets less intense. Fourth, we get “another one from the same domain.” Thus, if you start with a thought you get a different thought. If you start with an image, you get a different image. If you start with a bodily sensation, you get a different bodily sensation. The fifth and sixth possibilities are that you get something from “the other two domains.” Thus, if you start with an image, the fifth and sixth possibilities are something either from thoughts or from bodily sensations, etc. Continue doing 15 second intervals for a while and just “see what happens” during each of them.

What I bet will happen is that things will change. And so, what you can learn from direct observation is that thoughts and images and sensations, when held gently, change all on their own. They are there for awhile and then there is something else there. And what “is there” is “nothing more” than thoughts, images and sensations even though sometimes they get “very intense.” One might say that thoughts, images, and bodily sensations are the “tin cans” that make up “the Tin Can Monster.”

However, even if you do 15-second intervals for 10 minutes and nothing changes at all or only gets “more intense,” you can also ask this question, “So while having this experience that didn’t change at all except to get more intense, would I still be able to move my hands, arms, feet, and mouth to do whatever I want to make important in my life even if this experience NEVER changes?” Chances are the answer will be “yes,” because you have already shown yourself that you can “stay with” that particular experience for much longer than you, likely, have ever willingly stayed with it before!

News from the Wilds of Arizona

On July 22, and next on November 4, SMART Recovery® facilitators, Ron Avery, Ana Troncoso, and Bob Ehlert, along with Emmett Velten, did a presentation for the general public, “FAQs about SMART Recovery®, a Self-Help Alternative for Recovery from Addictions.” Thirty-five people attended, and it was fun and informative. On November 4, Jan Jones will join us. We can shoot you ideas for doing this in your communities if you ask.

On August 22, Emmett Velten did a presentation on SMART Recovery® for the Humanist Society of Greater Phoenix. They are a very receptive audience. If you have such an organization, or even a meetup (www.meetup.com) in your area, you’ve got it made in the shade.

Motivation Management Is the Key of Change

by Fariborz Arbasi

During my career, I have learned that motivation is the most important factor of change.

I have seen people who have overcome their addictive behavior only with the high motivation. In addition, I have many people who continue their addictive behaviors despite the fact that they enjoy the various opportunities, such as professional consultants, hospitalizations, participation in meetings of famous recovery groups, and support by good families, friends, and community. Their motivation is low for giving up their addiction, and their motivation for doing addictive behavior is high.

Motivation determines whether one overcomes addictive behaviors or continues them. Therefore, motivation management is the key to change. This is because habit change requires not only an increase in motivation to quit addictive behavior, but a decrease in motivation to continue the addictive behavior. I think the motivation management includes two basic principles:

1. Ability to raise and lower motivation.
2. Ability to increase motivation while changing.

Ability to raise and lower motivation

Source of the motivation, is the need. When a need is activated, it creates a motivation for extinguishing itself. Needs are activated by attention, too. The more people pay attention to stress and anxiety and how to get rid of them, and pay attention to the enjoyment drug use produces, the more they feel are motivated for using. In contrast, whenever people pay attention to the costs and risks of long-term addiction, the motivation of quitting drugs or addictive behaviors will increase.

“Selective attention” is a simple act and strong technique that it is used during the thousands years by religions

and ideologies for motivating their followers. Today, SMART Recovery® benefits from this method and uses the Cost-Benefit Analysis (CBA) for enhancing motivation to change. The CBA has four categories of questions:

1. What do I enjoy about my addiction? What does it do for me (be specific)?
2. What do I hate about my addiction? What bad things does it do to me and to others (give specific examples)?
3. What do I think I will like about giving up my addiction?
4. What do I think I will not like about giving up my addiction?

Answering these questions develops awareness and increases the motivation for quitting. The more people do this exercise, the more they will tend to enhance motivation for quitting.

Ability To Increase Motivation While Changing

Overcoming addictive behavior is a process, not an event. Many people know how painful it can be to tread the path toward change. They want to change their addictive behavior immediately, with no discomfort and no urges, without changing their beliefs and values. Such people are like those who enjoy having reached a mountaintop, but hate mountain climbing; or like soccer players who get pleasure only from winning, not from playing. They start with the high motivation, but they lose their motivation gradually and the most of them do not reach to their goal. Few people that reach to the end of the path. They go through the entire path with anger and complaints. In contrast, those who enjoy the way their motivation increase quickly. And reach the goal with joy and lightly. Rumi believes that loving the path not only increases the motivation for us, but also carries us to

the goal. He has beautifully expressed this fact in the story of a thirsty person.

On the bank of the stream there was a high wall, and on the top of the wall a painful thirsty person.

His/her obstacle for reaching the water was the wall; he/she was in distress for the water, like a fish.

Suddenly he threw a brick into the water: the sound of the water came to his/her ear like spoken words,

The water was making a sound, that is to say, (it was crying), "Hey, what is the advantage to you of this throwing a brick at me?"

The thirsty person said, "O water, I have two advantages: I will never give up from this work.

The first advantage is (my) hearing the sound of the water, which to thirsty people is music to their ears.

The other advantage is that, (with) every brick I tear off this (wall), I come (nearer) to running water,

The more thirsty anyone on the top of the wall is, the more quickly does he tear off the bricks.

The more anyone is in love with the sound of the water, the bigger brick does he tear away from the barrier.

I think the main task of people who want to overcome addictive behavior is learning motivation management.

Recovery groups, psychologists, physicians, and other people and organizations involved with addiction treatment would do well to establish an environment for helping clients/patients learn this skill.

The "OMG I Can Never Drink Again!" Hurdle

by LauraSFO, online participant

I think many of us newly sobers get caught up in this thought that "I can never drink again." I've decided to drop it because, frankly, it isn't true. I can drink again. I can drink any time I want. I've replaced that thought with "Today I choose not to drink." If I think that every day, the future will take care of itself. It's where the old "one day at a time" saying came from, right?

The other thing we...or at least I...get caught up in is thinking of upcoming events where I used to drink. The vacation, birthday, baseball game, etc. We drinkers sure can turn any event into an occasion to drink! We think it'll be a huge bummer if we can't drink.

I'll give you my personal example. This weekend we are going on a camping trip with a big group of friends. In the past, it has involved drinking for me. In the evenings, we all gather for dinner, sharing everything, and have a great time. I'm envisioning myself doing this without drinking. Will it be a big bummer? No, because I love my friends and enjoy laughing and hanging out with them, the food will be amazing (we have some great cooks in our group), and the BEST part....in the morning I will wake up fresh with no hangover headache, no remorse, no guilt, no embarrassment, ready for a beautiful day.

So here's the thing. I can drink if I want to. It's a free country and I'm the boss of me. But, I'm choosing not to

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 e-mail: ev.verb@gmail.com. Unsolicited material is most welcome!

drink because I would much prefer experiencing the scenario I described above than what would happen if I drank.

These ideas may not be new, I know, but I wanted to share how helpful they were to me.

People Power



Don't Panic: A Business Person's Guide to SMART!

by Egwene, SMART Recovery® Volunteer

After college, I walked into one of those amazing careers that you hear about and go, “How the heck did you get that job?” At the age of 23, I started working in marketing for the entertainment industry—musicians, video games, movies, and television. I did it all—and in the process helped create a leading marketing agency. By the time I was 30, I was a director in charge of a team that generated a lot of money for a lot of people.

But I was also frightened and anxious all the time—feelings that led me to smoke and drink way too much. I was constantly anxious about my standing at work and my ability to do my job. The high pressure, fast pace, and the “work hard/play hard” ethic didn't help assuage my fears or anxiety. Every report, every client call, every meeting—and EVERY mistake—had the ability to make me freak out over something I said or did. Or didn't say or do!

I came to SMART Recovery® ten months ago when I decided to quit drinking. I knew SMART Recovery® would help me overcome my bad habits, but I had no idea it would affect the anxiety in my work life. As I began working with the SMART Recovery® tools—particularly the wonderful ABC worksheet—many of my anxieties started to find their way onto my worksheets. Before long, I found myself using the ABC tool as I confronted my daily work anxieties. For the first month or so, I actually had to write everything out, but as I became more comfortable with doing ABCs in my head, I was able to replace my irrational fears with rational coping statements.

Just as an example, about two months into working with SMART Recovery® tools, I sent a client a report with the wrong name on it. Before I began to work with SMART Recovery®, I would have obsessed over this minor mistake for days, but by working with the ABC tool, I was able to talk myself down from being anxious and replace my “awfulizing” thoughts with thoughts based in reality. It was a minor mistake, my client actually thought it was funny, and I moved along with my life and work. I've also moved along to doing brief ABCs on the fly when I realize that I'm getting myself upset and anxious.

I've seen such a huge impact in my daily life with SMART Recovery®, but probably the best—and most unexpected—benefit is the ability to do what I love without making myself anxious all the time.

What is Addiction and Recovery?

by Lorie Hammerstrom, Member, SMART Recovery® Board of Directors

Laura Beatty, a graduate student studying Counseling at Chicago's Loyola University, recently interviewed me about SMART Recovery® and asked me to respond in writing to this question:

What would you say is your personal theory of addiction and the process of

recovery? That sounds complicated but what I mean is, what do you believe leads to addiction and what do you believe leads to recovery?

First, (I wrote), let me say I am not a professional in the field, so these are just my own conclusions based on firsthand experience and readings that have made sense to me. Having said that, I will be drawing from many professionals in the field in my answer to your question. I'm not sure I could document my sources, as I have internalized this information to such a degree that I cannot even tell you exactly where much of it came from.

SMART Recovery® does not endorse the disease model of addiction—but doesn't dispute it either. The SMART Recovery® tools will work no matter what you believe.

Having said that, I do not believe addiction is a disease. I believe that it is a habit gone bad. Much of this view I do credit to Tom Horvath from his book, *Sex, Drugs, Gambling and Chocolate*. We all have habits, some good, some not so good. As humans, our ability to develop habitual behavior has been a positive thing. Imagine if we had to think through the process of everything we do all day. Like brushing your teeth. We just do it. Not much thought to it. Right? But if we had to think it out every time, it would take a good deal of time and energy.

I have heard it put like this: Our brain creates pathways as we learn to do a thing. Let's assume I have a well-worn path in my brain for brushing my teeth. I think, “Oh, time to brush my teeth,” and then my brain jumps to the automatic: pick up the brush, open the toothpaste, squeeze the tube, apply water, brush, and rinse. All of this happens while I am thinking about what I will be doing at work today.

Addiction happens in much the same way. I take my first drink, and it has some pleasant side effects. My brain

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begins to learn that if I drink, it feels good! No problem there!

However, then I begin to abuse the feel-good effect of drinking, choosing it over other possibly more helpful things. And one thing that is much less evident is the depression that can build in the brain from drinking. It isn't such an easy association for me to pick up, but it is there, lurking and playing out without my conscious awareness.

I begin to drink to “feel better” when I upset myself (one of the real dangers, in my opinion). The more I choose to drink to feel better when I am upset, the less practice I get in dealing with upsets. In addition, I have now set up a vicious circle:

1. I am upset
2. I drink to feel better
3. I do not practice my already weak problem-solving skills, and they grow weaker
4. I teach myself (my brain) that drinking solves the problem, and a new pathway looks like this: Upset arises; alcohol (or drug) soothes upset.
5. The alcohol or drug leads to depression and anxiety
6. I have more upsets
7. I drink more to soothe the upsets

Soon, that feel-good effect of drinking is far outweighed by the consequences that result. I feel depressed, I get anxious, I drink more, I begin to hide the drinking, I am not honest with my loved ones, I put drinking before everything I say is important to me, I miss important family times, I endanger myself physically by drinking and driving, and on and on it goes.

Stopping is not easy.

Coming to realize and accept that this “coping mechanism” is no longer working is probably the hardest part. Finally arriving at that realization, the process begins.

When we try to stop, we have to create a new pathway in the brain. Here is a thing I posted to a person who is struggling to stop: It resembles finding a way through the woods to grandma's house. The first time out, it is difficult. You get poked and scratched and you stumble and trip along the way.

The next time—if you go again soon enough—you see some broken branches from that first trip and it all seems a little familiar and easier. You know to watch for those branches, so they don't poke and scratch you.

And, after a few months of daily trips through the woods—a path begins to wear in the forest.

Soon you can just walk along without much thought about where you are going because the path is clear.

Our brain is kind of like that. The first time we choose to not drink—it is a real struggle. At first, it might feel like an adventure. We may even have fun with it, but then emotions flare up, upsets come along, celebrations pop up, as well as many other kinds of things, and we have to learn to deal with them without booze or drugs. If we stay focused on practicing going down that abstinence path, it will come to supersede the old drinking or drugging path.

It becomes easier and easier to choose the abstinence path. After a time it becomes increasingly automatic.

Unfortunately, the old drinking/drug path never disappears completely—so it is a good idea to just steer clear of it.

The idea of the path in our brain is one I have heard from many places. Alan Marlatt, in his book, *The Complete Idiot's Guide to Changing Old Habits for Good*, talks about this path and uses the analogy of a worn path in a corner of your yard. He says that even after you plant new grass on

that spot and nurture it and grow the grass nice and full over that worn path—you can still, if you look close at the right time, catch a glimpse of where that path was. The grass is covering it, but you can still see where it was. It never goes away completely. I like to think of that as an illustration of why taking a drink again is a bad idea. That path is still there. The old habit lies in wait for you to dust it off and bring it back to life. Some people can learn to moderate, but it takes a great deal of conscious effort to do so. For me, it seems easier to just leave it alone. After all, there isn't much that alcohol did for me that was exactly spectacular! I am living quite happily without it.

Something else of great importance is learning how to deal with emotional upsets more effectively. We can learn “tools” useful for handling the same upsets we previously drank to avoid. SMART Recovery® taught me those tools. Before that, I didn't know how to deal very well with upsetting situations. Now, I have a tool belt filled with amazing tools that I use daily—they have taken the place of old habits so that I don't have to think about them so much. However, they are critical to my living a life I love.



From Beyond the Walls

Relapse Versus Resumption

by Barry A. Grant

As many of SMART Recovery® News & Views readers know, I have been working

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in a community re-entry facility for several years. Observing and experiencing the mindsets of the individuals who reside there provides me with a wide-ranging perspective about why relapse occurs. A question, however, is this: is it relapse or resumption?

According to the definition provided by *Merriam-Webster's Collegiate Dictionary*, relapse is "a reoccurrence of symptoms of a disease after a period of improvement." Well, I am certainly not going to enter into a conflict with our philosophy, regarding disease or not disease, especially given how much SMART Recovery® has helped me. I will, however, expound on the idea of dysfunctional thinking after a period of improvement.

What I have found is that the residents I work with have deeply embedded irrational beliefs. This seems true whether they are parolees sent directly from prison or whether they have been out of prison on parole and have been sent to the residence due to parole violations. As well, whether they abused substances or just sold them, their core Irrational Beliefs are indistinguishable: the urge to achieve instant gratification and sense of entitlement are paramount, leaving them with "having no alternative" but to resume their prior lifestyles.

Resumption is to act again after a period of interruption: This is significant because albeit the inmate/prisoner/resident may have been incarcerated or otherwise experienced a hiatus in parts of their dysfunctional lifestyles, the necessary psychological and/or emotional issues have not been adequately addressed. Oftentimes, the only thing that changes was that the individual might not be able to obtain a syringe, the components for a crack pipe, or the opportunity to fulfill their social or sexual needs while in custody. Yes, there was "abstinence," but only because of

involuntary changes in their living conditions (part of the Activating Events). Their core Irrational Beliefs were still there—ready and willing, but temporarily unable to apply themselves fully.

Their core Irrational Beliefs were still there—ready and willing, but temporarily unable to apply themselves fully.

Even though numerous programs, counseling sessions, and alternative measures are put into place for the residents, they seem strongly to resist making any changes to the Belief Systems

that brought them to incarceration and a residential substance abuse treatment facility. They say they do not want to be there, but seemingly insist upon clinging to the Irrational Beliefs that brought them there in the first—and sometimes, second, third, etc.—place. Instead of profiting from being in a smoke free environment with zero-tolerance for drugs and alcohol, some of the residents gripe about the horrible unfairness of their situations and plot and scheme to use substances whenever, and as soon as, they can.

Within the Community Education Centers Facility of Logan Hall, we have a large number of residents whom have these as well as mental health issues. I have written for upwards of ten years about how the concept of approaching and modifying the thought process can potentially alter the course of self-defeating behaviors. By viewing their behavior through a lens of what the possibilities are, rather than through a filter of what was, may very well increase the level of successful reintegration while decreasing the rate of recidivism.

In other words, let us acknowledge those who choose to change their method of thinking about themselves, others, and frustrations, have a decided advantage over those who do not. While the former may, yes, relapse if they return to their old ways

of thinking, it cannot be said that they merely resumed after an involuntary and inconvenient interruption of the opportunity to apply never-interrupted Irrational Beliefs. After all, when you choose your behavior you choose you consequences.

In the final analysis, relapse does in fact require you to have had a conscious participation in your own improvement, and unfortunately lends to the temporary or continuous setback. On the other hand, resumption is merely picking up where you left off in the irrational madness that, in turn, takes you to places you claim you would rather not be, keeps you for longer than you intended to stay, and "unjustly" and "unfairly" costs you more than you were willing to pay.

Positively Speaking: Changes of scene have no effect upon unconscious conflicts. Edmund Bergler, M.D.

I would like to acknowledge Clinical Director Terry Stockholm of Logan Hall for his insight and inspiration in composing this article.



3-Minute REBT

You may look forward to future 3-Minute REBT articles from Dr. Tate in future issues of the *News & Views*.

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

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