

President's Letter

Coping with Coordinator Urges

SMART Recovery[®] teaches participants how to cope with urges to engage in any type of addictive behavior. In this column, I will list some “urges” Coordinators may experience as they lead meetings and suggest some ways to deal with them.

The urge to talk too much—The primary purpose of a support group meeting, for many participants, is the opportunity to speak about their problems to an interested and knowledgeable audience. There is something about the act of speaking about ourselves and our thoughts that can be curative in itself, and support groups take advantage of this fact (as do psychotherapists). When the Coordinator dominates the meeting, there is less time for each participant to hear himself or herself speak.

Studies show that in a psychotherapy group with a professional leader, what group members hear other members say is more memorable and has more impact on them than what the leader says. The superior impact of members over the leader probably holds true for SMART Recovery[®] groups as well. (Sorry! This finding was hard on the egos of professional leaders as well!) So, when the Coordinator dominates the meeting, there is less time for each participant to hear other participants.

What the Coordinator needs to do, instead of talking too much, is to be a good traffic cop. Keep the discussion flowing from member to member. If necessary, jump in and take charge of the meeting long enough to accomplish this. (Usually, a few sentences should suffice: “John, you have described your situation in some detail. In order to have a successful meeting, we need to give others a chance now to discuss the issues you have raised. What do the rest of you think?”) No one, Coordinator or not, should dominate an entire meeting. Of course, in discussing an individual’s situation, substantial time may be spent, but even that discussion ideally involves all or most of the other members.

The urge to jump right in and show how irrational a thought is (or worse, how irrational a participant is)—Once a Coordinator has some practice doing ABCs (or other approaches to identifying and modifying irrational or dysfunctional thoughts), there can be a strong urge to do an ABC an almost anything said in a meeting. Hold on!

Participants don’t come to a support group meeting, at least initially, to be shown how incorrect their thinking is. At some level, they understand that their thinking is inaccurate, but the first thing they often want is some understanding, some appreciation, and maybe some respect for how tough their situations are. Even if they learn a better way to interpret something, they probably still want some understanding for how they originally thought of what they did. How many times has each of us said, “It seemed like a good idea at the time!”

But suppose someone says, “I think I just need a better, more functional way to think about this.” Maybe then it’s okay to jump in and set them straight? Probably not! This is an excellent opportunity to 1) turn to the group and say, “Well, this is exactly what a SMART Recovery[®] meeting is for, to help each other find better ways to think. Does anyone have any suggestions?” or 2) ask the participant, “Could we begin by having you tell us exactly what you think is wrong with your current thinking?” or 3) ask the participant, “What other ways of thinking about this have you already considered?” If you choose 2 or 3 or something similar, get the group involved as soon as possible. With luck the group will follow your lead and ask some good questions as well.

One of the worst errors a Coordinator can make is to attack an individual (vs. critiquing that individual’s thoughts). I suggest that the strongest confrontation allowable is something like, “Well, you’ve described your thoughts on this issue. Frankly, some of what you said doesn’t make sense to me, and for that reason I offered some alternative ways of thinking. Of course, it’s up to you to choose your own way to interpret this situation. In SMART Recovery[®], we do completely support personal choice. I hope some of my suggestions may eventually prove useful.”

The urge to bash another approach to recovery—This one can be tough when the participants are leading the way. For instance, someone who has had a bad experience with 12-step groups may want to use a SMART Recovery[®] meeting, not as a recovery group, but as a trauma recovery group. The individual might be satisfied to spend an entire meeting explaining what is “wrong” with 12-step groups. Trauma recovery is not our focus, however, although we are sympathetic to anyone who has been traumatized in any form of recovery.

The real issue here is matching the individual to the approach. Probably most individuals with addiction problems are not suitable for 12-step programs (for a variety of reasons), but we have no strong reason to believe that any greater percentage would be suitable for SMART Recovery[®]. Some members of 12-step groups can be domineering and controlling and suggest that if someone doesn’t recover with the 12-step approach, they will never recover. However, one of the main reasons I am writing this column is that a variation of this same error could occur within a SMART Recovery[®] meeting (“You’ll never recover if you don’t correct your dysfunctional thinking”).

If someone found another approach not sensible or not helpful, ask what the individual is looking for. Let this individual experience a good SMART Recovery[®] meeting and decide for himself or herself if SMART Recovery[®] seems like a better alternative. If the individual needs trauma recovery, there are other places to find that.

A clarification about urges—There are actually two kinds of urges, addictive ones and compulsive ones. So far, I have been ignoring this distinction. The urges just listed might be either kind for a particular Coordinator. An addictive urge is focused on getting pleasure (I want to drink because I think I will feel good if I do). A compulsive urge is focused on getting relief (I won't feel safe until I check the locks and windows one more time). Sometimes after a history of addiction or compulsion, the behavior can have a result that is both a pleasurable and relieving, but at the beginning the difference is usually clear.

SMART Recovery[®] only focuses on addictive urges, but the fundamental facts about compulsive urges are the same: both types of urges are time-limited, cannot in themselves force you to act, and in themselves are not harmful. Some individuals need to deal more with compulsive urges, some more with addictive urges, and some about equally with both. Whether the urges just described above are, for a particular Coordinator, addictive or compulsive ones or some combination, is not critical. What is important is not to act on them and instead take constructive action.