

President's Column

## Honoring the Diversity of Recovery

If there are as many ways to recover as there are individuals, then SMART Recovery<sup>®</sup>, or any approach, group or treatment, will appeal or be helpful only to some individuals. I hope that no one associated with SMART Recovery<sup>®</sup> ever overlooks the diversity of recovery. Recoveries are diverse because humans are diverse. How ironic if we, who have struggled to be recognized as a legitimate path to recovery, were to be as guilty of intolerance as those we have struggled against!

In this column, I will describe some of the ways that recoveries differ. Note, however, that even though many individuals will recover without ever using any SMART Recovery<sup>®</sup> methods, the 4-Point Program (sm) is still a good description of the tasks that most who recover actually accomplish. Notice how differently those tasks can be accomplished!

1. Degree of natural recovery. Most of those who recover do so without ever attending a self-help group or treatment center, even if the addiction was severe. These individuals often receive substantial support along the way, but it comes from friends and family. (This does not mean that most of those currently addicted will recovery naturally, but rather that most of those who have recovered have done so naturally.)
2. Involvement goal. If an addictive behavior is defined not simply by use or level of involvement, but primarily by the negative consequences it causes, then moderation recoveries are possible. SMART Recovery<sup>®</sup> does not advocate abstinence (for any individual or group) or oppose moderation. We support abstinence for those who desire it or are considering it. We want individuals to lead lives free of the negative consequences of addictive behavior, whether that is by abstaining or moderating. We also support steps that lead to reduced negative consequences (harm reduction), even if complete recovery is not achieved.
3. Treatment approach. For those who seek treatment, there are options (even though they may be hard to find). In addition to 12-step based treatment (which accounts for 93% of US drug and alcohol treatment), there are other religious approaches, as well as several cognitive-behavioral treatments (behavioral couples counseling, the community reinforcement approach, relapse prevention, coping and social skills training, etc.), motivational enhancement therapy, aversive conditioning (e.g., the Schick method), and the newer "energy" therapies (e.g., EMDR, thought field therapy), as well as combination methods. These treatments are quite diverse in ways too numerous to mention.
4. Treatment focus. Some treatments aim to develop skills (e.g., cognitive-behavioral), others to enhance motivation (motivational enhancement therapy), others rely on more passive change (e.g., 12-step, energy therapies), and some are combination treatments.

5. Motivational focus. Some recoveries are focused primarily on getting out of pain, others primarily on the future life that can be developed, and some are a combination.
6. Focus on additional problems and life transformation. Some recoveries focus extensively on solving related problems and transforming one's entire life (e.g., SMART Recovery<sup>®</sup>), and others focus primarily on the addictive behavior itself (e.g., Rational Recovery). If I drink to relax, do I need to learn new ways to relax and perhaps a whole new lifestyle, or should I just focus on changing my drinking?
7. Social support received. Although transforming an addictive behavior probably rarely happens without any outside support ("no man is an island"), there are degrees of support sought and received. It is noteworthy that for most of us the crucial issue about social support is not whether we actually receive it, but whether we believe it is available if we ask for it. If it is available but we don't perceive it as such, we are in trouble, whereas if we think it is there (even if it isn't), we will do well as long as we don't discover otherwise.
8. Self-help group attendance. Although SMART Recovery<sup>®</sup> or other self-help groups are obviously crucial for many individuals, no group is essential for recovery.
9. Speed of change. Some recoveries seem to happen very quickly (although we might wonder how much silent preparation had been occurring), and others take a very long time (often including numerous slips and relapses).
10. Medical or complementary medical assistance used. If we understand addictive behavior as primarily a psychological problem, then medical assistance in itself is not likely to result in recovery. However, various medications may be helpful, and there is a whole range of complementary (or alternative) medical methods (e.g., acupuncture, herbal treatments, chiropractic, etc.) that may also be of assistance. Medical treatments may also be helpful for related problems (e.g., depression, ADHD).

Probably other ways in which recoveries differ can also be identified. If we accept these differences, then we have the opportunity to observe how others in recovery can be different from us yet similar, just as we can see how others in SMART Recovery<sup>®</sup> can be similar yet different. Ultimately, observing others can help us find the best road of recovery for ourselves. Although complete recovery (in the sense of freedom from negative consequences) can be the same for everyone, I hope it is clear that because humans are diverse, their roads to recovery are necessarily diverse also.