Clinical Pearls

APA Division 50 - Society of Addiction Psychology (SoAP)

Getting Smart About SMART Recovery

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Why Should Patients Be Encouraged to Attend Mutual Help Groups?

Individuals with long term abstinence often access multiple resources to construct a support network conducive to recovery (e.g., Alcoholics Anonymous, Narcotics Anonymous, MATs, inpatient/outpatient treatment, drug-free housing, supportive family/friends). Due to their ease of access, free cost, and social support, patients find mutual help groups to be among their most dependable resources (Kelly et al., 2017). In addition to the more traditional referrals to Twelve-Step meetings (e.g., Alcoholics Anonymous, Narcotics Anonymous), clinicians should consider referring patients to SMART Recovery (Self-Management and Recovery Training). SMART Recovery is an accessible and free resource for individuals who are unable to obtain professional addiction services or are looking to expand their support networks. Throughout this article, I refer to previous experiences facilitating SMART Recovery groups as part of a program that provides accessible addiction services to community members (see Liese & Monley, 2021).

Highlights

- SMART Recovery is appropriate for patients seeking social support from others in recovery.
- SMART Recovery can be implemented alongside other support systems, including 12-Step Groups.
- SMART Recovery reinforces cognitive behavioral techniques provided in psychotherapy.

Comparison to Other Mutual Help Groups

Like other mutual help groups, SMART Recovery encourages members to support one another in their recovery from addictive behaviors (Zemore et al. 2017). SMART Recovery addresses a wide range of addictive and compulsive behaviors including alcohol use, substance use, gambling, sexual behavior, and internet use. Any person with an excessive, habitual, and detrimental behavior, whether or not it meets criteria for a formal addictive disorder, is welcome in SMART Recovery (Horvath & Velten, 2000).

Both SMART Recovery and other mutual help groups rely heavily on social interaction. High levels of quality social support predict reduced substance use and problems among people with addiction, and mutual help groups are widely sought for their ability to provide such support (Witkiewitz & Marlatt, 2004; Liese & Monley, 2021). Among SMART Recovery attendees, positive changes in social networks (i.e., less contact with individuals who drink or use drugs) is associated with improvements in psychological distress (Raftery et al., 2019). This social support occurs both during and after meetings. Attending SMART Recovery allows individuals to observe, practice, and broaden their repertoire of abstinence-based coping strategies. Many SMART Recovery members go out to eat, watch movies, or attend other social events as a group. These “social playgrounds” provide an opportunity for abstinence-based behaviors to be modelled to and reinforced by others outside of the meeting.

SMART Recovery differs from 12-Step groups in a number of ways. Perhaps the most notable difference is an explicit emphasis of cognitive-behavioral principles. To avoid inadvertent stigmatization, the use of first-person language such as "a person with a drug problem" is preferred, as opposed to such terms as "alcoholic" or "addict" (Kelly et al., 2015). There are no sponsors in SMART Recovery. However, outside of meetings group members apply recovery practices in their daily life by reviewing tools in the SMART Recovery Handbook and completing homework assignments. SMART Recovery takes a neutral approach to spirituality. Some of our group members find that spiritual practices enhance their recovery, while others do not.

Although SMART Recovery differs from 12-Step groups, they are not incompatible. In our community, concurrent attendance at multiple mutual help groups is common—at least one third of our members attend 12-Step groups in addition to SMART Recovery. Members share that SMART Recovery helps them "fill the gaps" that are not addressed by 12-Step groups.

Core Components of SMART Recovery

SMART Recovery is a person-centered approach built upon the Transtheoretical Model, (Prochaska, DiClemente, & Norcross, 1992). The Transtheoretical model describes the process through which an individual changes a maladaptive behavior. An individual at each stage in the model might describe their relationship with an addictive behavior in the following ways:

- Precontemplation: "My drinking isn't a problem. It doesn't hurt anyone."
- Contemplation: "I should stop, but unless I drink, I'm a nervous wreck."
- Preparation: "I want to have a plan in place for when I stop next week."
- Action: "Not drinking is pretty difficult, but my life is getting better!"
- Maintenance: "Recovery is my 'new normal.' Not drinking feels completely natural."

Meeting facilitators are taught to recognize group member's stage of change and apply complementary interventions. Psychoeducation, discussion, exercises, and homework target one or more of the SMART Recovery 4 Points that align with the stages of the transtheoretical model (Horvath & Velten, 2000):

1. Building and maintaining motivation (precontemplation, contemplation)
2. Coping with urges and cravings (preparation, action)
3. Managing thoughts, feelings, and behaviors (action)
4. Living a balanced life (action, maintenance)

Like the 12 steps, the 4 Points provide a conceptual framework for group members to understand addiction recovery and anticipate inevitable challenges to this process. The 4 Points also provide a framework for facilitators to select cognitive-behavioral interventions (i.e., "tools") relevant to group members' presenting problems. Examples of tools include:

- Cost-benefit analysis (building and maintaining motivation)
- Personifying and externalizing addictive cravings (coping with urges and cravings)
- ABC Model (managing thoughts, feelings, and behaviors)
- Hierarchy of Values (living a balanced life)

SMART Recovery Meetings

Group Facilitators

Twelve-Step meetings maintain an informal approach to leadership, rotating meeting leaders from among its membership. In contrast, every SMART Recovery group is led by a trained facilitator who receives online instruction in motivational interviewing, cognitive-behavioral principles, and group dynamics (Liese & Monley, 2021). Except for facilitators who lead SMART Recovery groups within correctional institutions and mental health treatment facilities, all SMART Recovery facilitators are volunteers (Horvath & Velten, 2000). The facilitator ensures group members are able to discuss issues

pertinent to their recovery in a judgement free environment while managing group dynamics. Although some facilitators are mental health professionals, most are community members. Many are in recovery from addiction.

Meeting Format

Every SMART Recovery meeting follows the same basic format (Horvath & Velten, 2000). First, group members "check-in", or describe any problems they have faced since the last meeting. Next, the facilitator sets the agenda based on the group member's presenting problems. The facilitator then prompts discussion based on the agenda. Discussions can include further comments from group members, psychoeducation, or a SMART Recovery tool. Finally, group members "check-out", and describe what they have learned and how they plan to incorporate SMART Recovery tools into their lives until their next meeting.

Some facilitators chose to run the meeting participant by participant (e.g., completing "check-in" through "check-out" with one group member before moving on to the next). Other facilitators chose to follow the meeting in a block fashion (e.g., completing "check-in" with every participant before moving on to agenda setting). Either format is acceptable.

Meeting Guidelines

SMART Recovery group members are encouraged to share openly and engage in crosstalk, in contrast to the "no-crosstalk" tradition in 12-Step groups. When sharing, participants are told to minimize the use of any second-person language (e.g., we, us), in favor of first-person sharing. Encouraging group members to "personalize" facilitates insight, emotional vulnerability, and connection. Group members are also asked to refrain from giving advice. These guidelines exist to promote an environment of unconditional acceptance, regardless of an individual's using or non-using status. All SMART Recovery meetings are confidential.

Tools, Exercises, and Homework

Most SMART Recovery tools are mainstays of CBT and REBT. As with cognitive-behavioral therapy, exercises are first taught in group and may be assigned as optional homework (Liese & Beck, 2022). As mentioned previously, some common tools include the "Cost Benefit Analysis," "ABC Model," and "Hierarchy of Values." Homework functions to reinforce cognitive behavioral skills outside of meetings. Kelly and colleagues (2015) found the frequency of homework assignments at SMART Recovery meetings (e.g., action plans for high-risk situations, committed valued actions, completing worksheets in the SMART Recovery handbook) was positively associated with behavioral activation and cognitive restructuring.

Effectiveness of SMART Recovery

SMART Recovery participation predicts reduced alcohol use and problems over time. Controlling for baseline recovery goals (i.e., abstinence), equivalent reductions in alcohol problems are observed in community samples of SMART Recovery, Alcoholics Anonymous, LifeRing, and Women for Sobriety attendees (Zemore et al., 2018). In comparison to 12-step groups, SMART Recovery members showed similar levels of mutual help group involvement (e.g., sponsor, meetings, service), and higher cohesion and satisfaction ratings (Zemore et al., 2017).

Referring a Patient to SMART Recovery

Individuals who are more educated, less spiritual or religious, and who have more financial resources are particularly likely to engage in SMART Recovery groups (Zenmore et al., 2017). However, any patient struggling with an addiction can benefit from SMART Recovery. Our groups have been attended by many community members who are homeless, unemployed, or otherwise underserved (Liese & Monley, 2021).

If a patient is interested in attending SMART Recovery, a local listing of meetings can be found online at smartrecovery.org. The website also contains the SMART Recovery Toolbox, which

is a free repository of exercises used in SMART Recovery meetings. The *YouTube* channel (www.youtube.com/user/smartrecovery/videos) may also be helpful to patients wondering what to expect from their first SMART Recovery meeting.

When providing referrals to SMART Recovery, some clinicians have found it helpful to obtain a verbal commitment from their patients to attend a minimum number of meetings; others take a more suggestive approach. The exact nature of a referral depends on several factors, including the strength of the therapeutic relationship and the client's level of motivation.

References

Horvath, A. T., & Velten, E. (2000). SMART Recovery: Addiction Support from a cognitive behavioral perspective. *Journal of Rational Emotive & Cognitive Behavioral Therapy*, *18*(3), 11. https://doi.org/10.1023/A:1007831005098

Kelly, J. F., Wakeman, S. E., & Saitz, R. (2015). Stop talking 'dirty': Clinicians' language, and quality of care for the leading cause of preventable death in the United States. *The American Journal of Medicine*, *128*(1), 8–9. https://doi.org/10.1016/j.amjmed.2014.07.043

Kelly, P. J., Deane, F. P., & Baker, A. L. (2015). Group cohesion and between session homework activities predict self-reported cognitive–behavioral skill use amongst participants of SMART Recovery groups. *Journal of Substance Abuse Treatment*, *51*, 53–58. https://doi.org/10.1016/j.jsat.2014.10.008

Kelly, P. J., Raftery, D., Deane, F. P., Baker, A. L., Hunt, D., & Shakeshaft, A. (2017). From both sides: Participant and facilitator perceptions of SMART Recovery groups: Perceptions of SMART Recovery. *Drug and Alcohol Review*, *36*(3), 325–332. https://doi.org/10.1111/dar.12416

Liese, B. S. & Beck, A. T. (2022). *Cognitive-behavioral therapy for addictive disorders*. New York: Guilford Press.

Liese, B. S., & Monley, C. M. (2021). Providing addiction services during a pandemic: Lessons learned from COVID-19. *Journal of Substance Abuse Treatment*, *120*, 108156–108156. PubMed. https://doi.org/10.1016/j.jsat.2020.108156

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*(9)1102-1114. dx.doi.org/ 10.1037/0003-066X.47.9.1102

Raftery, D., Kelly, P. J., Deane, F. P., Baker, A. L., Dingle, G., & Hunt, D. (2020). With a little help from my friends: Cognitive-behavioral skill utilization, social networks, and psychological distress in SMART Recovery group attendees. *Journal of Substance Use*, *25*(1), 56–61. doi.org/ 10.1080/14659891.2019.1664654

Witkiewitz, K., & Marlatt, G. A. (2004). Relapse prevention for alcohol and drug problems: That was Zen, this is Tao. *American Psychologist*, *59*(4), 224–235. https://doi.org/10.1037/0003-066X.59.4.224

Zemore, S. E., Kaskutas, L. A., Mericle, A., & Hemberg, J. (2017). Comparison of 12-step groups to mutual help alternatives for AUD in a large, national study: Differences in membership characteristics and group participation, cohesion, and satisfaction. *Journal of Substance Abuse Treatment*, *73*, 16–26. https://doi.org/10.1016/j.jsat.2016.10.004

Zemore, S. E., Lui, C., Mericle, A., Hemberg, J., & Kaskutas, L. A. (2018). A longitudinal study of the comparative efficacy of Women for Sobriety, LifeRing, SMART Recovery, and 12-step groups for those with AUD. *Journal of Substance Abuse Treatment*, *88*, 18–26. https://doi.org/10.1016/j.jsat.2018.02.004

Contributor Biography

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