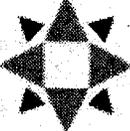


Michael Yeager
in partnership with Last Door Recovery Society



Smart Manual

C66



SMART Recovery[®] Handbook

Section 1

Introduction to SMART Recovery[®]

What is SMART Recovery[®]?

**SMART Recovery[®] Values its
Volunteers**

**Who can Benefit from SMART
Recovery[®]?**

**SMART Recovery[®]'s Purposes &
Methods**

How Help is Provided

Special thanks...

A portion of the costs associated with the compilation and printing of the original SMART Recovery® Member's Manual was made possible by a grant from the Robert Wood Johnson Foundation. No matter how many revisions and editions, we will always be thankful for this start.

Thanks also go to the many people who have contributed their ideas and materials to the original Manual which led to this Handbook, including: The SMART Recovery® Executive Committee, the Fremont (CA), Greenwich Village (NY), San Diego (CA), and Houston (TX) SMART Recovery® Groups, Tom Horvath, Michler Bishop, Philip Tate, Vincent Fox, Robert F. Sarmiento, Wendell Rawlins, Michael E. Bernard, the Institute for Rational Emotive Therapy (now the Albert Ellis Institute for Rational Emotive Behavior Therapy), and others whose contributions have unfortunately never been given credit but whose work and generosity are likewise appreciated.

And now, thanks go to the many people, especially the Handbook Review Committee Members: Elaine Appel, John Boren, Joe Gerstein, Tom Horvath, Robert Taylor, and Shari Allwood who have added their thoughts, opinions, knowledge, experience, and writing skills as contributors to this revised and renamed edition of SMART Recovery®'s premier publication.

Disclaimer

Not everyone can recover from addictions by just reading a book or attending meetings, even if they try diligently to follow through on all of the suggestions.

Though this Handbook, the volunteer-led meetings of SMART Recovery®, and the SMART Recovery® program may prove very useful and even sufficient for some people to overcome their addictions, our meetings, materials, and program are **NOT** intended as a substitute for professional help or treatment.

If you are having serious difficulties with alcohol, drugs, or other potentially dangerous addictive behaviors, we highly recommend that you seek professional help, in addition to using the SMART Recovery® program.

Note that we provide a list of professionals who subscribe to the principles of SMART Recovery® on our web site (www.smartrecovery.org).

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Contents

Section 1: Introduction to SMART Recovery®

This section answers the questions, What is SMART Recovery® and who can benefit from it? It includes our purpose, mission, and methods, and the organizational structure through which our many volunteers serve you and the community.

Section 2: Meetings and On-line Support

In this section you will find our standard meeting outline, the meeting ground rules, and the philosophy and beliefs that guide our meetings and program. There is also material on how to access and engage in on-line meetings and other on-line support options.

—The 4-PointSM Program—

Each of the next four sections includes information and strategies for dealing with the four tasks that people working on recovery typically find challenging but necessary to achieve lasting success.

Section 3: Point #1—Building and Maintaining Motivation

Section 4: Point #2—Dealing with Cravings (Urges)

Section 5: Point #3—Self-Managing Thoughts, Behaviors, and Feelings

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I: The SMART Recovery® Board of Directors

J: The SMART Recovery® International Advisory Council

SMART Recovery® Values Volunteers

Group Facilitators are the backbone of this organization. Facilitators believe in the principles upon which the program is based and desire to serve their communities by volunteering their time to organize, publicize, and facilitate the meetings, both face-to-face and on-line. Many have themselves suffered with addictions and recovered with help from SMART Recovery®. They may recruit a Professional Advisor, or the Central Office may help them locate one.

Professional Advisors (PA's) are professionals in the area of addictions or behavioral health who volunteer their time and expertise to help the Facilitators, including training Facilitators to lead SMART Recovery® groups and by providing administrative support. PA's are also available in the event that a participant has a behavioral health crisis and needs to be guided to appropriate care.

The SMART Recovery® On-Line Community, includes the Webmaster, the on-line group Facilitators, and others who address all the special needs of our web site and on-line activities, including on-line group facilitation, the message board and the on-line café.

Becoming a Facilitator or PA: Individuals who believe in the principles upon which our program is based (choice, personal responsibility, using proven principles of change, and unconditional self-acceptance) are welcome to become Facilitators or advisors. (A Professional Advisor must also have credentials as a [behavioral] health professional.) This invitation is made regardless of whether they have attained independence from addictive behavior through SMART Recovery® or in some other manner, or if they have never directly experienced a harmful addiction but want to help.

Area Administrators and other volunteers lend administrative support with practical tasks too numerous to list, including arranging training, finding meeting space, and publicizing local meetings.

The Board of Directors formulates our program and policies, oversees the growth and development of our organization, provides training for the other volunteers, and advocates for choice in self-help and treatment programs.

The International Advisory Council are renowned experts in addiction and related fields who have assessed our program positively.

You can find an up-to-date listing of all these people's names and their contributions (and you may thank them if you wish) through our web site at www.smartrecovery.org.

SMART Recovery® also includes a very small paid staff whose diligent and creative work exceeds the remuneration they receive. You can also meet them on-line or contact them at the SMART Recovery® office.

SMART Recovery®
7537 Mentor Avenue, Suite #306; Mentor, OH 44060
Phone: 440/951-5357; fax: 440/951-5358
E-mail: SRMail1@aol.com

Who Can Benefit from SMART Recovery®? Anyone! Maybe you.

What's so smart about SMART Recovery®?

We are often asked which type of person will benefit most from our program. Some people mistakenly assume that the program is only for "smart" people. Let's clear that up first.

The letters in SMART stand for:

Self
Management
And
Recovery
Training

While we do believe that our program is a wise and smart choice, we are not claiming to be smarter than anyone else. We support recovery from harmful addictions no matter how a person chooses to achieve that goal and whether they choose our program or another. SMART Recovery® offers this self-help program based on the science of self-management to everyone.

First choice, alternative, or supplement?

Some people mistakenly believe that our program is only for those who will not accept or who have previously failed at the more traditional programs. Let's clear that up too.

You can use SMART Recovery® as your first chosen path to recovery, as an alternative to some other program that you may be dissatisfied with, or as a supplement to another program that may be helpful but still leaves you in need of something more.

Choice is a Key to Recovery.

What determines whether SMART Recovery® is the right choice for you?

We believe that mutual support and treatment programs are most effective if they are freely chosen by the person seeking help. This belief is supported by research. Therefore, we support self-selection and encourage other groups to do the same. We suggest that people seeking help with an addiction try out several alternatives, give each a fair chance, and so discover what works best for them. We know that many people find SMART Recovery® helpful and return.

SMART Recovery[®] Purposes and Methods

By: A. Thomas Horvath, Ph.D.

1. We help individuals gain independence from addictive behavior.
2. We teach how to
 - enhance and maintain motivation to abstain
 - cope with urges
 - manage thoughts, feelings and behavior
 - balance momentary and enduring satisfactions
3. Our efforts are based on scientific knowledge, and evolve as scientific knowledge evolves.
4. Individuals who have gained independence from addictive behavior are invited to stay involved with us, to enhance their gains and help others.

Commentary:

1. We assume that addictive behavior can arise from both substance use (e.g., psychoactive substances of all kinds, including alcohol, nicotine, caffeine, food, illicit drugs, and prescribed medications), and involvement in activities (e.g., gambling, sexual behavior, eating, spending, relationships, exercise, etc.). We assume that there are degrees of addictive behavior, and that all individuals to some degree experience it. For some individuals the negative consequences of addictive behavior (which can involve several substances or activities) become so great that change becomes highly desirable.

To individuals who are, or think they may be, at this point, we offer our services. Our groups are free of charge (although a donation is requested). Our Internet listserve discussion group is free to those who can access it. There is a nominal charge for our publications.

2. Gaining independence from addictive behavior can involve changes that affect an individual's entire life, not just changes directly related to the addictive behavior itself. Consequently there appear to be as many roads to gaining independence from addictive behavior as there are individuals. For many the road will lead somewhere other than using our services. We recommend they follow the direction they have chosen, and we wish them well. They are always welcome to return.

Individuals who have been successful in gaining independence from addictive behavior appear to have made changes in all four areas we teach about. These four areas could also be described as maintaining motivation, coping with craving, thinking rationally, and leading a balanced lifestyle. Although we teach important information in each of these areas, ultimately it is the individual's determination and persistence to keep moving forward that will determine how much success is achieved.

Our services are provided for those who desire, or think they may desire, to achieve abstinence. Individuals unsure about whether to pursue abstinence may observe in our group discussions how abstinence can be achieved, and how it can help. Even those whose ultimate goal is moderated involvement with their substances or activities may benefit from participation in abstinence-oriented discussions. Benefit could occur if the individual aims to engage in selected periods of abstinence, or frames the goal as abstaining from over-involvement (as opposed to all involvement).

Much of the information imparted by us is drawn from the field of cognitive-behavioral therapy (CBT), and particularly from Rational Emotive Behavior Therapy, as developed by Albert Ellis, Ph.D. In general, CBT views addictive behavior more as a complex maladaptive behavior than as a disease. Use of the CBT perspective allows us to use a rich and easily accessible body of ideas, techniques, and publications. Some of these publications we are able to make available directly to our participants, and others are available through bookstores and other sources.

3. What we offer is consistent with the most effective methods yet discovered for resolving emotional and behavioral problems. As scientific knowledge advances, our teachings will be modified accordingly. Individuals with religious beliefs are likely to find our program as compatible with their beliefs as other scientifically derived knowledge and applications.
4. The length of time an individual will derive help from our services is variable. For many sincere participants there will come a time when attending our groups, or participating in our other services, is more in conflict with the pursuit of their life goals than enhancing them. Although these participants will always be welcome back if they want to come, this conflict signals that the time for graduation has arrived.

One of the most enduring satisfactions in life is helping others. The individuals who have nurtured SMART Recovery® thus far have reported intense satisfaction at witnessing the positive changes our participants have experienced, and at witnessing the influence we are having on professional addictive behavior treatment. We offer to others, whether graduates of our efforts or not, the opportunity to join us in experiencing that satisfaction.

How Help is Provided

SMART Recovery® helps people with addictions in a variety of ways.

- **Self-Change Books and Materials**

We provide a wide variety of informational resources through our web site, this Handbook, other recommended books and articles, and our quarterly newsletter.

- **Self-Help Meetings (both face-to-face and on-line)**

You may find the latest up-to-date time and place listings for our face-to-face meetings around the country and the world at our web site or by calling our Central Office. Times for our on-line meetings and access to those meetings can also be found at our web site. In some urban areas there is a SMART Recovery® entry in the Business section of the white pages.

- **Training and Advocacy**

SMART Recovery® is dedicated to excellence and choice, so we provide training for our volunteers so they can do a great job.

We hold that one size does not fit all, so we advocate for choice in self-help and treatment by sharing our opinions and speaking out in the community. Our training not only helps improve the quality of self-help available, but it also helps make the choices we advocate more available to those who seek them.

- **InsideOut™**

InsideOut™ is a special adaptation of the SMART Recovery® program for use in correctional systems (prison, probation, parole). Developed with a government grant, this sophisticated program is highly structured, time limited, gender specific, and also addresses criminal behaviors. InsideOut™ materials for training corrections personnel and for use by inmates, parolees and probationers are available for review and sale at our web site or by calling our Central Office.

- **SMART Recovery® On-Line Community**

The SMART Recovery® On-Line Community makes SMART Recovery® available around the world twenty-four hours a day, providing information, support, on-line meetings, and more.

Section 2

Getting Started – Meetings & Online Support

Getting Started

**SMART Recovery® Meeting
Ground Rules**

**SMART Recovery® Meeting
Outline**

**Community Building in SMART
Recovery® Online**

**SMART Recovery® Online
Meetings and Forums**

Index of SMART Recovery® Tools

**The Stages of Change as a
SMART Recovery® Tool**

Getting Started

SMART Recovery® meetings are a safe place to talk about the challenges that face you whether you are just now considering quitting or have already made the big decision to quit. Even if you don't think you have a problem and are being coerced to attend, you will still be welcome. Most people like the laid-back conversation, the genuine concern people show to others, the non-confrontational, supportive atmosphere, and the sharing of experiences that demonstrate: I am not alone; others have similar concerns; there is hope for change in the examples of others; and the tools being offered can work.

Face-to-Face and Online Meetings: The Meeting Ground Rules and Meeting Outline were originally composed for use in face-to-face meetings. Now we have the alternative of going to meetings Online: a breakthrough for those:

- who can't get to face-to-face meetings,
- want more weekly meetings, or
- want more SMART Recovery® help.

The Stages of Change as a SMART Recovery® Tool: Get started by getting oriented. The first tool we introduce here is the **Stages of Change** model. Whether you go to a face-to-face or an Online meeting, or you try to work the program from the book by yourself, it is helpful to understand that quitting a harmful habit is not usually an event but rather involves going through a series of stages. Making a decision to quit is just one point in this process. Discovering where you are in this process will help you decide what tools you need and where to focus your attention within this Handbook.

SMART Recovery[®] Meeting Ground Rules

- 1. Allow others to make their own decisions but be responsible for your own behavior and decisions.** We regard the use of alcohol, other drugs or other potentially harmful behaviors as a personal matter. You are welcome to attend regardless of whether you are currently using or not. If your behavior is disruptive for any reason, it will be pointed out, and you may be asked to leave if it continues; however, no one will try to shame you or pressure you into quitting.
- 2. All participants agree to confidentiality.** So that everyone can feel safe to work on their issues, it is not permissible to tell anyone outside the group about who attended or what was said that might in any way identify any individual. Do not identify people as meeting attendees if you meet them outside the group. You may of course discuss the tools and techniques that you learn at meetings and how you are using them to promote your own recovery. (No reason exists for attendees to unnecessarily expose themselves to harm by sharing private information.) Violation of confidentiality is grounds for being barred from meetings.
- 3. Participate actively, if you like. Try not to hold side conversations, and stay focused on the group.** Feel free to ask questions and to share ideas that have helped you or to just listen and observe. You stand to benefit more from participating actively. Be sure to give others time to participate, too. We encourage “cross talk” but discourage drunk-a-logues as well as participants giving an extended presentation about SMART Recovery[®] that may be suitable for a lecture but is too long for a meeting.
- 4. Show respect for all by not labeling others or using offensive language or behavior.** Threats, intimidation, violent behavior, and possession of weapons are all grounds for being barred from meetings.
- 5. Our focus is on how to abstain.** If you have a goal other than total life-long abstinence, that is your choice, but the group’s focus remains on abstinence. Hopefully, what you learn will still be of help to you no matter what your chosen goals.
- 6. Participants benefit most by taking primary responsibility for their own recovery.** No sponsorship or buddy system exists in SMART Recovery[®] (though these can be found in other groups). Practicing what you learn at meetings on a daily basis and following through on self-imposed assignments best supports recovery, in our opinion.
- 7. Stay focused on business -- gaining independence from harmful behaviors.** We join together to work on ways to abstain from harmful habitual behaviors. Try to keep meetings friendly and full of fun but focused.
- 8. Try to stay focused on and use the SMART Recovery[®] program.** SMART Recovery[®]'s 4-Point ProgramSM has been developed by professionals based on the best research available and reviewed by an international panel of experts. While you are welcome to explore other paths and discuss alternative treatments at meetings, meetings are not a place to sell treatments or recruit clients, nor a place to bash other groups or treatments.

Also: If you think someone has a life threatening problem, like severe depression, suicidal thoughts, incoherence, or is “flipping-out”, strongly recommend that the person call their doctor or mental health professional and contact the group’s Professional Advisor immediately.

Although attendance is free, please help by making a donation or volunteering to help. Ask the Facilitator or Professional Advisor for ideas on how you can help the group as a volunteer.

Initially developed and written by Robert F. Sarmiento Ph.D.

SMART Recovery[®] Meeting Outline (90 minutes)

Pre-Meeting: Some groups may choose to run a half-hour pre-meeting to introduce the program to newcomers, answer questions, etc.

1. Welcome and Opening Statement 5 minutes

The opening is usually read by the Group Facilitator or another group member, especially when new attendees are present. An additional reading may be included.

2. Check In: Personal Update 5–20 minutes

Briefly, what has happened regarding recovery since the last meeting? What challenges have you faced or do you anticipate facing? This is brief, though crises and extended items can be put on the agenda for work later. The Group Facilitator usually goes first.

Newcomers are asked: Why are you attending? How did you find out about SMART Recovery[®]?

3. Agenda Setting 5 minutes

The Group Facilitator asks for agenda items and based on the responses and the Personal Update and establishes a meeting agenda.

4. Working Time: Coping with “Activating Events” 30–45 minutes

Focus on SMART Recovery[®]'s 4-Point ProgramSM:

- 1) Enhancing and Maintaining Motivation to Abstain
- 2) Coping with Urges
- 3) Problem Solving (Managing thoughts, feelings, and behaviors)
- 4) Lifestyle Balance (Balancing long and short term satisfactions)

5. Donations: Pass the Hat 5 minutes

The Group Facilitator or treasurer reads the rationale for asking donations; a container is passed.

6. Check Out: Meeting Review and Plans for the Week 15 minutes

- What about this meeting was most meaningful or helpful to you?
- What do you plan to do this week to promote progress in your recovery?
- Things-to-do may also be suggested by someone else in the group.
- The Group Facilitator usually goes last and may also summarize the whole meeting.

7. Socializing 10 minutes

Announcements, exchange of phone numbers, purchase publications, questions and answers, court cards signed or attendance letter provided, literature distributed, and general socializing.

Total Meeting Time: 90 minutes

Note: For a 60-minute meeting, each section of the meeting is proportionally shorter.

Initially developed by: F. Michler Bishop, Ph.D.

Community Building in SMART Recovery® Online (SOL)

I first came to SMART Recovery® through the online meetings. I was living in upstate New York in an area that did not yet have face-to-face meetings. In reading the website, it was clear to me that the SMART Recovery® tools could help me to make positive changes just as soon as I applied them. However, I found that it took me some further life experience to come to the point of wanting that. I told myself many things to help justify delaying taking action, including but not limited to: "All self help meetings are for people who are failures," "If I were to attend online meetings, they would not be effective," and "Chat rooms are filled with losers and perverts." I periodically chuckle when I remind myself that the SMART Recovery® Online meetings do take place within a chat environment. While I have spent many hours in SMART Recovery® meetings, I have spent less than one half hour total in any other type of chat room.

While I had found the Internet to be very useful in reconnecting with old friends, *including the one who told me about SMART Recovery®*, I had never before experienced the connection made online with people I did not already know. Because the participants help shape it and effectively set social standards and build a strong sense of trust, there is a strong sense of community within SMART Recovery® Online.

SMART Recovery® Online builds links within the face-to-face meeting community, as well as lead to the formation of new in person meetings. I believe that it also extends into the realm of a community in its own right, with a strong sense of connection which is easily tapped into. The commonality of the experience of tackling addictive behaviors combined with the proven effectiveness of the SMART Recovery® tools is a very strong basis. I was initially surprised at the continuity amongst participants, and continue to be pleased with knowing that there is a large core group with a strong presence in the meetings and on the message board. In addition, there is a large group of people who have had great success with SMART Recovery® and come around as they can to help others, as well as reinforce their own knowledge and motivation through teaching.

The volume of participation has grown tremendously, and some creative solutions have been implemented to increase the effectiveness of SMART Recovery® Online without overtaxing the pool of volunteers that we have. The online meetings now commonly have over 25 participants each, and are often split into smaller meetings when the number goes over 30 or so. At the time of this printing, there are seven new facilitators in training, which will give us a cushion when some graduate. The message board has well over 1500 registered users. A participant known online as Kai had initiated a "morning check in" as a means of fostering connection on the message board. In addition, a Welcoming Committee has been formed to help make sure that the posts of newcomers and people in crisis are answered.

For me, the most special thing about SMART Recovery® Online is the strength of community amongst people who have in some cases met in person, but most of whom know each other through the internet.

by Jason Grodsky, Chair, SMART Recovery® Online, News & Views (Vol. 10, Issue 3, Summer 2004, p. 2-3)

SMART Recovery® Online Meetings and Forums

Click, point, and get SMART?

The technology of the web has led to many interactive venues for seeking help. The Message Board is always open, and online SMART Recovery® meetings are now available every day of the week. These meetings are usually text, but some have the option of voice formats. The Online Message Board has a Greeting Café for people new to SMART Recovery® to introduce themselves.

The place to start learning about SMART Recovery® online is the main SMART Recovery® web site:

www.smartrecovery.org

There you can find an introduction to SMART Recovery®, lots of articles for downloading, and links to other resources.

There is an active Online message board that you can link to from the main web page. There you'll find forums for discussions of Rational Emotive Behavior Therapy (REBT) tools and other principles of SMART Recovery®, forums for daily check-in and support, and for conversation and entertainment.

The place to start is the Greetings Café, specially for folks new to SMART Recovery®, who may just be curious, looking to say hello, and meet and talk to lots of supportive people. Look at the top of this forum for some introductory articles about SMART Recovery®. Then check out the Discussions Forum, and be sure to look for the highlighted topics at the top there -- descriptions and discussions about the specific tools we use.

Once you've learned the basics, you might want to try the online meetings. The exact instructions for each format vary, and current information is available at the web site. To go to these online areas, place your cursor on the "meetings" bar and select from the menu "Online Meeting Schedule", the "Online Meeting Room (text)" or "Online Meeting Room (Voice)", or the "Message Board" option. It's very easy to sign up and become a part of the SMART Recovery® On Line Community (SOL).

There are many good reasons why people attend the SMART Recovery® Online meetings, whether instead of or in addition to face-to-face meetings.

Some people:

- Live too far away from face-to-face meetings
- Desire more meetings than their locale can offer
- Desire the higher level of anonymity an Online meeting provides
- Appreciate the convenience of the format and the flexibility of the schedule
- Are too sick or disabled to attend a face-to-face meeting
- Don't want to face other people, or feel uncomfortable

Some people find the forum board provides the support that helps them choose sobriety. Others use the online meetings, and many people use both. The online meetings and the message boards are run by qualified Facilitators, with informal input from professional advisers and the recovery professionals on the SMART Recovery® Board of Directors.

We want you to feel welcome and we want your SOL experience to be easy and enjoyable as it helps you make a firm commitment to abstinence and make the lifestyle changes that enhance that commitment.

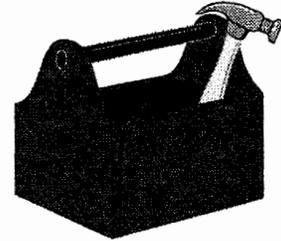
SMART Recovery® Online Meetings and Forums by Don S., Barbe L. and Henry S.

Index of SMART Recovery® Tools

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

These tools include (**section**/page number):

- Stages of Change **2/8**
- Cost/Benefit Analysis **3/9**
- Change Plan Worksheet **3/14**
- Role-playing and Rehearsal **4/13**
- ABC's of REBT (Rational Emotive Behavior Therapy) for Urge Control **4/15-18**
- DISARM (Destructive Self-talk Awareness and Refusal Method **4/11**
- ABC's of REBT for emotional upsets **5/3-4**, example 5, worksheet 10, examples 7, Your Own Examples 8
- USA (Unconditional Self Acceptance) **5/11**
- Brainstorming **5/12**



The Stages of Change as a SMART Recovery[®] Tool

Rationale—Understanding where you are in the stages of change can help you to focus on the appropriate recovery tasks with the right tools, activities, and information.

Changing Behavior Can Be Difficult—Research shows that people normally find it difficult to change long-standing habitual behaviors, including addictions, unhealthy diet, and lack of regular exercise. This appears as true for addictions as for various medical problems, such as diabetes, asthma, and hypertension, which also require choice and commitment to make healthy lifestyle changes.

1. Precontemplation—At this stage, you may not recognize a problem requiring change or might not consider change worth the bother. You might be attending because of some coercion. For you, just sitting in and listening can be helpful, and you may discover that change is not so difficult and can be rewarding.

2. Contemplation—At this stage, you are weighing out the pros and cons of change and might experience a struggle with the ambivalence people normally feel toward making changes. Writing out the pros and cons in a **cost benefit analysis** and reviewing it regularly, even passionately, can help you tip the scales in favor of choosing to make changes.

3. Determination/Preparation—At this stage, you are ready to make decisions and plans and strengthen your commitment to change. Completing a **Change Plan Worksheet** and finding a menu of recovery options and help making decisions and arrangements can prove useful.

4. Action—During the action stage, you might work on your own and/or with the help or support of groups (like SMART Recovery[®]) and/or seek out or continue with counselors or other sources of professional guidance as you try out new ways of handling old situations, such as social pressure to use, uncomfortable emotions, urges and cravings, temptations and excuses, and so forth. Some people may feel the need for the controlled environment of inpatient or residential treatment. Which tools and readings may prove helpful depends on what problems you encounter.

5. Maintenance—After maybe three to six months, you have changed your behavior and might now be seeking practical strategies and social support to maintain your gains. Reading the “Relapse Prevention Strategies” section and learning about and using these strategies may be helpful.

6. Relapse—Though not inevitable, a violation of the decision to abstain need not be an excuse for a period of prolonged or excessive using or the cause for crushing self-reproach and guilt. It is better to accept possible slips, lapses, or relapses as a normal part of the change cycle than to call your change attempt a failure and give up. Handled well, these can be brief, not overly dangerous, and serve as learning experiences.

7. Termination—After a long period of sustained change, most people move on with their lives. New behaviors have replaced the old, harmful ones and the old, harmful behaviors no longer have a place in one’s life. One becomes an ex-user. Hence in SMART Recovery[®], we may graduate.

*Based on: Prochaska, J.O., DiClemente, C.C. & Norcross, J.C.. **Changing for Good**. NY: Avon, 1994.
Adapted by Henry Steinberger, Ph.D.*



Section 3

Point #1 – Building and Maintaining Motivation

You Can Change;
You Better Believe It

Do I have to Quit?

You are Not Powerless

Building Motivation

Cost-Benefit Analysis

The AUDIT

A Rationale for Abstinence

Change Plan Worksheet

Building and Maintaining Motivation

This section answers some of the basic questions about building and maintaining motivation to change.

Can I quit? You'd better believe it, literally. Your beliefs about your ability to quit are important. Here's why.

Do I have to quit? The choice is your personal responsibility. You don't have to, but you can still choose to quit. Learn why you do better when you understand that it's your choice.

Am I powerless? You are not powerless, and we want you to have the tools to empower yourself.

Would I be better off if I quit? How can I decide? Here is where we start building motivation by understanding what the old benefits were and what the costs are. A basic tool that is used at SMART Recovery® meetings is the "Cost Benefit Analysis" (CBA), and it is a highly recommended activity. There are many ways to use your CBA, and some are suggested here.

How bad is my drinking? After cigarettes, alcohol is the next most commonly used and misused drug. Because alcohol is also legal and is used relatively safely by many people, it makes sense for us to take an extra look at drinking. Most people reading this Handbook are considering whether they have an alcohol misuse problem. "The AUDIT" (Alcohol Use Disorders Identification Test) will help them answer this question.

What about tobacco? Tobacco kills more people than alcohol, all the illicit drugs, car accidents, AIDS, floods, hurricanes, and fires put together. Most people with alcohol problems actually die from smoking-related illness. To smoke or not to smoke? The choice is up to you. If you decide to quit smoking, the program outlined in this Handbook can help, but there is no special assessment device included for tobacco because there is no safe level of smoking.

What about illegal drugs? We offer no test for a safe level of use for any illicit drugs, though some are far more dangerous than others and all involve some risks and potential for harm. We suggest ***Over the Influence: The harm reduction guide for managing drugs and alcohol*** by Patt Denning, Jeannie Little & Adina Glickman (NY:, Guilford Press, 2004, "What Are These Drugs, Anyway?" pp. 139-190) offers up-to-date information about the real risks, greatest dangers and other hazards associated with legal and illegal drugs and also ways to reduce risk and harm. For our purposes, abstaining from such drugs is the surest way to avoid all of the problems.

What about over-eating, over-spending, gambling, sexual preoccupation, or other activity addictions? We invite you to complete a CBA for as many possibly significant addictions as you might have. Many people have more than one.

How can I maintain my commitment to my decision? It is said that those who fail to plan may plan to fail. To address that, we include tools to help you organize a written change plan, including the "Change Plan Worksheet."

You CAN Change; You Better Believe It

You really can change. The research evidence supports that people really can and do change. We all know people who have stopped harmful habits such as smoking even though all smokers admit that it is very difficult to quit.

It's important that you believe in your own ability to change. We encourage you to do what you can to support your self-confidence, your faith in yourself, and your hope for the future. If you can't choose to believe that you can change, then at least reserve your judgment, set aside any negative beliefs, and approach the process of change with an open mind.

Don't fall into the self-fulfilling prophecy trap. That is, if you predict something, you will tend to make that thing happen. Believing that you can't change undermines your motivation, effort or willingness to try and leaves you with only the cold comfort and trivial reward of being right when you fail.

Failing to change only proves that you have not yet mastered the skills or built enough motivation. Change is difficult. Change requires strategies, preparation, and knowledge that you might not have yet. Perhaps you have repeatedly tried something that does not work for you rather than trying a new, different approach. **Realizing there are many paths to change brings hope.**

Change is usually difficult, but not impossible. Your genetics and your upbringing do not determine your behavior. Biology is not destiny. Neither can your history hold you totally in its grip. Even your current environment does not totally control you, though altering or leaving your current environment may make changing your behavior easier.

Change is a process, not an event. You should keep in mind that change does not happen in a flash. Change may start with a flash of awareness, but it continues as a journey. And as with a journey, you had better be prepared to weather the difficulties and set backs that come along the way.

Setbacks are learning experiences, not proof of failure. In SMART Recovery[®], we see slips and lapses as a chance for practicing new skills, not something to be ashamed of. Instead of using a relapse as an excuse to give up and put yourself down, use any setbacks as opportunities to better understand what went wrong and how things might be handled better the next time. Come to a meeting and talk about your slip/relapse, and let everyone help you learn from it.

By Henry Steinberger, Ph.D.

Do I Have To Quit?

Am I someone who has no choice? Do I have to quit?

There is no one who *has* to quit an addictive behavior. There may be many benefits to your quitting, it may be quite unintelligent of you not to quit, and your behavior may kill you or ruin you or lead to your imprisonment if you do not, but it remains quite possible for you to continue on (just as many before you have done). Only you can make this decision, and presumably you will do so by examining the benefits of the addictive behavior and the benefits of stopping.

Denying choice and personal responsibility can lead to unnecessary upsets.

If you accept the notion that you are someone who *cannot* continue to do this, someone who has to stop, you are very likely setting yourself up to feel angry, resentful, left out, frustrated, depressed, irritated, bored, and so forth. If you are already using your addictive behavior to cope with various negative feelings, you may use it to cope with these also. To prevent these feelings, it is better to tell yourself what is really true: **You can do this activity or use this substance and bear the consequences. The crucial question is whether you truly want to.**

How do I handle those who confront me with powerlessness and deny choice?

Others may tell you that you have to stop or that you are “the kind of person who has to stop.” Despite a poor choice of words, they are actually attempting to express their concern for you and their fear that you are denying the extent of your problems. Unwittingly they may be creating more problems for you, because most of us react to not being given a choice by attempting to prove that we do have a choice. Unfortunately, this reaction leads back to more addictive behavior, which may not be what you truly want. So you may end up, as we say, “cutting off your nose to spite your face.”

If someone insists that you have to stop, ask for the observations on which this conclusion is based. You can disagree with the conclusion but still learn a great deal from the observations.

In SMART Recovery[®], we usually reject labels as unnecessary and harmful.

You do not need to accept any label that anyone suggests to you. If someone asks if you are an addict, an alcoholic (or some other term), you can simply say, “No, I just thought my life would be better if I stopped, so I did.” If offered your substance or activity by someone, you might in all sincerity reply, “No thanks, I enjoy it too much!”

“Do I Have To Quit?” by A. Thomas Horvath, Ph.D.

You Are Not Powerless

Is there a brain disease that negates free will? Perhaps you have been told that your addictive behavior is caused by a brain disease which you inherited, and that free will and choice have been abolished by changes in your brain chemistry. You may also have been told that the power to arrest this disease can only come from outside of you through a benevolent deity, a sponsor, and lifelong attendance at recovery groups. If you doubted such ideas, perhaps you were confronted about being in denial, and told that your denial was proof that you have the disease.

Free will and choice really are important. It may come as both a surprise and a relief to hear that these assertions, which underlie the predominant disease model for addiction treatment, are simply not true. Despite what any addictions specialist or government agency may have told you, earnestly citing neuro-chemistry and brainscan studies, the existing body of research disconfirms this treatment model. There is no such thing as an inherited, addictive brain disease which completely subsumes your volition or free will. In fact, the research clearly shows that, despite obvious neuro-biological vulnerabilities, most successful recoveries are based upon the decision to change and the determination to make it stick. Multiple, replicated studies have shown that 60-75% of people who have overcome alcohol dependence did so "naturally," meaning without formal treatment or self-help group attendance. Upon leaving Viet Nam, 88% of heroin addicted veterans "just quit." About 60% of all people alive today who have ever smoked cigarettes have quit. Similar statistics can be cited for other addictions. Indeed, the evidence shows that free will and choice are alive and well.

You can solve your own problems. This does not mean that it is easy to change, or that you are somehow weak, defective, or morally deficient if you have not already done so. Nor is it accurate to say that heredity and biology play no role in the complex problem of addiction. But while blaming a disease might help some people to accept the existence of an addictive disorder or reduce the social stigma attached, it might also make them and you less confident and able to solve your own problems.

You can empower yourself. Instead of blaming heredity and environment for your addictive behavior problems, why not empower yourself with the kind of beliefs which research has shown to be effective? Try saying the following things to yourself, firmly and repeatedly, and then see how you feel:

- Addictive behavior is a human problem with a human solution.
- I don't HAVE TO change, but I can sensibly decide that I WANT TO.
- Lapses in the past do not prove that I will lapse forever.
- I am not a moral degenerate for trying to be happy in stupid or self-defeating ways.
- I am responsible for my thoughts, feelings, and behavior.
- I feel and act the way I think based on what I believe.
- I am the only one who can change my behavior. Others may help, but nobody can do it for me.
- It takes hard work and practice, not miracles, to overcome addictive behaviors.
- I may benefit from help, but ultimately it's up to me.
- I can change if I choose to, and I am willing to do the work and practice.

Motivation to create a more meaningful and rewarding lifestyle, plus a belief in your natural ability to change problematic behaviors which are getting in the way, are perhaps the most important factors in recovery. If the above self-statements help you to feel more motivated to deal with an addictive behavior and more confident that you can do it, then SMART Recovery® has something to offer you.

By: Nick Rajacic, MSW, CSW

Building Motivation

Regardless of whether you are ready to deal with your addiction or unsure about whether you want to, the place to begin is with a careful evaluation of what you enjoy and appreciate about this substance or activity. That's right, begin with the benefits and pleasures of the addiction, not the price. Because there is so much to consider, write down your answers to the following questions so you can review and revise them later. You will end up with two lists, the Benefits of Using and the Benefits of Stopping. If you wish to evaluate more than one addiction, make a separate pair of lists for each one.

Benefits of Using

Start the first list in a general way by asking yourself:

- What is it that I like about this substance or activity? What does it do for me?
- What am I afraid my life would be like if I did not engage in this behavior?

Now get more specific to make sure you have not missed any benefits or pleasures:

- What bad feelings or moods does this behavior help me cope with (for example, frustration, resentment, anger, irritability, fear, boredom, depression, anxiety, tension, loneliness, stress, sadness, etc.)? How does it help me cope with them?
- What positive feelings or moods or situations does this behavior make even better?
- Does using this substance let me avoid withdrawal? How painful would withdrawal be?
- To what extent does this behavior ease or reduce physical pain?
- How concerned am I about experiencing urges or cravings? How much do they scare me?
- How much do I enjoy the high? What exactly about the high is satisfying?
- How much does this behavior help me socialize, fit in with, or cope with others?
- How much do I seem to need this behavior in order to feel normal? What does feeling normal mean to me?

Because these pleasures and benefits are valuable to you, it is important to begin your evaluation of your addiction by recognizing its pleasures and benefits. Giving up the addictive behavior does not necessarily mean giving up the experience of these pleasures and benefits, but perhaps only finding other means for obtaining them, or reducing how often or to what extent you obtain them. Coping with addiction is easier when your goal includes maintaining as many of these benefits as possible.

Before you push ahead, review this list. Ask yourself:

- Are the benefits I have listed ones I actually get now or ones I merely used to get at an earlier time?
- Do I actually get these benefits, or are they the "advertised" benefits?
- How important are these benefits to me (not to someone else)?

Benefits of Stopping

Next, evaluate the price of your addiction, that is, the benefits of stopping.

Start again in a general way, asking yourself:

- What is it that I dislike about this substance or activity?
- How does it harm me?
- What am I afraid my life would be like if I continue to engage in this behavior?

Now get more specific to make sure you have not missed any cost: **If I stopped:**

- How much more productive would I be if not preoccupied and obsessed with this behavior?
- How much more time would I have?
- How much more energy, stamina, alertness and concentration would I have?
- How would my health improve?
- How much more money would I have?
- How much would my self-respect, self-esteem, pride, and sense of self-control increase?
- How much more control of my emotions would I have?
- How much more honest with myself and others could I be?
- How much more clearly would I think and remember?
- What legal problems could I avoid?
- How would my sex life improve?
- How much guilt would I be able to let go of?
- How would my sleep improve? How would I feel in the morning?
- How would my appearance improve?
- How would my driving improve? Have I been risking an impaired driving arrest?
- How much better a spouse, parent, friend, lover, neighbor, employee, etc. would I be?
- What pleasures could I experience that are difficult or impossible to experience now?

Depending on your circumstances and the type of addiction, there are many other specific questions that could be asked.

Reviewing Your Results and Drawing Your Conclusions

Now that you have listed all the benefits of stopping, **review the list with several more questions in mind:**

- If I stop, can I actually get these benefits (or do others merely say I will)?
- Could I get them even if I continued using or acting as I am currently?
- How important are these benefits to me?

Now compare the two lists. As you compare them, what conclusions do you draw?

Write down your conclusions below.

Clarity or ambivalence?

For many individuals, the answers to the above questions are clear, and they are ready to push ahead and start learning about how to cope with their addiction, or they may be confident that the benefits of maintaining their addiction outweigh the costs. For others, these questions may create more confusion than clarity. The resolution of that confusion may require more thought and discussion with trusted others, including possibly a psychotherapist.

"Building Motivation" by A. Thomas Horvath, Ph.D.

Alternative CBA Technique: Make four lists

Instead of squeezing your Cost Benefit Analysis (CBA) onto this one page, make four separate lists, using more paper as needed, or put it in a recovery notebook or personal journal.

Additional Ideas for Completing and Using Your Cost-Benefit Analysis

- Include hopes with advantages.
- Rate the importance to you of each advantage and disadvantage (using a scale of 1 to 10).
- Note the time frame for each of your advantages and disadvantages. Is there a delay before you experience the advantage or disadvantage? How long is the delay, if any? Immediate? Minutes? Hours? Days? Months? Years?
- Note the duration of the advantage or disadvantage. A “high” lasts minutes to hours, a D.U.I conviction has repercussions for years.
- Use the questions from “Building Motivation” to guide your completion of the CBA.

By Henry Steinberger, Ph.D., adopted from Jonathan Von Breton

The AUDIT

The AUDIT can help you evaluate your drinking.

Considering your use of alcoholic beverages in the last year, choose one answer that correctly describes your drinking for each of the following 10 questions.

Please be sure that you answer the AUDIT using the following definition of what is a drink: A "standard drink" contains 1/2 ounce of pure ethanol (the chemical name for the alcohol in an alcoholic drink).

The following approximate standard drinks:

- One 12 ounce beer
- One 5 ounce glass of wine
- One 1.5 ounce glass (shot) of (80 proof) liquor
- One 3 ounce glass of fortified (35 proof) wine or liqueur

If you drink beer by the pint, or malt liquor, or 100 proof liquor, etc., you need to adjust your estimates or consult with an assessment expert.

1. How often do you have a drink containing alcohol?

0–Never 1–Monthly or less 2–Two to four times per month 3–Two to three times per week
4–Four or more times per week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

0–Zero to two 1–Three or four 2–Five or six 3–Seven to nine 4–Ten or more

3. How often do you have six or more drinks on one occasion?

0–Never 1–Less than monthly 2–Monthly 3–Weekly 4–Daily or almost daily

4. How often during the last year have you found that you were unable to stop drinking once you had started?

0–Never 1–Less than monthly 2–Monthly 3–Weekly 4–Daily or almost daily

5. How often during the last year have you failed to do what was normally expected of you because of drinking?

0–Never 1–Less than monthly 2–Monthly 3–Weekly 4–Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

0–Never 1–Less than monthly 2–Monthly 3–Weekly 4–Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

0–Never 1–Less than monthly 2–Monthly 3–Weekly 4–Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

0–Never 1–Less than monthly 2–Monthly 3–Weekly 4–Daily or almost daily

9. Have you or someone else been injured as the result of your drinking?

0–No 2–Yes, but not in the last year 4–Yes, during the last year

10. Has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested you cut down?

0–No 2–Yes, but not in the last year 4–Yes, during the last year

AUDIT Scoring Directions and Recommendations

Now determine your score by adding up the points assigned to each answer (0, 1, 2, 3, or 4). Notice that items 1 through 8 are scored from 0 to 4, but items 9 and 10 are scored 0, 2, or 4 only.

A score of 0 indicates that you are a nondrinker.

A score of 1 to 7 indicates that you are likely drinking at low-risk levels assuming that:

- a) You are not taking a medication that is made dangerous or made ineffective by alcohol.
- b) You do not have a medical condition made worse by alcohol.
- c) You are not pregnant. (There is no known safe level of drinking during pregnancy.)

Any of these conditions suggests that it would make sense to quit drinking.

A score of 8 or more indicates potentially hazardous or harmful drinking, with the level of danger rising with the score.

A score between 8 and 18 indicates that you are drinking above the relatively healthy levels recommended. Reducing or stopping is recommended.

A score between 19 and 40 suggests dangerous drinking and possible alcohol dependence. Considering a major change is recommended.

The AUDIT was developed by the World Health Organization, an agency of the United Nations, and is in the public domain.

If you think you might like to look into help with *cutting down* your drinking, you might want to check out Moderation Management (moderation.org) for information on safe drinking limits, cutting down, an evidence-based self-help program, and a source of group support.

You also should consider taking the Drinker's Check-Up (drinkerscheckup.com) or speaking to a behavioral health professional (doctor, psychologist, counselor) who is knowledgeable and able to assess the possibility of a problem with alcohol.

A Rationale for Abstinence

Free choice and personal responsibility:

Your behavior is your responsibility, and you have the freedom of choice.

“What you do is up to you. No one can decide for you. No one can change your drinking or other drug use for you. Only you can do it. You decide whether to go on as you were or change.” [Edwards & Orford, 1977]

Why you might prefer abstinence as a goal, and why experts often recommend it:

- When successful, it is a safe choice.
- It's simple—no counting, simple and precise decisions, and good for all situations.
- No guaranteed safe level of drinking/using exists for all people.
- Many medical conditions contraindicate any use.
- Many psychological or psychiatric problems are made worse by any using.
- Some medications are hazardous in combination with alcohol or other drugs.
- Some medications are ineffective in combination with alcohol or other drugs.
- Strong external demands to abstain come from courts, family, employer, and others.
- A history of severe alcohol related problems and/or dependence may suggest it.
- Numerous risk factors may exist—family history, early onset, long history, heavy use, etc.
- Some people have a diagnosis of “idiosyncratic intoxication” [DSM-IV: 291.40]—nasty, aggressive or assaultive behavior within minutes of ingesting even small amounts of alcohol.

Based in part on: NIAAA Motivational Enhancement Manual, Vol. 2, Project MATCH, 1995.

Also, a significant period of abstinence can:

- allow you to find out what it's like and how you feel without mood altering substances
- allow you to learn how you have become dependent on mood altering substances
- help you break other old habits
- allow you to experience a change and build some confidence
- please concerned significant people, such as spouse, partner, children, employer, neighbor, etc.

Compiled and edited by Henry Steinberger, Ph.D.

Change Plan Worksheet

The changes I want to make are:

The most important reasons why I want to make these changes are:

The steps I plan to take in changing are:

The ways other people can help me are:

| Person | Possible ways to help me |
|--------|--------------------------|
|--------|--------------------------|

I will know that my plan is working if:

Some things that could interfere with my plan are:

Taken from: Motivational Enhancement Therapy Manual of the Project MATCH Study, 1995.

Use this scale to answer the following questions:

Not at all — 0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 — Most important

How important is it that I make this change? _____

How confident am I that I can make this change? _____

*The scale is taken from **Problem Drinkers: Guided Self-Change Treatment** by Mark and Linda Sobell, NY: Guilford Press, 1993.*

Editor's Note and Thanks

Welcome to the SMART Recovery® Handbook. In it you will find a toolbox of self-help information, tools, and techniques that can help you to finally and completely stop harmful addictive behaviors (such as drinking, drugging, and gambling). When applied persistently and with effort, this program can help you successfully recover, taking back your life from harmful addictions.

Our hope is that this Handbook will make the SMART Recovery® program even more accessible and portable, available not just at meetings or when you are on-line, but any time and place that a book can be read.

Use this book to share the SMART Recovery® program with friends, relatives, doctors, clergy, and anyone who should know about self-help for addictions. One in ten people are likely to struggle with a serious addiction in their life, so everyone is likely to know someone who could benefit from this book.

This Handbook replaces our earlier **SMART Recovery® Member's Manual**. We have dropped "Member's" from the title to reflect that we are not a membership organization; rather we are an educational organization run by volunteers who offer their expertise and services to the community.

Our program is drawn from science. The Board of Directors of SMART Recovery® has culled the research, consulted with experts, and listened to the experience of our volunteer Facilitators and people coming to our free self-help meetings to create the SMART Recovery® program presented in this Handbook.

Your purchase of this Handbook will help support our work of providing free self-help meetings, both face-to-face and on-line, refining self-help tools like those found in this book, providing forums for learning about and discussing addictions and their elimination, and providing advocacy for choice in both the areas of self-help and treatment for addictions.

We thank you for your support.

Your editor,

Henry Steinberger, Ph. D.

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Section 1: Introduction to SMART Recovery®

This section answers the questions, What is SMART Recovery® and who can benefit from it? It includes our purpose, mission, and methods, and the organizational structure through which our many volunteers serve you and the community.

Section 2: Meetings and On-line Support

In this section you will find our standard meeting outline, the meeting ground rules, and the philosophy and beliefs that guide our meetings and program. There is also material on how to access and engage in on-line meetings and other on-line support options.

—The 4-PointSM Program—

Each of the next four sections includes information and strategies for dealing with the four tasks that people working on recovery typically find challenging but necessary to achieve lasting success.

Section 3: Point #1—Building and Maintaining Motivation

Section 4: Point #2—Dealing with Cravings (Urges)

Section 5: Point #3—Self-Managing Thoughts, Behaviors, and Feelings

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Section 4

Point #2 – Coping with Urges

Understanding Cravings & Urges

Smart Strategies for More Easily Coping with Urges

Record Urges in an Urge Log

Destructive Self-talk Awareness and Refusal Method (DiSARM)

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How to use REBT to Better Tolerate Discomfort

Common Thinking Errors

Coping with Urges

A Craving is the desire for the effects of the substance or activity you have given up; it's the **"I want it badly" feeling**. Cravings serve as a cue for urges. *Cravings are a natural part of your addiction, but they will disappear over time if you quit.* This is different from just "thinking" about using. It is intense.

An Urge is the impulse or intention to go get the substance and use it or participate in the activity; it's the **"I have to go do it now" feeling**. We focus here on managing your response to urges because they cue the behavior you want to eliminate.

The two keys to coping with urges are understanding and strategies.

Understanding your urges

Urges served as cues which used to trigger behavior, but they don't control you. There are many myths or misunderstandings about the nature of cravings and urges that make self-management of behavior more difficult. When you learn more about them you will be less frightened and will discover that your cravings and urges can serve as cues for the many coping strategies you will learn.

Coping Strategies

There are many coping strategies, and most people discover or are taught a few and stick with them. The most common seem to be avoidance, escape, and distraction. These are simple and easily learned. If they work, that's fine, but if they don't work consistently, it would be great to know and have practiced many alternatives. Here you will learn of several strategies based on sound principles of behavior management and discussed in many SMART Recovery® meetings. Our list here is by no means exhaustive. You can learn about other strategies that other people have discovered by attending SMART Recovery® meetings.

The key to coping in a nutshell:

**You can accept cravings and urges
without automatically engaging in the addictive behavior.**

Understanding Cravings and Urges

Urges are normal though uncomfortable, ...

During the initial days or weeks of abstinence, and especially after a long period of daily and/or heavy addictive behavior, you may experience many strong urges. They may grow stronger for a while. They may even flare up from time to time, sometimes surprisingly long after a comfortable period of abstinence has been achieved. (Note: withdrawal symptoms are physiological bodily responses. Cravings and urges are psychological, even though they may cause some physiological symptoms.)

... and after some time they go away.

Individuals in the process of recovery, gaining their independence from all types of addictive behaviors, report that urges eventually peak in frequency, intensity, and duration, and then gradually, with occasional flare-ups, fade away. How long it will take for urges to peak, and how rapidly they will subside, depends on many factors, including the specific addiction, the length of the addiction, how successful the program of abstinence has been, and the strength of the developing alternative lifestyle. As a very broad guideline, within six months to one year most individuals gaining their independence from addictive behavior will report only feeble urges (for instance, once a week, lasting a few minutes, and a 1 or 2 on a 10-point scale).

Unrealistic beliefs about cravings and urges are a major source of difficulty.

Coping with urges may be the most critical problem for many individuals. To cope well with them usually requires an accurate understanding of them. People who find them most difficult to cope with often have distorted and unrealistic beliefs about their cravings and urges.

Commonly Held Unrealistic Beliefs about Cravings and Urges and More Realistic Alternative Beliefs

Unrealistic: Urges are excruciating or unbearable. (For example: "They cause every cell of my body to cry out in pain." "I'll die or go crazy if I can't stop it immediately.")

Reality: Though truly uncomfortable, urges are never really unbearable. If you hold onto the opinion that they are unbearable or you're using colorful metaphors to describe your discomfort, you will likely increase your discomfort. Though you could choose to hurt yourself or make yourself more miserable, you will not die or go crazy simply as a result of urges.

Unrealistic: Urges make me use.

Reality: Using always represents a choice. Though you might choose to use as a way to avoid the discomfort, it's still your choice. You can accept discomfort. People can and do choose to accept all kinds of discomfort, even that of withdrawal. They bear short-term discomfort so as to end long-term risks and suffering, to reclaim their lives, and to avoid any future disasters.

Under some conditions, like when the consequences were immediate and seemed severe, you very likely have controlled your behavior despite urges. Perhaps you have done so but didn't notice. For example, you might have chosen to not use and just experience a craving when a respected person was visiting or on your job or while on probation. With practice you can increase that skill called self-control until you no longer respond to urges by using.

Unrealistic: Urges will just keep getting worse until I give in.

Reality: Urges peak and then die down like a wave—sometimes a slow wave, but they do peak and die down. Learning to surf the urge wave can be very helpful.

Unrealistic: Urges never end until I give in.

Reality: Urges always go away. Urges are by their nature time limited, often passing in minutes or within an hour.

Every craving you ever had (except possibly one you're experiencing right now) has gone away. They go away over time, sometimes in just seconds or minutes, without your taking any special action. Using distraction, counter arguments, and other strategies can make it easier for you to successfully ride out urges to use without actually using.

The nervous system eventually gets tired out (habituates) to all sensations, including cravings and urges. If you have tried fasting for 24 hours, then you know that your basic hunger or craving for food gets stronger but eventually it fades or goes away altogether. Similarly, bad smells disappear after a few minutes. And when exposed to something that "makes" you anxious, the anxiety will lessen given enough time. Urges also run their course. While it may be good at first to avoid exposure to the triggers for your strong urges, eventually you will not be able to totally avoid them all, and you will get practice riding out your urges. Sometimes, planned safe exposures to urge triggers help people build confidence in their ability to ride out urges.

Unrealistic: Cravings or urges are a sign that my addiction is getting worse.

Reality: Urges and cravings are a normal part of the process of changing a strong and/or long-standing habit. Cravings may get stronger at first, but with time, encouragement, and the application of better coping skills, they become weaker and can eventually disappear.

Unrealistic: Giving in to an urge does no harm.

Reality: Giving in increases the strength, length, and frequency of urges. The duration, intensity, and frequency of your urge has been shaped by your previous attempts to resist them. When your attempts ended with your giving in and using, you strengthened all aspects of the urge, including its discomfort, by following that sequence of behavior with a reward. The best approach to ending urges is to not give in and to let the urge run its course.

Think of it like having a small child nagging for something—"give me, please, please!, give me!!"—and you saying "no" until they have whined for an hour and then you give in. The result is a kid who has learned to whine for an hour or more, with ever growing volume, to get what's wanted, and the child will be more likely to do it again. Saying "NO!" firmly and consistently teaches the child or the urge that no means no.

***The best way to cut the cravings
and purge the urge
is to consistently refuse to use.***

Yet More Unhelpful Beliefs to Give Up

Unrealistic: I must get rid of these urges and make them stop.

Reality: It is normal to experience urges. Just because on Sunday you decide to stop does not mean that on Monday you will not have urges. The fact that urges occur does not indicate that your motivation is weak but that your addiction is strong. All habits have automatic components that work without your conscious awareness, including urges. It will take time and practice with alternative behaviors for these old habits and urges to die away. What is within your control, however, is how you respond to the urge. An analogy could be made to someone knocking at your front door. All sorts of individuals might knock at your door, but it is up to you to recognize them and decide with whom you will talk. Their knocking is not your responsibility, but your choosing to let them in is your responsibility.

Don't take responsibility for the occurrence of the urge, the craving, the thought, or the dream. Everyone has them. Accepting this reality can help.

— You are only responsible for your RESPONSE to the urge —

Unrealistic: I'm self-destructive or I wouldn't do these self-destructive things.

Reality: People usually act so as to attain immediate pleasure or find immediate relief from discomfort and not to harm themselves. You may appear self-destructive because you have persisted in behaviors that now lead to bad consequences, but when you started there was an understandable payoff. Since then, your habit grew strong, and the negative consequences set in. It is difficult for most people to postpone easy comfort now for a more enduring comfort later. Think of your last slip. Recall the moment you decided to let go, quit fighting, and just use. Were you thinking: "I want to ruin my health, waste my money, alienate friends and family, risk my job, kill my self-respect, and die early?" Or were you just focused on how good it would feel? When in the grips of strong cravings, you might have failed to look at the big picture and instead focused on the most immediate and short-term results. That does not mean you have a death wish or anything like that. A slip is a mistake and indicates a need for more work and practice.

Unrealistic: I drink/use/do it simply because I like to.

Reality: While that may have once been true, it is likely more complicated now. You may be so confused or misinformed about your urges, or so cognitively impaired from years of addiction, that you have a difficult time identifying the sequence of distinct triggers, urges, and responses. In your confusion, you might not be seeing the big picture and mistakenly think that you are behaving a certain way because you like to. With some exploration, you will usually find that you have fallen into the addiction trap where you ignore the benefits of getting out due to concern about how difficult getting out will be.

*Based on original materials by A. Thomas Horvath, Ph.D., Robert Sarmiento, Ph.D. and Wendell Rawlins contributed to The SMART Recovery® Member's Manual, and on an article by A. Thomas Horvath in the **The Addiction Newsletter (TAN)** of APA's Div. 50 (Addictions; Summer, 2000); revised and supplemented here by Henry Steinberger, Ph.D.*

Smart Strategies for More Easily Coping with Urges

On Using Strategies: Strategies don't usually work in the mechanical sense where you do this and then thus and such will happen automatically. They don't do it for you like an appliance. That would be very easy, but that's not usually how life works. Rather, strategies give you the edge. They make it possible for you to succeed by lessening the difficulty involved. You have to maintain the motivation, and you have to exert the effort.

What follows is a list of strategies **organized from the easiest to learn and most commonly used to those that require preparation and practice.** Feel free to discuss them in your group meetings and refine them. If you discover some that are not here or a way to make something here better, please send them to the editor for possible inclusion in future editions. **Remember to prepare and practice them.**

Cue or Trigger? Some prefer the term "cue," which suggests a prompt to do something, rather than "trigger," which sounds like a mechanical process that once started can't be altered. Whichever word you use, remember that you don't have to pull the trigger or do anything on cue.

Strategies

Escape: Just leave or get away from the urge-provoking situation.

If you find yourself in an urge provoking or trigger situation, especially if you feel an urge, leave immediately.

Avoidance: Avoid the cues ("triggers") that commonly lead to urges.

Avoid any situation, sensation, or stimulation that has been associated in your thinking with the chain of events that lead to using may be a cue or trigger. While this is an easy strategy, you will likely have greater success using avoidance if you identify in advance your high-risk situations before they are suddenly and unexpectedly encountered. You might also look for situational cues or red flags that warn you in advance that you are or will be approaching a high-risk situation.

Distraction: Pay attention to something else.

Distract yourself with various activities, some of which can be fun or useful, or at least less harmful. **If the urge is very intense,** engage yourself in a distracting activity, one which you have enjoyed before and which will take your mind off the urge, or use a specific distraction technique, such as counting things (e.g., leaves on a plant, books on a shelf), doing arithmetic (e.g., continually subtracting 7 from 1000, 993, 986, etc.), or focusing on alphabetical/verbal games (e.g., saying the alphabet backwards, reading signs backwards, searching book titles or license plates for the alphabet, etc.). Any simple activity conducted at high speed can fill up your attention, thereby allowing no attention for the urge. Any thought or activity on which you completely focus your attention is all that is needed, because if no attention is paid to the urge, then it will no longer exist. Although another urge may come along at any point, that urge also can be dealt with in a similar fashion. Over time the urges come less frequently, as already stated.

Put the Urge in Perspective: Rate the urge and look for exaggeration.

How strong is it on a one to ten scale? Are you exaggerating? Compare the discomfort of resisting the urge to other possible discomforts, like being boiled alive in oil or having your fingernails pulled out one at a time.

Thought Stopping: Yell a firm command to yourself, out loud or in your head.

Temporarily stop or override your urge or other obsessive thoughts with a loud and fervent command like: "STOP!" This can give you the break you need to institute a different strategy.

Recall a Moment of Clarity.

Remember a moment when you realized your habit was a problem or a moment when changing your addictive behavior seemed almost without question the right course of action.

Think the Addictive Behavior Through to the End: Look at negative consequences.

When an urge is present, you tend to think only of the benefits of the addiction, but completing the image to include the negative consequences that follow will give you a more accurate view of the whole scenario.

Use Future Projection With Imagery: Picture what the future will bring.

Visualize yourself in the near future feeling good about having resisted the urge. Paint a mental picture of how badly you will feel if you give in, like a scene with you hugging the toilet bowl with the title, "Drinking is Fun."

Use the past: Recall what has worked. Remind yourself that the urge will pass. Think about other urges you have that you routinely resist. How do you do that?

Review Counter Arguments: Go over your cost benefit analysis passionately.

Reviewing your "reason to not use" and/or your "benefits of stopping" can be helpful. It might not automatically turn off the discomfort, but it can maintain your motivation to wait out the discomfort. It works even better if these have been prepared in advance and practiced enthusiastically on a regular basis, perhaps several times each day.

If the urge is intense, remember and visualize your benefits of stopping. Write these down and carry them in your wallet or purse.

Develop Coping Statements: Thoughts that counter urge-causing ideas

For example, if you are thinking "I deserve a drink," try telling yourself, "Even though it is unfair that I have this problem, drinking is not a wise choice for me."

Waiting It Out: With or without another strategy, simply don't use and let time pass.

Mental activities disappear or habituate over time unless you actively maintain them with your attention. What is not mindfully attended, but rather ignored, leaves our consciousness. Given time, smells and noise are not noticed, tastes weaken, feelings fade, ideas pass, and even cravings will run their course. Even hunger, a primal need, can weaken and be at times forgotten, as anyone who has ever fasted for a reasonably long period of time will recall.

Self-Monitor: Riding the urge wave

Observe the urge. Notice that like a wave, your cravings will grow and grow but later weaken and dissipate.

- Paying attention to your urge despite the discomfort can help drive this message home.
- Use the imagery of riding a wave as if on a surfboard to emphasize that staying up despite fear or discomfort is a skill that can be mastered.

Based on original materials by A. Thomas Horvath, Ph.D., revised by Henry Steinberger, Ph.D.

Catch the Wave

Healthy human brains are blessed with remarkably short attention spans. This becomes clear whenever you try to concentrate on anything for any length of time. Poof! It's gone, and some other thought is in its place!

Luckily, it's also difficult to hold on to the thoughts and feelings that you don't want to experience. Anger, fear, sorrow, pain, and depression will fly through your brain as quickly as pleasure. If you allow yourself to sit with these negative feelings, you'll find they will pass.



Picture the emotion as a wave, and see yourself on a surfboard:

Ride that wave; Relax into the feeling; Be confident that it can't last forever; Experience the surge; Wait for the ebb; Stay on top; Keep your balance; Don't wipe out; If you don't let it get away from you, it can't hurt you. Your emotional tsunami will quickly subside to froth on the sand.

Emotion surfing is a powerful way to train yourself to experience the feelings that you want to feel and minimize the feelings that you want to avoid. It's a lot harder to tell yourself that you can't stand these destructive feelings when you make yourself realize that they are temporary. Don't get carried away! Ride those emotions!

"Catch the Wave" contributed to the original SMART Recovery® Members Manual by Edward Scheterlak

Record Urges in an Urge Log or Recovery Journal

It is helpful to keep an "urge log," a record of all of your urges to engage in your harmful habit. This helps you discover for yourself some of the basic facts about your own urges and become more aware of your urges, triggers, and the strategies you use.

Record the date and time, the peak intensity (on a scale of one to ten), the duration, the situation that seemed to give rise to the urge (the triggers; e.g., feeling down, fight with a coworker, just came out of the blue, etc.), **what thoughts were going through your mind** when you had the urge, and how you reacted to the urge. If you engage in the addictive behavior, note to what extent you did so, and your reactions to this (e.g., I hated myself, I felt good at first but bad later, I was confused, etc.).

Reviewing this log is often a significant part of early psychotherapy sessions. The information on what gives rise to the urge can be used to identify high-risk situations. You may also notice certain **thought patterns** associated with your urges, such as, "I need a drink," which are very useful in self-management and problem solving in the next section.

An "urge log" is included on the following page. Make yourself some blank copies.

| URGE LOG | | | | | | |
|-----------------|-------------|-----------------------------|------------------|-----------------------|--------------------------|-------------------------------------|
| Date | Time | Intensity Scale 1-10 | How Long? | What prompted? | How did I handle? | My reaction to how I handled |
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Get Social Support: Plan ahead of time to call up a friend or recovery buddy.

When uncomfortable, some people find it helpful to literally or figuratively have someone hold their hand. Talking with a nonjudgmental and supportive person can be a great help. It is best to have a list of several people who you may call and better still to have previously informed these people about how they can be of help to you. As with any strategy that involves other people, planning and preparation are important.

Acceptance: Accept all urges, recognize that they are merely uncomfortable, and keep them at a distance.

Experience them as you would a passing thought that "comes in one ear and out the other." Detach yourself from it, and observe and study it as an outside object for a moment. See it without evaluating it, as something that merely exists, that you used to regard as a problem, but without turning it into a bigger problem by demanding that it not exist. Then return your attention to what you were previously doing.

Self-Help Inhibiting Thoughts

We need to fight the tendency to listen to "Self-Help Inhibiting Thoughts," such as "If I don't drink with my friends, they won't like me anymore." The more aggressive we can become against "Self-Help Inhibiting Thoughts," the better our chances of recovery. Any thought, idea, or visualization that suggests we should return to our addiction should be shunned as the enemy. We need to practice spotting such thoughts and immediately reacting with: "I'm not going to even consider this"; "Why would I listen to this from my own worst enemy?"; or in short, "I am not going to listen to this." *Using strong language may help*, as might any supplemental strategy that adds passion and salience to the struggle. For example, you might speak to your thoughts of using and tell them to go to hell. DiSARM, described next, is another somewhat more elaborated tool for dealing with unwanted craving or urge thoughts. (*Self-Help Inhibiting Thoughts by Wendell Rawlins*)

Destructive Self-talk Awareness and Refusal Method (DiSARM)

You might find it easy and interesting to “DiSARM” your urges with this strategy.

Personify or name the urge: “Destructive self-talk” is not you, it’s your “Enemy.”

A popular and useful strategy in SMART Recovery® suggests that you personify the urge by naming it as if it were another being, something outside yourself.

Choose an imaginative, strong, personally meaningful name for your urges. That little voice in your head that badgers you, coaxes you, cajoles you, turns on the sensory showcase of images and smells to entice you in the theater of your mind—label it. For example, some people call it “The Inner Brat,” “The Alcohol Salesman,” “The Baby,” “The Lobbyist,” “The Terrorist,” “The Whiner” or just “The Enemy”—the name you choose should help you by briefly describing in a word or phrase what the urge is like in your experience.

Awareness: The early warning habit. Learn to recognize the urge, by whatever name, as soon as possible, when it first comes calling. Discover your earliest red flag signals. This principle is well put metaphorically in the following 14th century advice.

A Knock at the Door

“We must be watchful, especially in the beginning of temptation;
Because the enemy is easier overcome if he is not suffered to come in at all at the door of the mind, but is kept out at his first knock.

A certain man once said: “withstand the beginning, (because) after the ‘sickness’ has taken vigor from long delay, the remedies come too late”

For first a simple thought comes to mind, then a strong imagination, afterwards delight, and evil motion and consent;
And thus, little by little, the ‘wicked’ enemy gains full entrance when he is not resisted in the beginning;
And the longer a man is negligent in resisting, so much weaker does he daily become in himself and the enemy becomes stronger against him.”

Thomas A’Kempis, written in the 14th century

Immediately, firmly refuse; don’t even consider the possibility as a new choice.

With this strategy you have already made your decision not to use and decided it is your top priority. It is a lifetime decision, so on general principle you don’t have to reason it out yet again. Whenever you get the idea to resume your addiction, you can without any debate *tell that idea to go to hell. If you want to make sure you don’t buy something, then you certainly don’t invite the salespersons in to show their wares.*

DiSARM concept originally provided by Joseph Gerstein, M.D.

Refusing That First Drink

How to deal with peer pressure to drink (or use)

Throughout the rest of your life there will be drinking occasions. Times when business or family responsibilities will require attendance at an event where people will be drinking. How do you deal with this? Here are tools to help:

- a) Discuss the coming Activating Event with a fellow recovering/recovered person. Arrange to update that person afterwards.
- b) Discuss the situation in a SMART Recovery® meeting.
- c) Rehearse the situation with a SMART Recovery® group and by yourself. Act out the whole party step-by-step. Prepare answers to the questions people will ask. Visualize getting that soda. Do it again, and again, until it all seems natural.
- d) If the host(ess) is a friend, tell them in advance that you are not drinking. Enlist them as an ally.
- e) Take a more experienced nondrinker with you or a friend who knows the situation.
- f) Eat something before the party, especially if you don't know if (or when) there will be food.
- g) Come late. Leave early.
- h) Upon your arrival, go straight to the bar. Get something **nonalcoholic**. You can then socialize with a glass in your hand and not stand out. This forestalls the "Can I get you something?" awkwardness.
- i) Remember—your drinking or not drinking is less important to other people than you think it is. **No one is watching!**

Occasionally someone will press the issue. "Come on, one drink won't hurt, help me celebrate. Are you too good to drink with me? It's my birthday/wedding/holiday, etc." **How can you respond?**

- **Make eye contact.** This shows them that you are serious.
- **Speak in a clear, firm, and unhesitating voice.**
- **Don't feel guilty.** You won't hurt anyone by not drinking. You have a right to not drink. Stand up for your right.
- **Suggest something else to drink or eat.** "How about some coffee/soda/dessert."
- **If they persist, request they change their behavior.** "If you want to be my friend, don't push me to drink."
- **After saying "no," change the subject.** "You know, I'm really glad I came to this party. There are a lot of people I'm glad to see." And so on.

"Refusing that First Drink" by the Greenwich Village SMART Recovery® Group

Advanced Urge-Coping Strategies

Bring out urges deliberately for coping practice.

After you begin to develop some mastery of your urges, you may want to confront them rather than just waiting until they happen. Because you will have some control over how strong an urge you bring out, you can, for instance, attempt to have a 5 (on a 10 point scale), with which you are confident of coping well, as preparation for dealing with 8's, 9's, and 10's, which you may be less confident of coping well with. If you bring out urges daily (even hourly), you may also tend to weaken any particular urge, just as someone who is eating five or six times per day has less opportunity to develop strong hunger than someone who eats only once or twice. Ultimately you can gain confidence that you can cope with any urge, but in the initial stages of developing this confidence, it is easier to cope with many smaller urges you bring on yourself, rather than waiting for bigger urges which arrive on their own.

There are many ways to bring out an urge, for example:

- Try visualizing a situation in the past where you had a strong urge, like running a videotape in your head. At first, allow yourself to feel the urge and react as you did. Then run the tape again and without changing anything, force yourself to see yourself resisting the urge. Practice this repeatedly until you get a feel for how you can do it. This is like instant replay.
- Mentally rehearse a situation that might happen in the future, doing the same switching of your feelings and reactions.
- Try to make yourself have an urge, as for example in thinking about your drug of choice. This will probably be less intense and more controlled, so it will give you a chance to practice, like practicing all week before the big game on the weekend.
- Put yourself in situations where there might be temptations that create urges, like going to a bar or party. (At first, this may not be wise until you have developed some confidence in your urge-resisting skills).

Expose yourself to some of your old triggers and use your new skills.

Although it may be useful to avoid certain places, persons, or situations at first, as you are gaining confidence in your ability to cope well with urges, ultimately avoidance is not a useful strategy. You can avoid everything that you think is risky, but nevertheless still experience urges that seem to come from out of the blue. To avoid much is also to restrict your life in ways that are probably not helpful to your overall goals in life. Avoidance is at best a temporary (though perhaps useful) crutch.

When you are ready, plan to go out and take on the situations that used to be a problem but are truly worth taking on. That is, don't go to a place where the only thing that's happening is the use of your old substance. Crack houses and heavy drinking bars are a thing of the past. But a restaurant that serves food or offers entertainment, but also serves alcohol, may be something worth learning to visit without problems. To be better prepared for this, you had better *prepare for how you will handle peer pressure to drink or use*, which we address next.

Moving beyond avoidance – practicing with exposure to old cues

In the first stages of stopping an addiction, it is usually wise to stay away from places where the addictive substance is available, but sooner or later you will find yourself in a situation where someone will offer you a drink or a joint or whatever your addictive substance was. It is better, after you have gained some confidence in our ability to avoid the substance, to allow yourself to attend an event that you can easily leave, where the substance is available. Before the event, *you need to practice your responses to offers of the substance so that you can comfortably refuse it.*

- Imagine someone being very persuasive in asking you to have some, or making fun of you if you refuse, or being hurt if you refuse. Then you imagine your response, which is to comfortably refuse, knowing it is in your best interest not to accept.

- Imagine someone you intensely dislike is there and seems bound to make your life unpleasant. Imagine keeping your focus on not giving in to the addiction, and if necessary, quietly and pleasantly leaving without getting upset.

Remember that alcohol and other drugs usually lose their appeal in these situations. In the case of drinking parties and such, as the evening wears on, most people find it boring to be around a bunch of drunks, and go home simply because they no longer enjoy being there. You haven't lost anything if you don't stay late.

Role-play Rehearsal: Act out the parts playing alternately yourself and the people you want to influence. Rehearsal is something best done with other people acting out the parts of the people you anticipate will challenge you in high-risk situations. First show your role-play partners how you expect a difficult person to behave, then have them play the difficult person while you play yourself in the situation. Then other people can show you how they might handle the same situation by playing your part, or you might toughen the situation by changing the style of the difficult person. The possibilities are endless and it can be fun. It's also an opportunity to overcome shyness and practice other useful situations not directly related to drinking or using. The SMART Recovery® meeting is an excellent opportunity to role-play how you might handle difficult situations, such as resisting group or peer pressure to drink or use, but also asking someone out, calling about a job, explaining to a relative how they can help you. If you request it, the Group Facilitator can usually help organize a role-play.

Find role models and coaches to help you learn to cope. Others have mastered the art of coping with urges. Life is too short to make all the mistakes yourself, so you might as well learn from the experience and mistakes of others. SMART Recovery® meetings are a great place to find good role models and receive feedback and coaching from those further along in their recovery and more knowledgeable as regards the principles and tools of SMART Recovery®.

Based on original materials by A. Thomas Horvath, Ph.D., edited by Henry Steinberger, Ph.D.

How to use Rational Emotive Behavioral Techniques (REBT) to better tolerate discomfort without giving in to your urges

Dealing with your Discomfort (Urge) Intolerance or How to cope with the seemingly ongoing discomfort that used to trigger your addiction. Some would say that you are addicted when a substance or activity *seems to be required* in order to deal with discomfort. Actually you are choosing the “using strategy” for dealing with discomfort, and you create the requirement that your life **MUST** be discomfort free. Usually it is our beliefs about discomfort that are at the root of our discomfort problems. We are uncomfortable about discomfort because we refuse to tolerate it.

Recognize that your beliefs are a major source of your discomfort. In some form and at some level, you may foolishly believe that you can't survive discomfort, shouldn't have to tolerate discomfort, or **MUST NOT** experience discomfort. *Surprisingly or not so surprisingly, your **demanding** to avoid discomfort can maintain and increase your discomfort.*

Accept some discomfort. Quitting an addiction will be extra difficult if you refuse to accept mild or temporary discomforts as a normal part of life. If you have spent years relieving your discomforts with your addictive behavior, you will have built up powerful habitual responses to many discomforts. Now you can learn to accept and deal differently with discomforts.

Be realistic and appreciate the usefulness of discomfort. Note that although some situations are not at all what you would prefer, still you'd be pretty odd and perhaps even endangered if you could totally eliminate all discomfort. Let's remember that discomfort is a useful feeling that tells us that something is not right and motivates us to change the situation. Feeling concern can motivate us to take action. Feeling frustration can motivate us to seek better strategies. Feeling sad can motivate us to slow down and reflect. Feeling annoyed can motivate us to negotiate a better way of handling things. *Discomfort is not all bad and is a useful and natural part of our human make up.*

- *Physical pain.* Some discomfort is mainly physical and might require a medical pain management specialist to help, but even physical pain has a large psychological component. It's not just the pain but *our demand that such pain must not exist that leads to additional yet avoidable discomfort.* Therefore, what follows may be of help even in the case of managing pain.
- *Withdrawal and the rebound effect.* When you first stop an addictive substance, you may experience some sort of withdrawal, usually a rebound effect, where you experience the opposite of what you did on your favorite substance. Hence, if it helped you feel happy, you may have a bout of sadness; if you felt relaxed and sedated, you may experience a period of higher vigilance and anxiety; if you escaped pain, that pain may come back with a vengeance. Eventually your body readjusts, and these rebounding feelings return to a more normal mix of pleasant and unpleasant emotions. Though the discomfort may increase at first, sometimes for as long as a few weeks, it eventually will decrease. *Demanding that it not exist adds frustration to the mix.*
- *Anxiety discomfort.* For many people there is a residual level of discomfort that remains after withdrawal and a period of readjustment. This discomfort, whatever kind you experience, may be what helped propel you into your addiction in the first place. Evolution tells us that some of this perpetual feeling of discomfort or uneasiness may be inherited from our ancestors. It kept them uneasy and on guard, vigilant against the dangers of a wilder and more precarious world than usually exists today. The uneasiness is stronger in some people than in others, but a little may be natural to all of us. *We add to our fear, anxiety, and discomfort by believing that the world **MUST** be safe and that we **MUST** be totally in control of all dangers.*

- *Sadness and depression.* While our biology and heredity can be a major contributor to clinical depression and may require medical treatment, much sadness and situational depression is a result of the demands we place on ourselves and the world. If you believe that you **MUST** be loved or **MUST** be successful to be happy, you will likely find yourself unhappy much of the time, since few of us get the dose of success and love we demand. Indeed, demandingness may drive away the love and undermine the success we seek. Others may suffer the discomfort of unhappiness because they believe: "I do not deserve happiness and must be worthy to receive it." They may believe that happiness **MUST** be earned by doing good works at some high but arbitrarily set level, or they may believe that they are innately unworthy of happiness.
- *Frustration, anger, and other negative feelings.* If you see yourself as prone to do things badly, not in your own best interest, or not in ways agreeable to others, you are likely to feel some panic or, at least, some discomfort. Would you feel better if you truly believed in yourself, if you had high self-esteem? Perhaps not, because even if you think you have a good ability to deal with what comes your way (high self esteem), you may still feel nervous or uncomfortable because you demand that you must perform well all the time, that others must appreciate your superior performances, and that the world must come up to your standards. You can feel all shades of miserable knowing or fearing that things won't work out as you demand.

Rational Emotive Behavioral Techniques for dealing with discomfort and urges.

Dr. Albert Ellis attacks these discomfort producing beliefs in a rather direct and effective way. In his books (see our Recommended Reading List in the Appendix), he teaches the ABC's of REBT (Rational Emotive Behavioral Therapy). Ellis takes the position first put forth by the ancient Greek, Epictetus, "People are disturbed not by things but by their view of things." (Clearly this problem has been around for a long time.) Ellis might say: "People feel the way they think."

The Weakness of Positive Thinking. Some well-intentioned folks may tell you that the way to feel good is "to only think positive thoughts," but Ellis calls this rose-colored glasses approach "Pollyanna" and phony. Sure you can try to regularly look at the bright side, but it won't be much help if you don't take the time and energy to also throw out the garbage. Garbage in this case consists of self-defeating beliefs that are untrue, illogical, and unhelpful. Many specific examples will be offered, but let's start by noting that they often come in the form of absolute and literal demands like **MUST's**, **Gotta's**, **Should's**, and exaggerated Needs.

You can feel better by looking at things realistically, and you will be on solid ground, says Dr. Ellis developed his ABC method to help you discover your unrealistic beliefs, get rid of them, replace them, and so improve your comfort and subdue your urges. Learning the ABCDE sequence is somewhat easier to practice because the ABC's make it more memorable.

The ABC's of REBT is a long-term strategy that requires some effort, ongoing preparation, and work. To use the ABC's, you need to learn the technique and practice it regularly when you are not in a crisis, rather than when you are in crisis and demanding immediate results. In a crisis, it may be best to escape or ride the wave. When you master the ABC's, you'll have less crises.

A is for Activating event or Adversity. Take your pick. It is what is happening that starts things going. It can be an event (the boss yelled at you, the spouse unjustly criticized you, a lover rejected you, etc.) or a feeling (flavor of discomfort including uncomfortable emotions and boredom). A cues B.

B is for Beliefs. You may have both helpful realistic beliefs and self-destructive unrealistic beliefs. Your job will be to discover, dispute, and dump the self-destructive beliefs and keep or create helpful beliefs. You may recognize your beliefs from what you say to yourself or infer them from your behavior. After

all, (as therapist Hank Robb has pointed out) you can say to yourself, "I'm a banana," but clearly you won't believe it. On the other hand, you may never think, "This chair will not break when I sit in it," but by the act of your sitting in it, you may infer that you believed in its ability to bear your weight. Looking at your self-talk and your behavior together will help you identify your beliefs.

C is for Consequences. As a consequence or a result of your beliefs, you experience certain emotions and engage in certain behaviors. These emotions and behaviors are your consequences for holding onto your beliefs. *Change the belief and you change the consequences.*

The B → C Connection. *The big message here is that your beliefs, not the activating events, most directly lead to your consequences.* This is the essence of the theory, but you still need to learn to apply it. Hence, you may choose to work hard at changing the A's, and if you can, that's great. But you don't have to change your A's to change your C's, and that's great, too, because the A's are often beyond your control, while your B's and so your C's are almost always within your control. *The power rests with you,* and you can more easily change how you usually feel and what you usually do if you learn to apply this method really well and consistently.

D is for Dispute your harmful beliefs. Discover the destructive beliefs, Dispute them, and Dispose of them repeatedly until you have them so weakened and so discredited that they can hardly influence what you do or feel. When you have practiced disputing those demands for short-term comfort beliefs, and feel comfortably distant from them, you will have the edge on your urges.

E is for Effective. You can now Effectively tolerating your discomfort and handled your urges.

The things we say to ourselves reflect our beliefs.

Say you have stopped an addictive substance or behavior and you now experience an urge to start again. What's going on? Likely you are experiencing some sort of discomfort at A. You want to end that discomfort quickly and easily, and perhaps you believe: "I shouldn't have to feel this way," "I can't stand feeling so uncomfortable," "I MUST do something about it," and so forth. Then you might start casting for beliefs that will allow you to violate your decision to quit, like: "I am probably going to start again anyway, so why not start now?" or "What the hell, one drink won't matter," and you can infer the deep belief: "I need a quick fix for my discomfort."

So far, you have learned many strategies for coping with urges, including several that reinforce your more helpful beliefs. If you have practiced and rehearsed them repeatedly, on your own and at meetings, you will likely succeed in riding out the urge. Even with the arousal that comes with discomfort, you may balance your beliefs about the short-term discomfort against your long-term benefit beliefs, like: "I can accept and tolerate this discomfort in the short run in order to build a better life in the long run."

Work on your emotions and other discomforts as well as your urges. You could also use this technique to lessen (if not totally eliminate) some of your discomfort in the first place by looking for the activating events that trigger your beliefs which in turn bring about your consequent discomfort at C. This is a big part of self-management, managing your emotions, your behavior, and your thoughts, and it's the topic of the next section.

Common Thinking Errors Used by People with Addictions for Excusing the Using

Which of these do you use? Write in examples of your own. Now that you recognize them, you can develop a new strategy for becoming aware of them early and countering them.

Soothing self-statements - Appeasing oneself with uncritical, comforting and often false information. (E.g. It won't be so bad this time because I'm going to be careful, only this one time.)

Rationalizations or Excuses - Specious (sounding good, but actually nonsensical) justifications for harmful indulgent behaviors. (E.g., using is OK if no one else knows about it.)

Blame shifting - "It" (e.g. someone else's behavior, some situation) caused me to do this.

Deservingness - Appeal to a magical concept of ultimate fairness to justify and excuse a behavior (E.g. Because {fill in excuse} I deserve {fill in harmful indulgence}.)

Emotional causes - Blaming my behavior on my feelings. (E.g. Because I felt {fill in any feeling} I may indulge.)

Non-thinking - Responsible thinking is "cutoff" mindlessly, usually with an expletive and a lie. (E.g. {Fill in with an expletive like "to hell with it" or "screw it"}, I don't care {at least as long as I don't think about it}.)

Lazy thinking - Denial of the need to plan, find strategies or think in any way. (E.g. Things are going so well now that I don't need to think ahead right now.)

Super Optimism - Overly optimistic assessments of the future. (E.g. It will be different this time.)

From: Dealing with Criminal Thinking Errors, InsideOut™: A SMART Recovery® Correctional Program Training Program Handouts, Sept. 19, 2003, edited by Henry Steinberger, Ph.D.

Section 5

Point #3 – Self-Management of Thoughts, Feelings, and Behaviors

The ABCs of REBT

Beliefs: Self-Defeating or Helpful?

REBT At Work: An ABC Example

ABC Problem Solving Worksheet

A Word about Coping Statements

Change Your Vocabulary to Change Your Feelings

Unconditional Self Acceptance (USA)

Problem Solving/Brain Storming

Self-Management of Thoughts, Feelings, and Behaviors

This section will help you solve the problems that you might not have even realized that you had because you used to solve those problems through your addiction. Perhaps you used to use a substance or drink or gamble or you name it, in order to be happy, to relax, to socialize, to make friends, to seduce, to kill pain, to fight boredom, to experience feelings usually described as high, buzzed, flying, etc., to escape the discomfort of one or more emotions, to find relief from anything you can name, and the list goes on. Your Cost Benefit Analysis reveals that abstaining from the old solution solved some problems (the costs of your addiction) but also brings with it new costs and the need for new solutions. Consider these as a start on the search for new solutions to the newly revealed old problems.

The Tools of Self-Management

The ABC's of REBT help us better manage our feelings and emotional problems, as well as our behaviors, by changing our beliefs and the thoughts they generate. When our emotions are disturbed, they interfere with our ability to solve our practical problems. For this reason, we will work on overcoming emotional problems before working on practical problems. To better manage emotions and behaviors, we will first review the ABC's of REBT presented in the last section and then show how they can be used to deal with several common problem emotions.

Unconditional Self Acceptance (USA) is a key tool for overcoming emotional problems. We will show that arbitrary self-rating causes many of our emotional knots and that unconditional self-acceptance frees us from proving our worth and allows us to live happier, more productive lives.

Problem solving can seem to be simply a matter of common sense, but we offer a strategy for making your problem solving more effective, yielding more and better solutions. We also discuss the importance of relaxation and how to make it a regular part of your daily living.

The ABCs of REBT

The Source of Emotional Distress. Rational Emotive Behavior Therapy (REBT) attributes much of the unnecessary upset or distress that we humans experience to the dysfunctional beliefs we have learned (or invented). You can make yourself feel miserable by believing in, and re-indoctrinating yourself with, self-defeating or dysfunctional beliefs.

You can eliminate much misery and suffering by learning to discover and dispute (D) your dysfunctional beliefs (dBs). You can—with determined and persistent practice—learn to recognize the dBs and prove to yourself repeatedly that they are untrue, illogical, and unhelpful in accomplishing your goals. Then you can toss them out, along with the negative dysfunctional feelings and inappropriate behaviors they lead to, and trade them for more effective or self-enhancing beliefs and the more functional negative (and positive) feelings and appropriate behaviors to which more effective beliefs lead.

Dysfunctional Beliefs: Defined, Disputed, and Dismissed

Helpful or Self-Enhancing—that which is **realistic, logical, or practical.**

Dysfunctional or Self-Defeating—that which is **unrealistic, illogical, or impractical.**

Demandingness: Absolutistic *MUST, HAVE TO, and SHOULD* beliefs place unrealistic demands on yourself, others, or the world. (For example: I *must* never fail. I *must* always be loved. Others *SHOULD* always treat me fairly. The world *MUST* be the way I believe it *should* be. If I can't have things the way I *MUST*, then I *MUST* feel better damn quick, and so I *have to* indulge in booze or drugs for the fast relief I demand.)

Suggested disputing statements: Where in the “laws of nature” is it written that people, places, or things must or should be the way I want?” “I may prefer life be my way, but demanding it be so only upsets me and so makes change more difficult.”

Over-Generalizations: *Can't, only, always, and never* beliefs are also absolute (all or nothing) and demanding, giving the impression that there are no options, when usually there are many. (For example: I *always* screw up. I *can't* seem to do anything right. I have to drink; it's the *only* way I can deal with the difficulties of life.)

Suggested disputing statements: “Is what I'm telling myself true? No, because I don't always screw up. Besides, making mistakes, screwing up, and being fallible are a big part of being human. I'd better accept my humanity and stop making myself miserable.”

Frustration Intolerance: “I can't stand it,” “I can't handle it,” and “I can't deal with it” beliefs are generally false statements because people usually can stand, handle, or deal with *it*, although not necessarily in a very functional or comfortable way. (For example: “I can't stand it when others tell me what to do.” “I can't handle it anymore.”)

Suggested disputing statements: “The fact is I am handling it, standing it, and dealing with it. It won't kill me. I can bear, though not like, all sorts of discomfort. Claiming that I can't and whining only makes it seem worse.”

Awfulizing: This is when our beliefs exaggerate just how bad things are, such as when we believe that something is worse than 100% bad (which is impossible). (For example: “It's terrible when I make a mistake.” “It's awful when things don't go my way as they always should.”)

Special note: There are events that are truly tragic and do lead us to appropriately feel grief. You might use the language of grief and call them horrible, terrible, and awful, but going beyond grieving to some form of self-destructive escape, whether intoxication or suicide, is clearly inappropriate and unhelpful. In the end, grief can pass (assuming you live), and intoxication only delays the grieving process.

Suggested disputing statement: “Sure this is bad, but not awful if it could be worse.”

Holding dysfunctional or self-defeating beliefs, as reflected in your use of the above words and phrases, makes things seem worse than they really are. This can lead you to feel worse than you would otherwise and/or to behave in inappropriate ways. By using the following ABC formula, especially disputing, you can more easily change your feelings and behaviors.

A = Activating event: any person, place, or thing, or even emotion, we experience

B = Beliefs about “A’s,” both the helpful and the dysfunctional

C = Consequences of the “B’s”: negative dysfunctional feelings, such as rage, depression, and anxiety, and inappropriate behavior, such as using drugs, like alcohol and nicotine

D = Disputing the “dBs” dysfunctional Beliefs (and adopting “hBs” helpful Beliefs)—the major activity of this strategy (For example, “Where is it written life must be fair?” “I prefer to be treated fairly, but I can stand it when I’m not.” “I’m the one who chooses how I feel and act.” “Getting angry and intoxicated certainly doesn’t help.”)

E = Effects of disputing: negative *functional* feelings, such as annoyance rather than anger, sadness rather than depression, concern rather than anxiety...or positive feelings, such as happiness or contentment, and appropriate behaviors, such as independence from drugs, including alcohol and nicotine

Originally: “The ABCs of Gaining Independence from Addictive Behavior (i.e., drug abuse—including alcohol & nicotine—eating disorders, compulsive gambling)” by Rich Dowling, MA, NCC, MAC

Beliefs: Self-Defeating or Helpful?

Consider the self-defeating beliefs listed in the left column versus the helpful beliefs in the right column. Starting today, try to discover your own worst self-defeating beliefs, see how they are self-defeating, and then replace them with more productive, helpful beliefs that you create!

| Self-Defeating Beliefs | Helpful Beliefs |
|--|--|
| I should always take whatever steps are necessary in order to be comfortable in the short run. | Often, it is better to stay uncomfortable in the short run, in order to facilitate my overall happiness in the long run. |
| If I do something foolish, it proves what I have always thought: I am a fool and a worthless person. | Even the most capable people make mistakes. It's inaccurate and unhelpful to turn any mistake, no matter how foolish, into a general condemnation of myself. Instead I can learn from my errors. |
| If I am less capable than those around me, I am nothing. I must be as good as or better than them in order to be OK. | Very happy lives are often lived by people who don't have great capabilities of any sort. I am probably not special and don't need to prove myself better than others, in any way, in order to be OK. |
| Since I have already proved my fallibility by addictive behavior, I should never trust myself but always seek the counsel of others. | Even though I have made mistakes in the past and will certainly make them in the future, I need to remember that I am the one who lives with the consequences of my decisions. After gathering good information, I can make my own decisions and live with the consequences. |
| Others are responsible for my happiness, and I should hate them, punish them, or complain bitterly, if they fail to make me happy. | As an adult, I am responsible for my own happiness. For me to hold others responsible for my happiness is to place an unjust burden on them, and it cannot lead to long-term happiness. |
| I must find the one person or belief that will make my life good. | Life is an ongoing process of learning many things and relating to many people. It is an adventure in which I will gradually grow. There are few shortcuts. |
| I am bored, and there is nothing I can do about it except drink or use. | There is almost always something other than drinking or using that is less boring than what I am doing right now. If I think of it, and do it, I will be less bored. |

**“People feel the way they think.” —
Dr. Albert Ellis**

**By disputing your dysfunctional beliefs, you can better manage
your thoughts, feelings, and behaviors.**

REBT at Work: An ABC Example

“People are disturbed not by things, but by the views which they take of them.”

—Epictetus, 1st century AD

It is not the event but rather our beliefs about the event that cause our emotional reactions.

A - Activating Experience:

A woman friend breaks the news that she is going out with another man and therefore wishes to break off her relationship with you.

B - Irrational Beliefs about the experience:

“I really must be a worthless person. I’ll never find another great woman like her. She doesn’t want me; therefore no one could possibly want me.”

—and/or—

“This is awful! Everything bad happens to me! She shouldn’t be that way. I can’t stand the world being so unfair and lousy.”

C - Upsetting Emotional Consequences:

Depression and/or Hostility

D - Disputing of Irrational Ideas:

“Where’s the evidence that because this woman wishes to end our relationship, that I’m a worthless person; or that I’ll never be able to have a really good relationship with someone else; or even that I couldn’t be happy alone? Why is it awful that I’m not getting what I want? Why shouldn’t the world be full of injustices? How does her rejecting me make me a bad person?”

E - New Emotional Consequence or Effective New Belief

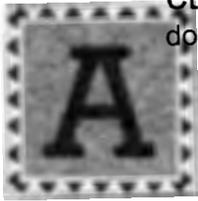
Sadness: “Well, we did have a nice relationship, and I’m sorry to see it end, but it did have its problems, and now I can go out and find a new friend.”

—and/or—

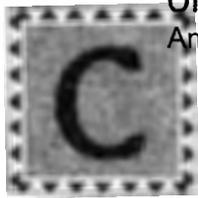
Annoyance: “It’s annoying that she’s seeing someone, but it isn’t awful or intolerable.”

Adapted from The RET Resource Book for Practitioners (©1993 by the A E Institute for REBT).

ABC Problem Solving Worksheet



Activating event - What is the Activating event?—What happened? What did I do? What did others do? What idea occurred to me? What emotions was I feeling?



Consequence - Am I feeling anger, depression, anxiety, frustrated, self-pity, etc.? Am I behaving in a way that doesn't work for me? (drinking, attacking, moping, etc.)



Beliefs - Beliefs (dysfunctional)—What do I believe about the Activating event? Which of my beliefs are my helpful/self-enhancing beliefs and which are my dysfunctional/self-defeating beliefs?



Dispute - Dispute the Beliefs to find which are dysfunctional—What is the evidence that my belief is true? In what ways is my belief helpful or unhelpful? What helpful/self-enhancing belief can I use to replace each self-defeating or dysfunctional belief?



Effective New Belief and Emotional Consequence - What helpful/self-enhancing **new** belief can I use to replace each self-defeating or dysfunctional belief? What are my new feelings?

A Word about Coping Statements

Coping statements may be more effective than doing an ABC in a crisis. REBT requires that you learn how to work the ABC's and practice them while you are in a situation that allows you to do so. It would be difficult to learn and use them in a crisis. When you want help recalling and reinforcing your new healthy beliefs and fighting off the old destructive beliefs in a crisis, you may find that coping statements are easier to use.

You can develop some for special situations, such as when you would do well to better tolerate frustration, reduce anxiety or rage, head off depression, or accept an urge without acting on it. The following are examples. You can find others in books like Bill Borchardt's *Think Straight, Feel Great!: 21 Guides to Emotional Self-Control* (Sarasota, FL: Professional Resources Exchange, 1989) and other books in our "Recommended Reading List" in the Appendix or create your own. Try to make them realistic and non-demanding.

Increasing frustration tolerance:

Sure this is upsetting, and I don't like it, but it's never too upsetting, and I can stand what I don't like.

Stopping an angry rage:

It's OK to feel annoyed and disappointed, but I don't have to lose it, even when someone acts badly towards me. Other people can make mistakes.

Stopping a bout of anxiety and depression linked to self-rating:

Making mistakes is human, and while mistakes may leave me feeling concerned, sad, or regretful, I never need to beat myself up or berate myself for a mistake. I can forgive myself and move on.

A Word About Coping Statements by Henry Steinberger, Ph.D.

Change Your Vocabulary to Change Your Feelings

Because dysfunctional feelings and distress are often caused by the way we think about events, not the events themselves, you can change the degree of your feelings and your behaviors using this exchange list for words, just like you might use an exchange list for unhealthy foods. When you first try this new way of thinking, it might not feel right. The more you do it, however, the more natural these realistic beliefs will become.

| Instead of Thinking: | Try Thinking: |
|----------------------|--------------------|
| must | prefer |
| should | it is desirable |
| have to | choose to |
| need | want |
| can't | choose not to |
| ought | had better |
| never | rarely |
| all | many |
| always | often |
| can't stand | don't like |
| awful | highly undesirable |
| bad person | bad behavior |
| I am a failure | I failed at |

Here are some examples:

| | |
|------------------------|-----------------------------------|
| I have to do well. | I want to do well. |
| You shouldn't do that. | I prefer you not do that. |
| You never help me. | You rarely help me. |
| I can't stand my job. | I don't like my job. |
| You are a bad boy. | That behavior is undesirable. |
| I'm a loser. | I failed at this one task. |
| I need love. | I want love, but I don't need it. |

By Robert F. Sarmiento, Ph.D.

Unconditional Self Acceptance (USA)

USA Today

I accept myself because I'm alive and have the capacity to enjoy my existence. I am not my behavior. I can rate my traits and my behavior, but it is impossible to accurately and honestly rate something as complex as my self. My self consists of innumerable traits; no single one is all important unless I decide that it is. Exaggerating the importance of any one trait will cause me more grief than it will help me.

I strive for achievement only to enhance the enjoyment of my existence, not to prove my worth.

Failing at any task cannot make me a failure. I can choose to accept myself even if I am unwilling or unable to change my character defects, because there is no law of the universe that says I can't.

My approval of myself cannot come from pandering to any external source or bowing to any external authority. My self-acceptance can only come from me, and I am free to choose it at any time.

USA Today by Nick Rajacic, MSW

USA Everyday

The myth of variable self-worth is based on a self-rating scheme that differs from person to person, but in all cases it involves choosing arbitrary traits or attributes to rate, because NO set of attributes exists that would universally and perpetually define intrinsic or self worth. An attribute or set of attributes would cover only relative extrinsic worth (worth compared to some arbitrary standard) or worth in relation to others and their goals (e.g., Do they accept me?).

Can you rate red as good or bad? Only in relationship to some goal, but not universally. You can say it is more or less red, that red is good or bad for some purpose, or that one likes or dislikes red, but never honestly that red is inherently good or bad. By way of analogy, a person—their self, essence, or being—can never be accurately and honestly rated, though it may be done regularly much to the person's detriment. Refuse to rate yourself and save yourself from the emotional disturbances and behavioral traps that come with the self-rating game.

The self-esteem game. Many if not most people put others down in order to prove that others rate no better, or worse, than they themselves do and so they build themselves up in this comparative rating scheme. The antidote would be unconditional other acceptance. Practicing UOA can be good practice for maintaining better USA.

USA Everyday by Henry Steinberger, Ph.D.

Problem Solving/Brain Storming

1. **Define the problem as specifically as possible**, breaking a big general problem down into small specific problems so you can work on them one by one. Rather than saying: “My life stinks; I want a better life,” you are more likely to solve some problems if you specifying what exactly you don’t like and what even more exactly you would prefer. For example: “I don’t like sitting home alone in the evening as much as I do, and I’d prefer to do something else from seven until ten.”

2. **Brainstorm**: Turn off your internal critic and come up with as many possible alternative solutions as you can—preferably write them down. Don’t just turn your inner critic down. Try to turn that part of your mind entirely off and allow yourself to invent wild and silly ideas that push the envelope. Open yourself to whatever occurs. Ask for input from others. Make this an activity to do with your SMART Recovery® group. Keep going. Make the longest list you can.

3. **Sort, rate, and evaluate your list**. Line up your ideas, your possible activity solutions, along various scales. Rate each possibility: How realistic is it? How likely is it to work? How easy is it? How rewarding? Assign ratings from zero to ten, along each of these scales, for each potential solution. This way you can eliminate any that get a zero. If you can’t seem to assign an idea an accurate rating, take a guess. If you can’t even guess, write down a “?” and keep going. Take your time but keep going.

4. **Pick a possible solution, give it a try, and keep a record of how it goes**. Pick one with high scores and make a plan for putting it into practice. You may find it helpful to write down your plan, including a start date and a description of the time and place when you will carry out your plan.

5. **Rate how well it worked and fix it if it can be fixed or try another solution**. Your solution may not be perfect or you may not have carried it out well enough yet. It may require some practice, some tweaking the plan, or some help from others. Can you get it to work better? If so, great, but if not, pick another solution from your list and try, try again.

6. **Encourage yourself and take encouragement from others**. If at first you don’t succeed, that’s the way life is—accept it and keep going. You don’t have to try, try again and again the same way each time. Note any improvement in your execution. You can revise the way you do things or pick another possible solution. You can even go back to square one—redefine the problem or any new problems that have cropped up, brainstorm a new set of solutions, and so on. Set backs don’t equal failure, and defining oneself as a failure is counterproductive. Each new challenge contains an opportunity.

7. **Use your REBT/ABC skills to boost your frustration tolerance**.

By Henry Steinberger, Ph.D.

Section 6

Point #4 – Finding a Lifestyle with a Balance of Long and Short Term Satisfaction

Regain Your Health

Relaxation

SMART Goal Setting

How to Set SMART Goals

Goal Setting Worksheet

Prioritizing your Goals

Planning an Enjoyable Life

Exploring Vital Absorbing Interests

Relapse Prevention Strategies

Section 6: Point #4

Finding a Lifestyle with a Balance of Long and Short Term Satisfaction

"The best way to avoid relapses or new addictions is by living a full life with a number of diverse interests and friends, behaving in ways consistent with your values, and seeking and pursuing your goals."—Larry Bresslour, *SMART Recovery® New England*

So far, we have covered a number of life skills, such as problem solving, dealing with emotional upset and discomfort, refusal skills, dealing with urges, and so forth. In this section, we include skills you can use to achieve a balanced lifestyle with fun activities and friends.

The reader who is interested in learning more about assertive communication skills, useful for work related and intimate relations, might find systematic assertiveness training useful. Those skills are well taught in Manuel Smith's book: "When I Say No, I Feel Guilty" (see the "Recommended Reading List" for information and instruction). What follows are some of the most important skill areas which can provide good starting points for building a balanced and satisfying lifestyle.

Regain Your Health: Eat Well, Practice Good Sleep Habits, and Exercise

Regaining health may be one of your first priorities after sobriety. Many recovering people mention that once they quit their addiction, they rediscover the simple pleasures of life, like breathing, eating good food, improved sleep, and the joy of physical engagement. Others are surprised to find themselves not feeling better, even though they have stopped their addictive behavior.

For those who don't automatically regain their joy in life, we recommend learning skills that promote living a balanced life. Three aspects of that life that most folks regard as vital are: eating, sleeping, and exercising.

Eating: Some people fail to eat in ways that allow them to feel good. Perhaps this problem was previously masked by addiction, but now there is a need to learn to eat in ways that will lead to feeling healthy. (This may head off the excessive weight gain that some people experience when they quit their addiction.)

Eating a balanced diet is not a diet in the sense of trying to lose weight. Rather, it is mindfully taking in needed nutrition without getting hooked on foods that can be addictive and cause problems. One such problem is the carbohydrate cycle in which a person eats lots of sugar and starch (e.g., chips and a coke), triggering their body to release a big dose of insulin, leading to low blood sugar, and feeling very hungry again.

Your success with recovery will be easier if you learn to eat well. We highly recommend that you learn about eating in healthy ways and not get trapped into an eating addiction. Learning is not enough, though. You have to follow through and develop good eating habits.

Take an inexpensive therapeutic vitamin (a specific F.D.A. mixture available over the counter) daily as you start your recovery.

Sleeping: Some people feel great when they quit using and regain healthy sleep. Unfortunately, some had been passing out rather than sleeping. Good sleep is more than being unconscious. Some people may find that they go through a period of time where their bodies adjust, and they have trouble sleeping. This may be normal and may pass. For those who do not regain restful sleep or who have always had problems with sleep, it is helpful to learn about sleep and strategies that promote good sleep, and then practice good sleep habits. There are many helpful books on the subject. You may also consider consulting a physician, psychologist, or other mental health professional familiar with sleep disturbances.

Exercise: Some people continued to exercise despite their addiction. (*Warning:* it's unhealthy to exercise with alcohol in your system and may be dangerous to exercise while overly intoxicated on anything that interferes with coordination.) Like good eating and sleeping, getting some exercise on a regular basis can help you enjoy your recovery and stay healthy. At the very least, one can take a daily walk for a few miles (five miles is a good eventual goal). 30 minutes of brisk walking at least 5 days per week is a scientifically-validated method to reverse depression. Best of all, you may find that some form of exercise is actually fun and may give you a natural high. If giving up the high was a problem in your recovery, this may be a solution to consider.

Relaxation through Deliberate, Deep, Slow Breathing

Deliberate, deep, slow breathing:

- is simple, reasonably fast acting, and relatively easy
- only requires remembering to do it and the desire to become relaxed
- reverses cycles of increasing anxiety, sometimes called panic
- prevents undesirable effects of hyperventilation (e.g., feeling dizzy, light headed)
- sets a more relaxing slower tempo

Turning your thoughts toward your breathing:

- Heightens your awareness of your relaxation
- Provides a different, quiet, inner focus

With the simple and yet effective methods of deliberate, deep, slow breathing, you can override both your natural response to your fear triggers (your “fight-or-flight” response), your characteristic level of trait anxiety (better called vigilance), and your urges to use.

The habit of rapid shallow breathing can lead to unnecessary anxiety because you get less oxygen and raise your blood pressure, which you perceive as anxiety, fear, and panic. When you judge a situation to be frightening or become anxious about experiencing anxious feelings, you may start a cycle of increasing anxiety by even more rapid and shallow breathing. Being unaware of your breathing and how it relates to your anxiety, you might think that feeling anxious is not normal or that it’s a sign that your anxiety is getting way out of control. These incorrect, unhelpful beliefs further increase your anxiety.

Slow deep breathing reverses this cycle. Many people simply forget to use this approach for relaxation when faced with adversity. You don’t have to do this perfectly or all the time, but with reminders and practice you may make it your habitual response to anxiety. Use your natural vigilance to remind yourself to breath and feel more relaxed.

Make slow deep breathing your habitual response to stress by regular practice.

Remember to breath.

Also, remember to drink several glasses of water each day.

Sometimes it seems amazing how many problems and emotional upsets are solved
by remembering to attend to our most basic needs,
like breathing and drinking water.

By Henry Steinberger, Ph.D.

Relaxation

Some obvious ways to relax include listening to quiet, pleasant music, using imagination and imagery to picture oneself in a relaxing scene, or using relaxation tapes. Relaxation can be a good way to cope with urges. What follows here are some of the most well-known basics of relaxation. While these may be ideal for many, every person is different. Find and practice the relaxation process that works best for you and that helps you beat your addiction.

The Four Basic Elements of the Relaxation Response:

1. **A Quiet Environment:** Choose a place with as few distractions as possible.
2. **A Mental Device:** A sound, word, or phrase repeated silently or aloud to focus concentration (e.g., C-A-L-M). Gazing at an object (e.g., a candle) is also often effective.
3. **A Passive Attitude:** Acknowledge and then disregard all distracting thoughts—don't fight them—then return to your mental device. Don't rate or evaluate the quality of your relaxation while engaging in it—just do it and accept it as good enough.
4. **A Comfortable Position:** Sit in a firm but comfortable chair or lie down on a firm surface.

How to relax:

1. Assume a comfortable position.
2. Allow your eyes to close.
3. Breathe in long, slow, full breathes through your nose and pay special attention to the sound of your breathing. As you breath out, say the word or phrase you chose as your mental device. Continue to breathe easily, fully, and naturally.
4. Deeply relax all of your muscles. Allow your whole body to go limp like a rag doll. Any tense muscle or muscle group may be tightened, held tight for a few moments, and then released to create greater relaxation. Notice the increased relaxation and warmth following the release.
5. Continue this for 10 to 20 minutes. When you have finished, sit quietly for a few minutes before you stand up. Attend to and enjoy your increased sensations and relaxation.
6. Use this technique twice daily. Do not attempt to evaluate your success or expect it to work immediately. Such a radical shifting of gears will take time and continued practice. Practice twice each day and allow the feeling of deep relaxation to come to you, rather than trying to find it.

Note: This is best done before meals or at least two hours after meals since it tends to slow the digestive process. Also, it's best to practice relaxation at times other than just before going to sleep so that you learn how to relax and not just how to fall asleep.

*Adopted from H. Benson, M.D., **The Relaxation Response.***

SMART Goal Setting

Now that you've given up your old addictive behavior, or the "quick fix" of alcohol and/or other drugs, and you have a little time in recovery under your belt, you've probably reached the point where you are beginning to ask yourself: "Okay, I'm doing better. (I'm sober.) Now what?"

Let's face it. In the past, not only did you spend a great deal of time on your addiction, but you also used up a lot of your time thinking about it and planning for the next time. It's only natural that you may now have lots of extra time on your hands. What you do with this time may be the most important factor influencing your chances of a successful recovery and a meaningful new life.

Understanding Your Values

What's really most important to you in your life? Understanding your own personal values will help you to set your priorities and determine what to do first, what to do next, and so forth.

The key to understanding your new priorities may lie in the reasons why you decided to quit the addiction in the first place. Perhaps your reason for quitting was primarily health related, perhaps because of deteriorating personal relationships, or perhaps to avoid serious legal or financial consequences.

What sort of person have you become and what sort of person you would like to be? Perhaps financial security and material possessions are of utmost importance to you, or perhaps you are more interested in creative endeavors, spiritual growth, or in having plenty of time to spend doing fun things with your loved ones.

Although your values in life are important and will help guide you in the right direction, it's not as important exactly what you do now, as that you start to *do something*. You can always reevaluate and make adjustments later, as your new journey begins.

Let's Get Started

You might eventually want to set some long-term goals for the future, but it's probably best not to overwhelm yourself in the beginning. You might start by considering the following list of categories where you might want to set some new goals in your life:

- **Artistic Activities**—Creativity and artistic self-expression can be among the most satisfying of all the possible leisure-time activities. The possibilities are endless but might include: painting, writing a book, learning to play a musical instrument, gardening, or woodworking. Anything you can do to keep your hands and mind busy will be especially helpful.
- **Continuing Education**—One of the best ways to keep life interesting, and your mind active and healthy, is to always be involved in the process of learning something new. Even if you've finished your Ph.D., your education is never completed.
- **Friends & Family**—Repairing and restoring your relationships with your loved ones is among the first priorities of a happy sober lifestyle. Make a concerted effort to spend more quality time with them. It's highly unlikely that you will someday look back over your life and wish you'd spent more time at the office.
- **Fun & Leisure**—Can you even remember what you used to do for fun before your addiction began to occupy most of your time? Many people can't. Learning how to have fun again is one of the most important things you have to do. The world is full of fun and exciting things to do; get out and try

some of them. Take up an old hobby. In the battle to overcome an addiction, boredom is the enemy.

- **Physical Health**—Maintaining or improving your physical health will pay big dividends in your recovery. When you feel good physically, you also feel better emotionally. A program of regular exercise, good nutrition, getting enough sleep, and preventive medical and dental checkups will help put you in a positive upward spin, instead of the old downward cycle.
- **Public Service**—Giving unselfishly to others can be an extremely rewarding experience. Opportunities to volunteer your time and talents are plentiful. Give it a try and you may be pleasantly surprised at how much you'll get in return. You may have issues you wish to address with political activism or concerns that can be addressed by volunteering your time to a good cause. Be sure to consider volunteering some time to help promote and expand SMART Recovery®. Volunteering with an organization that has a mission and goals you are in agreement with is a wonderful way to meet new people and establish new friendships quickly, since the people you meet will automatically share a common interests.
- **Social Activities**—Do most of your social activities with friends revolve around the old addiction? How are you going to change that without giving up all your friends?
- **Work & Financial**—A certain amount of financial security is a desirable goal for everyone. Most of us are faced with the reality of having to work for a living. Some are even lucky enough to enjoy their work, while others are content to bring home a paycheck in order to support other interests. Will you be happy in a small house with a white picket fence, or do you want the big house on the hill with the Ferrari in the driveway, and the bank account to match? What's most important to you?

This list is only a starting place. You may think of other categories in which you would like to set some personal goals.

How to Set SMART Goals

Now that you've considered some of the different categories in which you might want to set some goals, let's turn our discussion to the process itself. In order to insure that your efforts are successful, here are some general guidelines to follow when setting your goals.

SMART (in this instance) is an acronym which stands for:

- **S**pecific
- **M**easurable
- **A**chievable
- **R**ealistic
- **T**imed

Asking yourself if your new goals meet each of these five criteria will help you to set sharper, clearer goals, and give you a yardstick for measuring your performance.

To better learn goal setting, we'll start with a specific example. You may follow along on the Sample Goal Setting Worksheet that is provided at the end of this section and work along on a blank Goal Setting Worksheet, also provided, to better learn this process. Start by entering the name of a category in the blank at the top of the form. For the sake of an example, we've entered: "Physical Health." Next, define your objective within this category by setting your "Overall Goal" and putting it down in the blank provided.

You might be tempted at this point to write down something simple like: "To become physically fit," as your overall goal, but does that really meet the five SMART criteria? In this instance, it doesn't, because although it is probably achievable and realistic, it's not specific enough and is neither measurable nor timed. Perhaps a better statement of a goal would be: "To work everyday towards becoming more physically fit." Then you can add more measures and timing elements as you break it down into smaller components.

Start by writing down your goal. Once you have clearly defined what your goal is, it's easier to figure out how to go about achieving it without going astray. You do that by breaking down your overall goal into smaller "Specific Components," and then breaking those down into even smaller, bite-sized pieces, which we call "Tasks" (or Things-to-Do). Tasks are simply small goals that can be accomplished in five minutes to an hour's time and that move you in the direction of your larger goals.

In this example you might break the Overall Goal down into three Specific Components—Regular Exercise, Improved Nutrition, and Getting Enough Rest. Then you're ready to break them down into the individual tasks that you will have to complete in order to successfully achieve the goal. They are already written in for you on the Sample "Physical Health" Worksheet, though you may want to revise it according to your own individual needs and desires on your own worksheet.

We've written the following tasks in the sample:

- Take a long walk every morning.
- Work out at the gym at least one hour, three days each week.
- Eat three square meals every day, and MUCH less junk food.
- Take a vitamin pill every day, and medications as directed.
- Get to bed by 11:00 PM every night, and get up by 6:00 AM.
- Do a relaxation exercise for 10 minutes twice a day.

You may have also thought of some other things that you want to include here, that are part of your own personal Goal Setting program of recovery. That's great! Feel free to write them down and add them to your list.

Please remember, we're merely explaining the process here with an example and not trying to force any specific goals on you. These have been offered as suggestions and ideas, not hard and fast rules.

Now you're ready to move on and set some goals in some or all of the other suggested categories. Beware of goals that included too many factors that are beyond your control. Try to set goals over which you have as much control as possible, at least at first, so you don't become discouraged early on. Try to set goals based upon improvements in personal performance rather than on outcomes. (For example, count and reduce my calorie intake to 2,000 per day and exercise three times a week for 30 minutes, rather than lose 10 pounds in 3 months.) Also, set incremental goals, small steps toward where you want to be. (For example, set a goal to increase your sales by 10% next month, rather than to become the top salesperson in your division next month.) And when going through the different categories, remember that just because you set a goal, it doesn't mean you have to start working on achieving it immediately. It will be helpful to write down everything you can think of that you'd like to accomplish knowing that you can always revise it and that different goals will receive different priorities.

Goal Setting Worksheet

Category: Physical Health

Overall Goal: Work everyday towards becoming more physically fit

| Specific Components: | Things To Do/Tasks: | Done? |
|----------------------|--|-------|
| Regular Exercise | Long walk with the dog every morning. | _____ |
| | One hour workout at gym, 3 days a week | _____ |
| | Loose 10 pounds in the next three months | _____ |
| | _____ | _____ |
| Improved Nutrition | Eat three square meals every day | _____ |
| | Eat much less junk food | _____ |
| | Take a multi-vitamin every day | _____ |
| | Take medications as directed | _____ |
| _____ | _____ | _____ |
| Get enough rest | Get to bed by 11 PM every night | _____ |
| | Get up by 6 AM every morning | _____ |
| | Take naps as needed | _____ |
| _____ | _____ | _____ |

Prioritizing your Goals—What to Do First

Once you have set some specific goals within some or all of the individual categories, broken them down into smaller components, and developed the individual tasks that you will accomplish to move in the desired direction, you'll have to make some decisions about what you're going to work on first. You do this by reviewing your Goal Setting Worksheets and by moving some of the tasks from your worksheets to the "Things to Do This Week" list. We've provided you with a blank form to copy and use and a sample form on which we've already moved some of the items from the sample "Physical Health" Worksheet.

In addition to a place to write down items for each specific day of the week, there is a place for items you want to remember to do everyday, such as "Take my vitamins." Be sure to write down anything in this space that you want to make into a positive daily habit. If you sometimes forget to brush your teeth or take your vitamins, write it down here. Once you've made it your new habit, you won't need to write it down anymore.

Remember that at this early stage in your recovery, you need to stay busy, so move lots of tasks onto the list. Don't worry if you don't get around to doing them all this week. You can always decide to move any uncompleted tasks onto next week's list, or you might decide that a specific task is not really a high priority right now, and that you'll try to get around to doing it later. It will still be there on your worksheet to remind you to get back to it in the future.

Weekly Review

At the end of each week, go over last week's "Things to Do This Week" list. Move to next week's list any items that you didn't get done that you want to do next week. Checking off items can help you feel good about your progress and increase your sense of confidence and mastery. Not having checked off many items may help you increase your motivation, and you may resolve to work harder next week.

As you repeat this process week after week, you will see that you're beginning to accomplish some of your goals. There's a wonderful feeling of satisfaction you get from working towards your goals and achieving some of them. So get busy, and **go for your goals!**

SMART Goal Setting by David Heward

Things To Do This Week List

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"SMART Goal Setting" and all forms by David Heward

Scientific Activities (such as Anatomy, Biology, Herpetology, Physics, Medicine, Zoology, Anthropology, Psychology, Sociology).

Socializing Activities (such as Conversing, Group Activities, Attending or Giving Parties, Rap Sessions, Book Clubs, Fraternal or Spiritual Groups).

Spectating (such as watching Movies, TV, Plays, Sports, Pageants, Circuses).

Sports (such as Baseball, Basketball, Golf, Gym, Football, Hockey, Dancing, Tennis, Skating, Running, Volleyball).

Studying Academic Subjects (such as Art History, History, Language, Math, Music, Science, Social Science).

Trades and Crafts (such as Bricklayer, Builder, Carpenter, Foreman, Factory Worker, Gardener, Mechanic, Machinist, Police Officer).

Venting Feelings (Expressing Good [or Bad] Feelings with activities such as Talking, Writing, Journaling, Taping, Drawing, Singing, Dancing, Howling, Crying).

<http://www.skysite.org/primer/homework/page15.html> slightly revised for this publication.

Relapse Prevention Strategies

1. Get medical and psychological help for emotional illness and take medications as prescribed.
2. Consider using medications (like disulfiram [Antabuse], naltrexone [ReVia], buprenorphine [Suboxone] etc.) as a sign of positive action and never as a mark of failure or inadequacy.
3. Live with awareness of the PIG (Problem of Immediate Gratification) and of natural penalties for slips, lapses, and relapses. Carry, review, and update your Cost-Benefit Analysis or list of reasons for sticking to your change plan.
4. Stimulus control. Avoid, escape, or change the Activating Events, cues, or “triggers” for drinking or using that can be escaped, avoided, or changed but also work on changing the irrational beliefs that can serve as cues for a relapse.
5. Arrange rewards for successful abstinence and compliance with treatment.
6. Substitute activities—Develop a balanced life with healthy indulgences that can substitute for the unhealthy behaviors. Find vital absorbing interests.
7. Distractions—Try relaxation, meditation, “breathing,” jogging, biking, singing, praying, art, reading, calling supporters, etc.
8. Irrelevant Decisions—Beware of seemingly irrelevant decisions that lead to high-risk situations and using. Recovery requires living with greater awareness.
9. Beware of the Abstinence Violation Effect (the use of a small slip as an excuse for a major relapse). Carry your how-to-cope reminder instructions. Remember: One “swallow” does not make a summer nor a relapse.
10. View relapse as a learning opportunity, a mistake, grist for the mill, and not evidence of total failure or a predictor of the future. Regard relapse as a “normal” though undesirable possibility. Take it seriously, stop, learn what went wrong, and find new and better strategies to avoid repeating the error.

“The person who really thinks, learns quite as much from his failures as from his successes.”
—John Dewey

“Relapse Prevention Strategies” collected by Henry Steinberger, Ph.D.

Appendices

Additional Helpful Information

A: SMART Recovery® Recommended Reading List

B: Web sites and Contact Information for Other Alternative Support Groups

C: Materials Available from SMART Recovery®

D: SMART Recovery® Policy on Medications

E: For Those Who Care About Another - The CRAFT Approach

F: The InsideOut™ Program for People in Corrections

G: Ways You Can Support SMART Recovery®

H: What Works? The Science in SMART Recovery®'s program

I: The SMART Recovery® Board of Directors

K: The SMART Recovery® International Advisory Council

Appendix A: SMART Recovery[®] Recommended Reading List

(Note: *Available from SMART Recovery[®]; **Available only from SMART Recovery[®])

SMART Recovery[®] Publications:

SMART Recovery Handbook** - A compilation of practical information designed to assist the reader in attaining the ultimate goal of recovery.

SMART Recovery[®] Facilitator's Manual** This how-to manual provides an excellent overview of how to start a SMART Recovery[®] group meeting, and also serves as a superb refresher for individuals who have been leading groups for some time.

Addictive Behavior – For Participants

Alcohol: How to Give it Up and Be Glad You Did, A Sensible Approach* - Philip Tate, Ph.D. (See Sharp Press 1997)

Sex, Drugs, Gambling, & Chocolate: A Workbook for Overcoming Addictions* - A Thomas Horvath, Ph.D. (Impact Publishers, Inc. - 1998)

The Small Book - Jack Trimpey, LCSW (Delacorte Press, New York, NY - 1992)

When AA Doesn't Work for You: Rational Steps to Quitting Alcohol - Albert Ellis, Ph.D. & Emmett Velten, Ph.D. (Barricade Books, Inc., Fort Lee, NJ - 1992)

Addictive Behavior – For Participants or Significant Others – Overviews of Treatment and Other Resources for Addiction

Recovery Options: The Complete Guide – Volpicelli & Szalavitz (John Wiley & Sons, Inc. 2000-2002)

Resisting 12-Step Coercion* - Stanton Peele, Charles Bufe, & Archie Brodsky (See Sharp Press - 2000)

Sober for Good: New Solutions for Drinking Problems – Advice from those who have Succeeded* – Anne Fletcher (Houghton Mifflin Co. 2001)

The Truth About Addiction and Recovery - Stanton Peele, Ph.D. & Archie Brodsky with Mary Arnold (Simon & Schuster - 1989)

Addictive Behavior - For Facilitators & Professional Advisors

The Handbook of Alcoholism Treatment Approaches: Effective Alternatives (3rd edition) – Hester & Milller, eds. (Allyn & Bacon 1995)

Managing Addictions: Cognitive, Emotive and Behavioral Techniques* – Bishop (Albert Ellis Institute 2001)

Motivational Interviewing (2nd ed.) – Miller and Rollnick (Guilford Publications, Inc. April 2002)

Principles of Drug Addiction Treatment: A Research Based Guide - National Institute on Drug Abuse (free on website)

General Behavior Change - For Participants – Manuals to Guide Change

Coping Better...Anytime, Anywhere - Maxie Maultsby (Rational Self-Help Aids Sept. 1990)

Feeling Good - David Burns (Signet, 1980)

How to Stubbornly Refuse to Make Yourself Miserable About Anything, Yes Anything! - Albert Ellis, Ph.D. (Lyle Stuart, Inc., Secaucus, NJ - 1988)

Three Minute Therapy, Change Your Thinking, Change your Life* - Michael Edelstein, Ph.D. (Glenbridge Publishing, Ltd. - 1998)

When I Say No I Feel Guilty – Manuel Smith (Bantam/Non-Fiction Reissue Edition Feb.1, 1975)

General Behavior Change - For Participants or Significant Others – Overviews of Treatment, Other Resources for Behavior Problems

The Authoritative Guide to Self Help Books - Santrock, Minnett, and Campbell (Guilford Press - 1994)

Changing for Good - James Prochaska, Ph.D., John Norcross, Ph.D. & Carlo DiClemente, Ph.D. (Wm. Morrow & Company, New York, NY - 1994)

Appendix B: Web Sites and Contact Information for Other Alternative Support Groups and Web Sites of Interest

LifeRing Secular Recovery

Aim: To abstain from alcohol or other drugs.

<http://www.unhooked.com>

LifeRing Service Center; 1440 Broadway Suite 312; Oakland CA 94612-2023

Phone:(510) 763-0779; Email: service@lifering.org

Secular Organization for Sobriety (SOS) (see LifeRing Secular Recovery above)

Aim: To abstain from alcohol or other drugs.

<http://www.secularsobriety.org>

Jim Christopher; Save Our Selves (SOS); 4773 Hollywood Blvd.; Hollywood, CA 90027

Phone: (323)-666-4295; E-mail: SOS@CFIWest.org Attn: Jim Christopher

Find Meetings at: <http://www.cfiwest.org/sos/find.htm>

SOS Women at: <http://groups.yahoo.com/group/SOSWomen>.

E-mail women's group: SOSWomen-subscribe@yahoogroups.com to join.

Women for Sobriety (WFS)

Aim: To abstain from alcohol.

Women For Sobriety, Inc.; P.O. Box 618, Quakertown, PA 18951-0618

<http://www.womenforsobriety.org>, Phone: (215) 536-8026; Email: NewLife@nmi.com

Moderation Management (MM)

Aim: To moderate or abstain from alcohol.

Moderation Management; PO Box 3055; Point Pleasant NJ 08742

<http://www.moderation.org>, Phone: (732) 295-0949; Email: moderation@moderation.org

Web Sites of Interest

www.smartrecovery.org

Drinker's Check Up: An inexpensive online user friendly confidential alcohol use assessment proven to help people make better decisions regarding their drinking.

<http://www.drinkerscheckup.com>

www.rebt.org: The Albert Ellis Institute for Rational Emotive Behavior Therapy offers both a way to find therapist trained in REBT and many self-help materials addressing addictions, mental health and problems in living.

www.aabt.org - [aabt.org/members/Directory/Clinical_Directory.cfm](http://www.aabt.org/members/Directory/Clinical_Directory.cfm): The Association for the Advancement of Behavior Therapy can help you find a therapist who subscribes to the behavioral approach which SMART Recovery® advocates. Over 200 of these listed therapists claim specialties in addictive behavior or alcohol abuse. Be sure to ask them if they are aware of and supportive of the SMART Recovery® program.

www.mindtools.com: Learn personal effectiveness, goal setting, and stress management. Further, discover techniques that improve creativity, assist problem solving, organize time and deadlines, etc.

www.health.org: The US Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information.

Appendix C: SMART Recovery® Bookstore Publications

A number of outstanding books, videos and other resources including many from the SMART Recovery® Recommended Reading List and those published by SMART Recovery® are available to you from the SMART Recovery® Central Office via the web site (www.smartrecovery.org) or by calling the office. Please call or check the website for our current list of offerings (the list below is effective as of the publication date).

SMART Recovery® Facilitator's Manual** This how-to manual provides an excellent overview of how to start a SMART Recovery® group meeting, and also serves as a superb refresher for individuals who have been leading groups for some time. Chapters include: Leading a SMART Recovery® Meeting; Start-up and Basic Operations; REBT; Basic Counseling and Communication Skills; SMART Recovery® News & Views Newsletter Reprints; Frequently Asked Questions, and a number of useful appendices, including sample publicity flyers, press releases, SMART Recovery® affiliated treatment facilities; SMART Recovery® and Suicide Prevention, Suggestions regarding required 12-step attendance, and a roster of SMART Recovery® groups. Three-ring binder for easy updating.

SMART Recovery® Handbook** The book you are currently holding.

Addiction is a Choice by Jeffrey Schaler. Dr. Morris Chfetz, M.D., Founding Director, National Institute of Alcohol Abuse and Alcoholism states: "This is a rare book. Schaler has produced a unique, masterly work which explains addiction from a revelatory perspective. The reader can learn how the controversial area of addiction can be looked at and understood in a new light." 179 pages.

Alcohol: How To Give It Up And Be Glad You Did (second edition), by Philip Tate. This newly revised, popular self-help book is practical, comprehensive, and easy to use. It not only helps alcohol abusers understand their behavior, but provides practical steps that anyone can use to solve an alcohol problem. Written by a cognitive-behavioral psychologist, this book includes chapters on overcoming low self-esteem, depression, and stress, attending self-help groups, and living a better life after quitting. Each chapter contains specific self-help techniques. 224 pages

Relapse Prevention with REBT by Michler Bishop, Ph.D. This CD Rom and Workbook review the important role REBT can play in preventing a relapse. The workbook contains a number of exercises, and the CD Rom reviews scenarios and situations individuals will likely face when overcoming an addictive behavior.

Resisting 12-Step Coercion* by Peele, Bufe and Brodsky. A guide for those facing coercion into 12-step groups. Covers legal grounds, existing court cases, religiosity of 12-step groups, nature and efficacy of 12-step treatment, and alternative treatments and support groups. 204 pages.

Sex, Drugs, Gambling, & Chocolate: A Workbook for Overcoming Addictions (2nd edition, 2003) by A. Thomas Horvath, Ph.D. Eliminate or reduce any type of addictive behavior with this practical and effective Workbook. Treats addictions "as a whole", rather than dealing separately with each issue (e.g., drinking, smoking, overeating, gambling...). Teaches readers about consequences (and even possible benefits) of addictive behavior, alternative coping methods, choice, understanding and coping with urges, building a new lifestyle, preventing relapse. Includes dozens of exercises, self-study questions, guidelines for individual change plans. 224 pages.

Sober for Good: New Solutions for Drinking Problems – Advice from Those Who Have Succeeded* by Anne M. Fletcher. Weaving together the success stories of ordinary people and the latest scientific research on the subject, Anne Fletcher uncovers a vital truth: no single path to sobriety is right for every individual. There are many ways to get sober – and stay sober. 324 pages.

Three Minute Therapy, Change Your Thinking, Change your Life* by Dr. Michael Edelstein with David Ramsay Steele. This title features chapters on anxiety, depression, panic attacks and addiction, in addition to a multitude of other problems affecting so many people today. Hard cover. 228 pages.

Freedom from Alcohol* by Dr. Robert F. Heller. This small pocket sized book is an informational, educational, motivational self-help guide providing useful tips, strategies, techniques and exercises to increase both awareness and control over alcohol-drinking related urges and behaviors. The unique pocket-sized guide can easily be carried in a shirt pocket or purse for frequent, convenient access and quick, helpful reminders. Options for both cutting down and quitting are provided. In 22 pages, the multi-colored and fully illustrated guide deals with a multitude of topics including: Facts about alcohol, Harmful effects, Problem drinking, assessing your drinking, Why do I drink? Stress Busters, how to cut down, How to quit, Slips and relapses, Relapse prevention, and Group treatment. The guide can be used in schools, public health services, alcohol treatment programs, outpatient group and individual counseling meetings and as a self-help aid. The author is a diplomate in cognitive-behavior therapy with more than 25 years working with individuals in the addictions field.

Cookbook: Eat, Think & Be Merry - A collection of recipes from the SMART Recovery® Online Community.

SMART Recovery® Ball Cap: Linda Edwards, San Diego Administrator, suggested that we produce a hat to be passed at meetings. We liked the idea! The ball cap is blue, and reads: SMARTRecovery.org. It provides an opportunity to advertise SMART Recovery®, as well as the hat to be passed in meetings!

Video tapes from SMART Recovery®

Facilitating a Basic SMART Recovery® Meeting. Designed to attract and train new Facilitators. An important tool for anyone wishing to start a meeting. This video was made possible, in part, by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, and was produced at the 2003 Training Program.

“SMART Recovery®” presented by Dr. Joseph Gerstein. A video of Joseph Gerstein, M.D. presenting SMART Recovery® to addiction professionals at the Maine Medical Center, in which he makes it clear that different people require different treatment, hence choice of treatment and choice of self-help groups is needed. He explains why some folks will be more successful in overcoming their substance abuse if they are offered the option of a rational, cognitive approach to understanding their problem.

Note: Videotapes about SMART Recovery® are continuing to be developed. Please check the website or contact the Central Office for the latest releases.

Appendix D: The Use of Medication

Various medications have been shown in scientific research to be helpful to some individuals in the treatment of addictive behavior. Medications are used to treat addiction itself, to treat related concerns such as depression, anxiety or ADHD, or both. SMART Recovery® supports each individual in choosing or not choosing to use these medications. This support is consistent with SMART Recovery®'s commitment to evolving as scientific research evolves, and promoting choice in recovery.

Appendix E: For Those Who Care About Another The Community Reinforcement and Family Training (CRAFT) Approach

Community Reinforcement Approach Family Training (CRAFT) or “Alternatives” Aim: To teach concerned significant others (family and friends of problem drinkers) self-protection and non-confrontational skills to help the problem drinker find recovery. CRAFT groups may be difficult to find as this approach is very new, but for more information and to do-it-yourself read:

Get Your Loved One Sober: Alternatives to Nagging, Pleading, and Threatening
by Robert J. Meyers, Ph.D. and Brenda L. Wolfe, Ph.D.
(\$12.95 soft cover from Hazelden Press; 2004; ISBN: 1-59285-081-2)

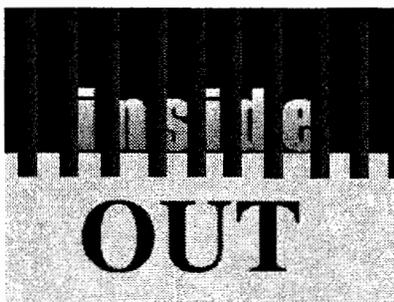
Get Your Loved One Sober offers a revolutionary program: The Community Reinforcement And Family Training (CRAFT) intervention, to help people who are seeking sobriety for their loved ones. CRAFT can boast phenomenal success getting people into treatment. An alternative to Al-Anon’s 12-Step tradition and “detachment” recommendations and the Johnson Institute’s confrontational interventions, the CRAFT program is based on non-confrontational proven behavioral principles like finding and rewarding positive behaviors. It is a program congruent with SMART Recovery®.

The book gives the reader tools and instructions for changing their interactions with their loved one, which in turn changes the loved one’s behavior. In repeated clinical trials CRAFT proved twice as likely as the Johnson Intervention and six times as likely as Al-Anon to get loved ones into treatment. Interestingly, getting a loved one into treatment is not the first goal. Arranging for one’s own safety and finding a happier life independent of the drinker’s situation, takes priority. Getting a loved one to moderate, choose sobriety, or go into treatment, are then offered as roads to a better relationship.

The book, *Get Your Loved One Sober*, with its easy engaging presentation delivers an organized set of behavioral strategies, effective alternatives to nagging, pleading and threatening, and realistic encouragement. Using simple terms and metaphors, dramatic story examples and hands-on activities, the book teaches the skills professionals call: behavioral analysis, goal setting, reinforcement and extinction, problem solving and communication. Though the key to change is planned reinforcement, behaviorism and its terminology are only mentioned when Meyers pointedly recommends looking for treatment programs congruent with CRAFT described with phrases like “social skills training,” “behavioral marital therapy,” “cognitive-behavioral treatment,” “rational-emotive therapy” and “motivational treatment.” Though Meyers notes that some treatment groups “use a Twelve-Step format as their treatment” he suggests the reader look for treatment that helps the drinker “figure out the triggers (stimulus cues) and reinforces of his unhealthy behavior.” In his next book he’s promised to specify SMART Recovery®.

Reviewed by Henry Steinberger, Ph.D.

Appendix F: The InsideOut™ Program for People in Corrections



Based on the principles and techniques of SMART Recovery®, InsideOut™ was developed under the auspices the National Institute on Drug Abuse (NIDA).

InsideOut™ is a self-study, multimedia recovery program, with separate male and female versions, designed for correctional facilities and alternative sentencing programs. Inside/Out includes 36 planned sessions (with a briefer 12 meeting option). InsideOut™ offers a self-help alternative for offenders with substance abuse problems. It addresses the need of many jurisdictions to offer a

secular alternative to Twelve-step programs.

The InsideOut™ Program provides self-guided training for counselors and corrections staff who lead the groups, including a manual and instructional videotape, as well as videotapes, and workbooks for offenders. It is based on research-tested principles and can be adapted to address other antisocial behavior problems in correctional settings. The materials for participants, and training materials for staff who will lead these groups, include books and videos, are gender specific and have been tested on inmate populations.

The primary goal of InsideOut™ program is to prevent alcohol, drug and criminal recidivism. The program does not discourage inmates from choosing among any other recovery options or self-help groups. Utilizing research supported psychoeducational methods aimed at behavioral self-change, Inside/Out may also be beneficial for inmates with non-substance abuse problems.

For more information and to purchase the program, contact the SMART Recovery® Central Office, 7537 Mentor Avenue, Suite #306, Mentor, OH 44060, Phone: 440/951-5357, Fax: 440/951-5358, E-mail: SRMail1@aol.com

Appendix G: Ways YOU Can Help SMART Recovery®

Give SMART Recovery® Public Relations Parity

- Whenever free addiction support and self-help are mentioned or listed, be sure that SMART Recovery® gets at least equal time and space.
- Make SMART Recovery® the first self-help group you mention.
- Pass along SMART Recovery® brochures and send e-brochures.
- Inform health professionals and clergy about SMART Recovery®.

Volunteer to help

- Become a volunteer Facilitator or Professional Advisor.
- Start a SMART Recovery® meeting in your locality.
- If you can't donate your time, make a monetary contribution.

Stay informed and teach others

- Buy SMART Recovery® books to read and to donate to local libraries.
- Subscribe to SMART Recovery® *News & Views* newsletter - stay informed.

Become an advocate

- Tell everyone you know about SMART Recovery®. Most people know someone affected by addictions who could benefit.
- Contact your local newspapers, human services departments, charities, prevention, intervention and treatment centers, and tell them about SMART Recovery®.

Appendix H: What Works? The Science in SMART Recovery[®]'s Program

Principles and practices culled from empirical research guide our meetings and what is taught.

Treatment Outcome Research suggests:

- Cognitive-Behavioral Therapy works, so Rational Emotive Behavioral Self-Help is taught
- Motivational Enhancement (Empathy) works, so the DEARS* principles guide our Facilitators (*DEARS = Develop Discrepancy, Express Empathy, Avoid Argument, Roll with Resistance & Support Self-efficacy)

Studies of "Natural Recovery" suggest:

- People go through "Stages of Change," so different tools & techniques are suggested for different stages
- "Pre-contemplators" are ambivalent or disinterested in change so we accept ambivalence as normal, not equal to "denial"
- A weighing out process during the "contemplative stage" leads to motivation to change, so ongoing Cost Benefit Analysis techniques are taught and encouraged
- People at "planning & maintenance" stages use strategies so we teach strategies to cope with cravings, urges, emotions, peer pressure, boredom and other challenging cues
- People change and move on at the exit stage so we don't insist on meetings for life but support graduation from the group

Treatment Outcome Research is well summarized in:

- The Handbook of Alcoholism Treatment Approaches: Effective Alternatives, 3rd Ed., Reid Hester & William Miller, (Allyn & Bacon, 2003); especially the summary of empirical research found in Chapter 2, "What Works", which is also available online at www.behaviortherapy.com/whatworks.htm

Natural recovery is well summarized in:

- Changing for Good, Prochaska, Norcross & DiClemente (Morrow, 1994)

Appendix I: 2004 SMART Recovery® Board of Directors

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