

# 12 Step (AA) & SMART Recovery

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# AA History

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- Founded in 1935, by Bill Wilson & Dr. Robert Smith (Dr. Bob)
- They wrote and published the “Big Book” as a means to understanding and treating alcoholism.
- The program emphasized anonymous, peer support and embracing a ‘higher power’
  - Largely influenced by the Oxford Group - 6 Step Program
    - Self improvement
      - Self Inventory
      - Admitting wrongs
      - Making amends
      - Prayer and meditation
      - Carry message to others

# 12-Steps

Step 1: We admitted we were powerless over alcohol—that our lives had become unmanageable.

Step 2: Came to believe that a Power greater than ourselves could restore us to sanity.

Step 3: Made a decision to turn our will and our lives over to the care of God as we understood Him.

Step 4: Made a searching and fearless moral inventory of ourselves.

Step 5: Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

Step 6: Were entirely ready to have God remove all these defects of character.

Step 7: Humbly asked Him to remove our shortcomings.

Step 8: Made a list of all persons we had harmed, and became willing to make amends to them all.

Step 9: Made direct amends to such people wherever possible, except when to do so would injure them or others.

Step 10: Continued to take personal inventory and when we were wrong promptly admitted it.

Step 11: Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

Step 12: Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

# 12 Step & Medical Definitions

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## AA

- Addiction is incurable.
- Addicts have no control over the addiction.
- Addicts must surrender to a higher power
- Higher power is not necessarily the Christian God
- Focus is on sobriety and surrendering

## Medical Model

- Current medical definition: Addiction is primarily a medical illness
- It is incurable but controllable / manageable
- It can include relapse as well as predictable psychological, physiological, and psychosocial changes

# Many 12 Step Programs

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- AA
- NA
- HA
- GA
- OEA
- Al-Anon
- Ala-Teen
- **Over 300 types of issues addressed in various 12 step meetings (The Atlantic, 5/21/2015)**

# Types of Meetings

## Open/Closed

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- BB, BB Step, Study, Discussion, Grapevine, Living sober, Promises,
- Reflections Step, BB Enhanced, Speaker/Discussion
- Steps Tradition, Traditions, Traditions Promises
- Beginners



# AA Can Help

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- AA and its many variations have helped millions of people around the world attain long-term sobriety
- Current estimates from AA are that 5,000,000 new attendees per year go to an AA meeting

# AA Model

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- Attend meetings
  - 90 meetings in 90 days? 3 per day? One per week? Whatever is needed
- Work the 12 Steps
- Read the books
- Find a sponsor

# AA Resources

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- [http://www.aa.org/pages/en\\_US/read-the-big-book-and-twelve-steps-and-twelve-traditions](http://www.aa.org/pages/en_US/read-the-big-book-and-twelve-steps-and-twelve-traditions)
- AA does cooperate with the professional community

# AA and Research

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- Alcoholics ANONYMOUS. Anonymous is a key word.
- There is some research but it is limited when compared to the number of persons who have participated in the program

# 2007 Society for the Study of Addictions

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- 5 year study of AA attendees
- Persons attending 26.6 meetings per year
  - 47% remained abstinent after 5 years
- What about persons no longer attending or not attending 26.6/year?

# Investigating Successes and Other Models

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## AA Says

- 33% of members are sober for more than a decade after coming to AA

## Alcoholism Treatment Quarterly, 2000

- Analyzed AA surveys from 1968 - 1996,
  - 81% stopped coming within 30 days
  - 90% stopped coming within 90 days
  - 95% stopped coming within 1 year

# Who does AA work for?

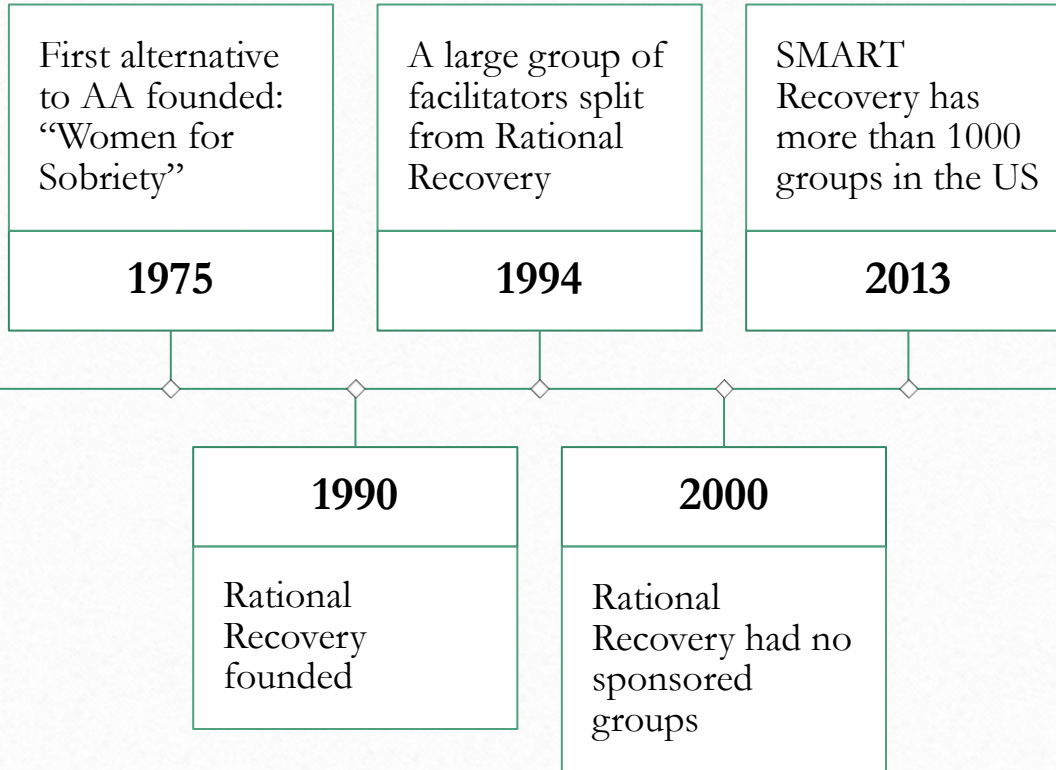
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- The available research suggests that AA works for those it works for.
- There is evidence that suggests that individuals from disadvantaged groups (ethnic minorities and women) may not benefit from AA, and may even be harmed by it
  - The emphasis on 'admitting your powerlessness' and the perspective that alcoholics have diff. brains, are diff. ppl, etc. may have adverse reactions on those who already feel disenfranchised and/or powerless.
  - The massive (+) of court mandated AA has impacted first exposure and receptiveness of the AA model to certain groups.

# SMART Recovery

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Self Management And Recovery Training



## Brief History of SMART Recovery

# SMART Recovery

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- Focus is on Self-Empowerment
- Uses cognitive-behavioral and motivational enhancement interventions
- Recognized by American Academy of Family Physicians, NIDA, Center for Health Care Evaluation, National Institutes of Health, US Department of Health and Human Services and the American Society of Addiction Medicine as an **EVIDENCE BASED PRACTICE**

# SMART Recovery View of Addiction

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- “Addictive behavior is over involvement with substance use, that is alcohol, nicotine, cocaine, heroin, food, etc., or activities such as gambling, sexual behavior, spending, etc. We assume there are degrees of addictive behavior and that all individuals to some degree experience it. For some individuals the negative consequences of addictive behavior become so great that change becomes highly desirable.”

# SMART Recovery Program

## 4 Point Program

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- Building and maintaining motivation to manage addiction(s)
- Coping with urges and triggers
- Managing thoughts, feelings, behaviors
- Balancing short-term pleasure with long-term goals
- Ed's modification to the 4 points: Focus on **consequences** as much as long-term goals

# What is SMART's policy on medications?

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The decision to use Antabuse, Acamprosate (Campral), Naltrexone, Methadone, etc., or other legitimate medications prescribed by doctors is between the participant and their physician.

# On what model of addictive behavior is SMART based?

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- SMART Recovery doesn't endorse or adopt any particular model. Instead, it draws upon approaches that have scientifically been shown to work, and placed them into a broad framework for a rational approach to change.
- Most of what SMART draws from has been proven effective and comes from conditioning, social learning and cognitive models of changing behavior.

# Does SMART regard addiction as a disease?

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- SMART Recovery tools can work for someone whether or not they believe addiction is a disease.
- SMART believes that there is evidence that genetics and other variables are part of addictions, similar to other illnesses like heart disease or diabetes. However, the debate over whether addiction is a disease can be divisive and using a meeting to debate this issue may alienate participants and will not help in their recovery, therefore this belief is not required for people to take part in SMART.

# Is it OK to use the terms “alcoholic” or “addict” in meetings?

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- SMART discourages the use of labels like alcoholic or addict.
- There's no evidence that using these labels helps in recovery. In fact, people often feel stigmatized by such labels, and that can interfere with recovery.
  - However, if a meeting participant refers to themselves as an addict or alcoholic, that's their choice and they should not be made to feel unwelcome.

# Is it OK if a participant talks about their religious or spiritual beliefs?

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- SMART believes the power to change addictive behavior resides within each person.
- SMART is a secular organization so religious and spiritual beliefs and practices are not part of the program.
- Religion and spirituality are personal choices and important to many in recovery. Participants with values and beliefs based in religion or spirituality are welcome even though SMART doesn't include a religious or spiritual aspect.

# How does SMART deal with other mental health issues?

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Many people with substance and behavioral addictions suffer from other emotional or psychiatric issues.

SMART is focused on providing evidence based tools to assist in recovery from addictive behavior only so participants are encouraged to seek professional treatment with psychiatrists, psychologists, or other mental health professionals to help them deal with other mental health issues.

# Is treatment for addictive behavior essential for recovery?

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SMART believes the answer is NO.

SMART's view (and research supports) that many people recover by choosing to change their lives and by relying on support already available to them. People who need additional support may benefit from professional treatment or by participating in a mutual-aid support groups like SMART Recovery.

# SMART: Motivation

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- Decisional Balance Exercise
  - Benefits of continuing
  - Benefits of Stopping

Using or Doing	
Label each item short-term (ST) or long-term (LT)	
Benefits (rewards and advantages)	Costs (risks and disadvantages)
NOT Using or Doing	
Label each item short-term (ST) or long-term (LT)	
Benefits (rewards and advantages)	Costs (risks and disadvantages)

# SMART: Coping with Urges

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- There is no evidence to support that individuals are powerless over their urges
- Learning to tolerate distress will put you in control of your urges
- Urges are a normal part of recovery, not a crisis
- Urges do get weaker over time

## Urge Log

[illegible]

# SMART: Managing Thoughts, Feelings, Behaviors

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- Expose irrational beliefs that lead to using and challenge them
  - A: Activating Event, B: Irrational Belief, C: Consequence of Irrational Belief
  - Learn emotional regulation techniques
    - Problem solving, relaxation, communication
- Relapse is an opportunity for self-examination
  - A learning experience (What were you doing that was working? What wasn't working? What can be added? What may need to be subtracted? What was happening before the lapse? What were your thoughts? What were you feeling?)

ABC

A ctivatingevent	B eliefaboutevent— irrational	C onsequenceofmy irrationalbelief	D isputemyirrationalbelief	E ffectivechangeinmy thinking

[illegible]

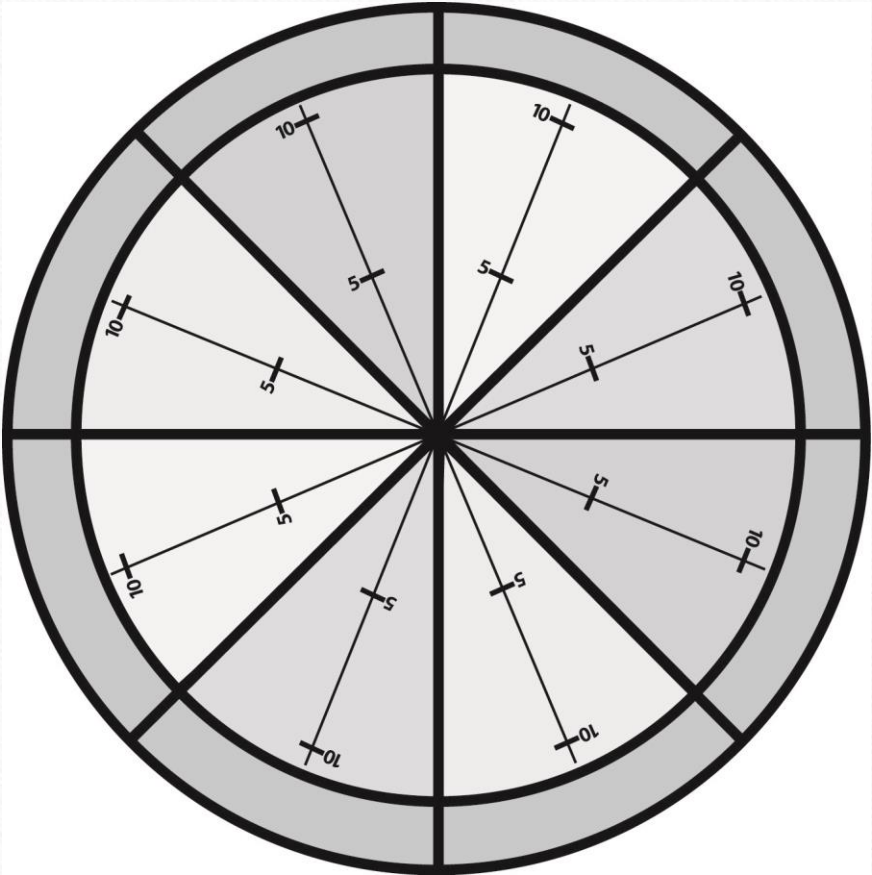
# SMART: Balanced Life

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- What would you like your life to look like?
- What are the steps it will take to move toward those goals?
- Learn to balance and appreciate emotions.
- Learn to live comfortably without addictive behavior.

Lifestyle Balance Pie

Date



Life category		Lowest Score
1.		
2.		
3.		
4.		
	Highest scores	
4.		
3.		
2.		
1.		

Changes I want to make:
How important is it to me to make these changes? (1-10 scale)
How confident am I that I can make these changes? (1-10 scale)
The most important reasons I want to make these changes are:
The steps I plan to take in changing are:
How other people can help
I will know my plan is working when:
Some things that could interfere with my plan are:

# Goal Setting

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Life category (from Lifestyle Balance Pie):				
Related to value (from HOV):				
Goal:				
Specific	Measurable	Agreeable	Realistic	Time-bound
Revised goal (if needed):				
Specific	Measurable	Agreeable	Realistic	Time-bound
Tasks/objects to reach goal:				
Life category (from Lifestyle Balance Pie):				
Related to value (from HOV):				
Goal:				
Specific	Measurable	Agreeable	Realistic	Time-bound
Revised goal (if needed):				
Specific	Measurable	Agreeable	Realistic	Time-bound
Tasks/objects to reach goal:				

# Weekly (Daily? Hourly?) Planner

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WeeklyPlanner

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Midday							
Evening							

<https://www.smartrecovery.org/smart-recovery-toolbox/>

QUESTION!