

Chapter 1: Welcome to SMART

What is SMART?

SMART Recovery started in 1994. SMART, an acronym for Self-Management and Recovery Training, emphasizes “self” — your role in your recovery. We’re a nonprofit, science-based program that helps people recover from addictive behaviors.

Whether your addictive behavior involves substances — alcohol, smoking, or drugs — or behaviors — gambling, sex, eating, shopping, self-harm — SMART can help. We understand the work ahead of you. No matter what your addictive behavior, you’re not alone.

How SMART works

SMART Recovery uses techniques from Cognitive Behavior Therapy (CBT), Rational Emotive Behavior Therapy (REBT), and Motivational Enhancement Therapy (MET, a nonconfrontational approach to helping people change behaviors). Our organization helps you apply these techniques to your recovery, as guided by our 4-Point Program® (page 2).

Here’s how SMART works:

1. We help you look at your behaviors so you can decide what problems need your attention. We also help you stay motivated if you make the decision to change.
2. If you feel you need to work with a therapist in your recovery, we encourage you to do that. If this isn’t an option because you can’t afford it or live in an area where help is not easily accessible, SMART can still help you.
3. We encourage you to attend SMART meetings. Interacting with others in recovery will help you understand you’re not alone as you struggle with the challenges of recovery. At the same time, you’re helping others. Many of us who have walked the path of recovery have found great strength in the heartfelt words of others overcoming similar issues. If you choose to pursue recovery without attending meetings, we’re still here to help.

You can use SMART’s tools, strategies, and resources from the start of your journey to long after you reach your recovery goals.

You can stay in SMART as long as you wish. You aren’t making a lifetime commitment to the program. Many find that participating in SMART after they recover helps them avoid relapses. Some volunteer to facilitate SMART meetings or lend their talents and skills in other ways. Others simply continue to attend meetings to share their experiences with people new to SMART, like you.

We focus on the present — and what you want for your future — rather than the past. We discourage the use of labels such as “addicts,” “alcoholics,” “druggies,” “overeaters,” etc. because we believe they interfere with a healthy self-image. Instead, we focus on behaviors and how to change them.

Addictive behaviors can arise from both substance use (psychoactive substances including alcohol, nicotine, caffeine, food, illicit drugs, and prescribed medications) and activities (gambling, sex, eating, shopping, relationships, exercise, etc.). Most of us experience an addictive behavior to some degree in our lives. Many people have more than one, either at the same time or they overcome one only to find themselves dealing with another one later.

It's important to remember as you begin your journey that there is not a single "right" way to recovery. We all do it a little bit differently.

The 4-Point Program

The 4-Point Program is the heart of SMART. Each point provides you with tools, techniques, and strategies that can help you on your journey. Many of these tools and techniques are skills you can use after you have fully recovered to help you deal with future problems and achieve more satisfaction and balance in your life.

These points are not steps. For some people they are sequential, for others they are not. For example, some people come to SMART when they are coping with urges, having built their motivation on their own.

The four points are:

- 1 – Building and Maintaining Motivation**
- 2 – Coping with Urges**
- 3 – Managing Thoughts, Feelings, and Behaviors**
- 4 – Living a Balanced Life**

Rational Emotive Behavior Therapy

REBT, generally recognized as the first form of Cognitive Behavior Therapy (CBT), was pioneered by Dr. Albert Ellis in the 1950s and was originally known as Rational Therapy.

Many of the tools and techniques that SMART uses come from CBT.

Epictetus, an ancient Greek philosopher, wrote, "People are disturbed not by things but by their view of things."

People sometimes exaggerate their thoughts about events in their lives. These thinking errors, in turn, influence how they feel. This connection forms the underlying principle of REBT:

- **Rational** – How we *think*, which influences . . .
- **Emotive** – How we *feel*, which influences . . .
- **Behavior** – How we *act*.
- **Therapy** – The training to help us learn how to change our thinking to feel and behave in healthier ways.

Many of our problems seem to start with how we react to life's events. If someone is rude to us, we fight with our spouse, or we don't get the job we wanted, our irrational thoughts and excessive emotions may take over.

You may have used an addictive behavior to deal with irrational thoughts and excessive emotions. We call this the "using strategy" for coping with discomfort. Somehow, we adopted the unrealistic belief that life should be free from discomfort and pain, and that we shouldn't have to tolerate it. This unhelpful belief leads to further distress, which drives the urge to engage in addictive behavior to escape the discomfort.

There's more about REBT in chapters 4 and 5.

How is SMART different from other recovery programs?

While SMART can help you as a stand-alone program, it also can work as a companion to professional therapy. If you're working with a mental health professional — counselor, psychologist, or psychiatrist — SMART can augment that work by reinforcing common therapeutic principles.

You also may be working other mutual-help programs. While some of the SMART principles may be different from other programs, many people find that working more than one program at the same time benefits their recovery.

We don't take a position on any other program or therapy. Any given therapy or program doesn't help every person. While thousands of people around the world find SMART to be beneficial, some don't find our program to be helpful. Only you can decide what works best for you. We encourage you to find the help that works for you.

Your recovery is what's important, not which program helps you get there.

Can SMART help me?

The only way you'll know for sure is to try.

Our meetings are designed to deal with the pressing needs of participants. Trained facilitators lead all of our meetings. Our facilitators either have gone through recovery or have a strong desire to help those who are in recovery. All meetings have volunteer medical or mental health advisors. They don't attend meetings but are available to help facilitators with difficult meeting issues.

SMART Recovery Online

You can get confidential support and information from the SMART Recovery Online (SROL) community when you can't or don't want to attend a face-to-face meeting, or you just want another way to connect to others in recovery. We have an active and robust online presence. There are meetings, a chat room, and a message board that are monitored by trained volunteers. There also is extensive information about SMART and our tools, and current information for participants, family and friends, teens, and for volunteers and facilitators.

To sign up for SROL, go to our website and click on the "message boards" link on the homepage; follow the instructions.

Message board — After you sign up for SROL, we invite you to introduce yourself in the “Welcome Area” message board. The main parts of the message board are “Discussions” and “Tools and Resources.” The “Classic Posts” section is an archive of some favorite posts from the past. Many people join one or more of the daily check-in groups. There also are forums for specific substances and behaviors — opiates, smoking, eating disorders, self-harm, etc. — as well as for specific situations — family and friends, dealing with grief, recovering to parenthood, health care providers, etc.

Chat room — It’s open all day, every day. Because there are online participants from all over the world, there is usually always someone in the chat room. Upon entering, you may find the conversation casual and light-hearted, but if you have an issue or want information, let the room know. Recovery comes first and the focus of the discussion will change to help you.

Meeting rooms — These are where our online meetings happen. There are many meetings each day. Check the drop-down menu at the top of every SMART webpage for a meeting schedule. Some of the meetings are text only, and some are in the voice meeting room where you can participate either by talking over your computer’s microphone or by typing like you do in text-only meeting rooms and in the chat room. You’re welcome to attend any online meeting, and because you’re new to SMART, we encourage you to try out one of the meetings geared toward new participants. Each SROL meeting lasts 90 minutes and is hosted by a trained volunteer facilitator.

Online library — This is an excellent place to find SMART’s tools, worksheets, strategies, and methods. Many newcomers print and complete the Cost-Benefit Analysis (CBA) worksheet. You also will find links to our podcasts and YouTube videos, and to the SMART Recovery blog, which we continually update with relevant articles and posts.

Basic terms

SMART uses a lot of acronyms and phrases. Here are the most common. For a complete list, see Appendix A.

Abstinence: Stopping all use of a substance such as alcohol or drugs, or a compulsive behavior such as sex or overeating. Obviously, if you compulsively overeat, you can’t give up food, but you can define abstinence as not engaging in compulsive overeating. Chapter 2 addresses this in more detail.

Act out: Engaging in the compulsive behavior you want to stop. If you compulsively cut yourself, then you’re acting out when you cut into your body with a sharp object. If you spend money compulsively, signing up for a new credit card or spending hours on shopping websites may be how you act out.

Addictive behavior: Any substance use or activity (gambling, sex, spending, etc.) that you are abstaining from, or are considering abstaining from.

Craving: The thought of doing the behavior you’re trying to give up.

Lapse: Sometimes called a slip. It’s a brief return to old behavior. Someone who’s abstained from gambling for several years lapses when she plays an online gambling game or spends an hour — maybe even a weekend — gambling in Vegas.

Relapse: A sustained return to the old behavior. If she goes back to her old gambling behavior by repeatedly playing online games or making trips to the nearest casino, that's a relapse.

Trigger: Any cue — a smell, image, event, sound, time of day, etc. — that triggers an urge, which drives a person to act out. This doesn't mean a trigger automatically leads to acting out; however, many of our irrational thoughts and excessive emotions may be connected to these triggers, especially in the early stages of recovery. Triggers (also called cues) are associations that spark urges. For example:

- Driving past his favorite bar may trigger an urge to drink for someone who has a problem with alcohol. A woman suffering from compulsive sexual behaviors may feel an urge triggered by the smell of a certain brand of aftershave.

Urge: A strong, compelling desire to do the behavior you want to abstain from.

Using: A common term that refers to substance abuse but can apply to any addictive behavior. We use when we engage in any compulsive behavior to escape our discomfort.

Tools, exercises, and strategies

Throughout this Handbook, there are items marked **TOOL**, **EXERCISE**, or **STRATEGY**. These are SMART aides that may be very helpful in your recovery.