



Self Management and Recovery Training

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# SMART Recovery<sup>®</sup> ...

## Bringing Science and Reason to Self-Help with Addictive Behaviors

SMART Recovery<sup>®</sup> helps individuals gain independence from addictive behaviors (*substances, activities or both*). Our program is based on scientific knowledge and evolves as scientific knowledge evolves.

### The SMART Recovery<sup>®</sup> 4-Point Program<sup>®</sup>

- **Point 1:** Enhancing and Maintaining Motivation to Abstain
- **Point 2:** Coping with Cravings and Urges
- **Point 3:** Managing Problem thoughts, feelings and behaviors
- **Point 4:** Lifestyle Balance with momentary and enduring satisfactions

There are specific tools and techniques for each of the program points. Participants are encouraged to learn how to use each tool and to practice the tools and techniques as they progress toward a fulfilling and healthy life. These tools include:

- Stages of Change
- Change Plan Worksheet
- Cost/Benefit Analysis (*Decision Making Worksheet*)
- ABC's of REBT for Urge Coping
- ABC's of REBT for Emotional Upsets
- DISARM (*Destructive Image Self-talk Awareness & Refusal Method*)
- Brainstorming
- Role-playing and Rehearsing
- USA (*Unconditional Self Acceptance*)

*A Free Handout prepared by:  
Henry Steinberger, PhD*

### LOCAL MEETING INFORMATION

[www.madisonsmartrecovery.org](http://www.madisonsmartrecovery.org)

608-520-0458

Free Daily Online Meetings at [www.smartrecovery.org](http://www.smartrecovery.org)

## **You Better Believe It... You CAN Change!!!**

**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 setbacks that come along the way.

**Setbacks are learning experiences, not proof of failure.** In SMART Recovery<sup>®</sup>, 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.*

Please note that all of the materials in this free SMART Recovery handout and much more of the SMART Recovery program can be found in expanded and easier to read form in:

### **The SMART Recovery<sup>®</sup> Handbook**

It is inexpensive and available for purchase from:

- The group facilitator following the face-to-face meeting
- Online from the SMART Recovery Bookstore at [www.smartrecovery.org](http://www.smartrecovery.org)
- By phoning SMART Recovery toll free at 866-951-5357
- OR borrow it from your local library (call number: 362.29 ) for free.

***Your purchase of our handbook supports the organization and its work which includes training and coordinating the VOLUNTEERS who facilitate your meetings.***



Self Management and Recovery Training

## SMART Recovery® Meeting Outline

- |  |                   |
|--|-------------------|
| 1. <b>Welcome and Opening Statement:</b> <i>Read by facilitator or a volunteer.</i>  | 5 minutes         |
| 2. <b>Check-in/Successes:</b> <i>What's happening with your recovery since the last meeting?</i>   | 5-20 minutes      |
| 3. <b>Agenda Setting:</b> <i>Based on the Check-in an agenda is set.</i>   | 5 minutes         |
| 4. <b>Working Time:</b> <i>Discussions focusing on the SMART Recovery® 4-Point Program.</i>  | 30-50 minutes     |
| 5. <b>Pass the hat:</b> <i>SMART Recovery® is a 501(c)(3) educational not-for-profit.</i>  | 2 minutes         |
| 6. <b>Check-out, closing, self-assignments:</b> <i>What's most valuable to you about this meeting?<br/>What SMART tool can you use this week?</i>                | 15 minutes        |
| 7. <b>Socializing:</b> <i>Announcements, exchanging phone numbers, purchase of SMART Handbooks,<br/>questions and answers; court cards; general socializing.</i> | <u>10 minutes</u> |
| <b>Total Meeting Time:</b>   | <b>90 minutes</b> |

## Ground Rules for SMART Recovery® Meetings

- 1. Allow others to make their own decisions** and be responsible for your own behavior and decisions. We regard use of alcohol, other drugs or other self-harming 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, do not tell anyone outside the group about who attended or anything that would identify any individuals. 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 expose themselves to harm by their sharing private information or confessing to crimes at meetings.)
- 3. Participate actively, if you like.** Feel free to ask questions and to share ideas that have helped you or to just listen and observe, but understand that you stand to benefit more from participating actively. Be sure to give others time to participate too. "Cross talk" we encourage; drunk-o-logues and even SMART-o-logues we discourage. Try not to hold side conversations, focus on the group.
- 4. Show respect for all** by not labeling others or using offensive language (sexist, racist, homophobic, etc.). No threats, weapons or violence (we have never experienced this problem).
- 5. Our focus is on how to abstain.** If you have a goal other than total life long abstinence, that is your choice, but this 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.
- 7. Stay focused on the SMART Recovery® program and gaining independence from harmful behaviors.** We join together here each week to work on ways to better abstain from harmful habitual behaviors. Try to keep meetings friendly and full of fun, but focused on applying the SMART Recovery Four-Point Program® which is based on the best research available and reviewed by an international panel of experts. While you are welcome to explore or use other paths and note these alternatives at meetings, meetings are not a place to sell treatments or recruit clients, nor a place to bash treatments or other groups.

## 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 and phone number:

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? \_\_\_\_\_

*These scales are taken from **Problem Drinkers: Guided Self-Change Treatment** by Mark and Linda Sobell, NY: Guilford Press, 1993. “Change Plan Worksheet” found in **The SMART Recovery Handbook**, Henry Steinberger, ed., 2004.*

## Cost Benefit Analysis Decision Making Worksheet

The substance/activity to consider is: \_\_\_\_\_

<b>Using or Doing</b>	
<p><b><u>Advantages</u></b> <i>(benefits and rewards)</i></p>          	<p><b><u>Disadvantages</u></b> <i>(costs and risks)</i></p>          
<b>NOT using or NOT doing</b>	
<p><b><u>Advantages</u></b> <i>(benefits and rewards)</i></p>          	<p><b><u>Disadvantages</u></b> <i>(costs and risks)</i></p>          

***Label each item either short term or long term***

*From: The SMART Recovery Handbook (Henry Steinberger, editor, 2004)*

## **Myths about Cravings and Urges**

**Myth 1:** Cravings and urges will never end and will continue getting worse until one gives in and drinks or uses.

**Reality:** Cravings and urges always go away. Cravings and urges are by their nature time limited, often passing in minutes or within an hour. They may or not keep reoccurring over the course of one's life, but they do become milder and more manageable as long as they are not reinforced (strengthened) by giving in to them. They may, in the beginning, seem quite severe, but if one observes carefully they will learn that the discomfort increase AND decreases over time. They can peak and die down, like a wave.

**Myth 2:** Cravings and urges make people use.

**Reality:** Cravings and urges may feel uncomfortable, and some people choose to use as a way to avoid that discomfort, but using always represents a choice.

**Myth 3:** Giving in to an urge does no harm.

**Reality:** The duration, intensity and frequency of your cravings and urges have been shaped by your previous attempts to resist them, both the successful attempts and the unsuccessful attempts. You strengthen, lengthen and make more frequent the urge to use when you follow that sequence of behavior with a reward. When attempts ended with giving in and using (which is immediately rewarding), the craving/urge and all aspects of the growing discomfort are strengthened (reinforced). The best approach to ending urges is to not give in and to let the craving run its course.

**Myth 4:** Cravings are unbearable and must be stopped before one dies or goes crazy.

**Reality:** Though truly uncomfortable, cravings are never really unbearable. Though one could choose to hurt one's self or make one's self more miserable, one will not die or go crazy simply as a result of cravings.

**Myth 5:** Cravings and urges are abnormal and a sign that an addiction is getting worse.

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



Self Management and Recovery Training

## 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, dispute (D) and dismiss 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 (E) or self-Enhancing beliefs and the more functional negative (and positive) feelings and appropriate behaviors to which more effective beliefs lead.

Helpful or Self-Enhancing beliefs – are realistic, logical, or practical (in the sense of helpful).

Dysfunctional or Self-Defeating beliefs – are unrealistic, illogical, or impractical (unhelpful).

**The most important Dysfunctional Beliefs, according to REBT are:**

**Demandingness:** *Absolutistic* *MUST, HAVE TO, NEED* 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 dispute:** 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.”

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

**Suggested dispute:** “The fact is I can tolerate it and I can stand it. It won't kill me. I can bear, though not like, all sorts of discomfort. Claiming 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.”)

**Suggested dispute:** “It may be bad and I definitely wish it had not happened, but though it is sad, highly inconvenient and even tragic, I only make things worse by insisting that it is more than that.”

**Goals:** It is important to agree upon the client's goals or to set one's own goals before attempting therapy or self-help. In the following case the goal is to feel less devastated following the break up, rather than to get her to change her mind, make up, or punish her for her thoughtlessness).



**A special note regarding awfulizing** (from the editor, Henry Steinberger): There are events that are truly “tragic” and do lead us to appropriately feel powerful 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. In such cases family, friends, and if necessary a professional support person, may need to care for the grieving person, protect them and comfort them, until the grieving process runs its course and preferential thinking returns. One does not help a grieving person by disputing their situational beliefs even if they are not then rational.

**For example:**

**A - Activating Event:** A love interest breaks the news: “I’m going out with another lover and I want to break off the relationship with you.

**dB – Self-Defeating Beliefs about the experience:** “I really must be a worthless person. I’ll never find another great love like her. He/she doesn’t want me; therefore no one could possible want me.”— and/or — “This is awful! Everything bad happens to me! He/she shouldn’t be that way. I can’t stand the world being so unfair and lousy. They should be punished for how they are treating me.”

**C<sub>1</sub> - Upsetting emotional or behavioral Consequences:** Depression and/or Hostility

**D - Disputing of dysfunctional or self-defeating beliefs:** “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 - Effective New Beliefs (and their new consequences):** “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. While this may be sad and inconvenient, it is hardly awful.” → **Sadness** — and/or— “It’s annoying she’s seeing someone else, but that’s hardly awful or intolerable.” → **Annoyance**

## The Cascade of ABCs

The dysfunctional **C<sub>1</sub>** (depression and/or hostility) can serve as an **A<sub>2</sub>** cuing **B<sub>2</sub>**, hence:

**A<sub>2</sub>** - Feeling depression and/or hostility

**B<sub>2</sub>** - “I can’t stand feeling so upset” “These intense feelings are awful and I MUST stop them immediately”

**C<sub>2</sub>** - Drinking or drugging behavior.

**D<sub>2</sub>** - Sobriety is easier after giving up such unhelpful beliefs about discomfort and negative emotions.

**E<sub>2</sub>** - Would mean feeling and tolerating appropriate negative emotions and taking actions aimed at self-comforting and seeking long term goals.

*Adapted from “The ABCs of Gaining Independence from Addictive Behavior ...” By Rich Dowling, MA, NCC, MAC and  
**The RET Resource Book for Practitioners** (©1993 by the Albert Ellis Institute for REBT).  
Modified by Henry Steinberger, 10/07.*



## **Discover Your Higher Values and Give Your Life Direction**

What's really most important to you? Choosing, knowing and understanding your own personal values will help you to determine what you will do with the brief precious span which is your life.

### **Viewing Your Hierarchy of Values**

You might start by writing down the values you believe are the most important TO YOU, and then write them again in 'rank order,' with what you consider the most important on top followed by the next most important, as so forth. In case it helps, considering the following list of pursuits; but don't limit yourself. You might discover what you value in what you want to be doing. What specifically do YOU value? Sometimes discussing this with others can help broaden your search.

- Arts, Crafts, Music —
- Citizenship & Public Service — includes volunteering
- Close relations or significant others —
- Education, Training, Learning & Teaching —
- Friends & Social Activities—
- Health & Physical Development —
- Marriage & Family—
- Recreation & Leisure —
- Spirituality, Religion or Secular Humanistic pursuits — e.g. Awe and wonder
- Work, Career & Income —

### **NOW, ask yourself: Where your addiction fits in to this rank ordered list?**

The point of exploring your values is to help you figure out what you really want to be doing with your time and your life. Values can be your compass and help you better direct yourself. If you truly hold a value, wouldn't you expect to devote time and energy to it? Wouldn't you be not just strongly committed as a feeling, but actually involve in doing something? What are you doing, or might you commit yourself to doing, so that you will feel the joy that comes from pursuing that which you hold most dear? What are the first steps that you will take? This is a start towards a life with balance.

This portion of the exercise can help you increase your motivation and commitment. Or perhaps you already set new priorities which led to your decision to quit your addiction. Perhaps your reason for quitting was primarily health related, perhaps because of deteriorating personal relationships, or perhaps to avoid serious legal or financial consequences. Doesn't that help you clarify what you value? Rather than waste time asking "What sort of person am I?" it might be more productive to ask: "What sort of person you would like to become? How does that person you want to become spend their time? What do they do that reflects their values?"

For one example, you might ask: Do I really value financial security and material possessions in itself, or is there something beyond that which I truly value like caring for my loved ones, staying healthy, or having opportunities to pursue what I really love?

Note that values are like directions on a compass, not goals to be reached. You may commit yourself to going in one or more directions, while your goals can help you determine that you are staying on the right path, not knowing for certain what is over the horizon.

To learn more about unconditional acceptance and commitment to a values guided life you could read:  
**Get Out of Your Mind & Into Your Life: The New Acceptance & Commitment Therapy**  
by Steven Hayes & Spencer Smith. New Harbinger Press, Inc., 2005.



Self Management and Recovery Training

## More information about SMART Recovery®

### **SMART Recovery® Publications:**

**The SMART Recovery® Handbook (2<sup>nd</sup> Edition)\*\*** - Attain the ultimate goal of recovery with this compilation of practical information. - Henry Steinberger, Ph.D. (Editor & main author); Published by SMART Recovery®, 2004).

### **About Addictive Behavior (suggested for participants):**

**Alcohol: How to Give it Up and Be Glad You Did, A Sensible Approach\*** - Philip Tate, Ph.D. (Rational Self-Help Press, 1993)

**Sex, Drugs, Gambling, & Chocolate: A Workbook for Overcoming Addictions (2<sup>nd</sup> Edition)\*** - A Thomas Horvath, Ph.D. (Impact, 2004)

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

### **Addictive Behavior (suggested for participants and others in their lives):**

#### **Overviews of Treatment and Other Resources**

**Get Your Loved One Sober: Alternatives to Nagging, Pleading and Threatening** – The tested and proven Community Reinforcement And Family Training (CRAFT) approach – Meyers & Wolfe (Hazelden, 2004)

**Recovery Options: The Complete Guide** - Joseph Volpicelli & Maia Szalavitz (Wiley, 2000)

**Sober for Good: New Solutions for Drinking Problems - Advice from those who have Succeeded\*** - Anne Fletcher (Houghton Mifflin, 2001)

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

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

### **General Behavior Change Self-Help (suggested by Doc Steinberger for participants):**

**Get Out of Your Mind and Into Your Life: The New Acceptance & Commitment Therapy** – Steven Hayes (New Harbinger, 2005) **ACT**

**The Feeling Good Handbook** - David Burns (Penguin Books, 1989) **CBT**

**How to Stubbornly Refuse to Make Yourself Miserable About Anything, Yes Anything!** - Albert Ellis (Lyle Stuart, 1988) **REBT**

**Three Minute Therapy, Change Your Thinking, Change your Life\*** - Michael Edelstein (Glenbridge, 1998) **REBT**

**When I Say No I Feel Guilty** - Manuel Smith (Bantam, 1975) **Systematic Assertiveness Training**

\*\*Available only from SMART Recovery

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