

SMART RECOVERY: THE EVIDENCE BASE WORLDWIDE, AND HOW RESEARCH INTO FACILITATORS' AND OTHER STAKEHOLDERS' EXPERIENCE OF THE GROUPS INFORMED PROGRAMME DEVELOPMENT.

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Aim of Abstract: This symposium will present new research into the SMART Recovery, and describe how findings have been informed programme development. Results from the second annual survey offer perspectives from facilitators into the most valued components of this model of mutual-aid. Data from group members and industry experts and subsequent translation into practice will be discussed. Placing this in a global context, the symposium will also present results of a review into the effectiveness of SMART Recovery worldwide.

Nature of interactive element: It is hoped that those attending this symposium will leave with a clear understanding of the history of SMART Recovery, the overall global evidence base as it currently stands, recent research into the perceptions of key stakeholders into SMART about elements of the programme, and plans for future research. SMART Recovery represents a model of peer and community support very different to traditional 12-step modalities. Symposium attendees will be encouraged to offer thoughts and questions on the nature of this model, and how it might be improved.

Presentation 1 – SMART Recovery Facilitators: attitudes and use of SMART Recovery tools

Abstract authors:

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Introduction and Aims: SMART Recovery is a form of mutual support group that is largely based on cognitive behavioural therapy and motivational enhancement approaches. A unique aspect of SMART Recovery groups is that trained facilitators lead them. These facilitators may be professional or non-professional people who have completed formal training in the SMART Recovery approach. The aim of the present study was to examine the SMART Recovery facilitators' attitudes and experiences with delivering SMART Recovery groups. It also sought to identify the therapeutic practices that Facilitators most commonly use to support their group delivery.

Design and Methods: SMART Recovery Facilitators completed an online (Survey Monkey) survey in both 2013 and 2014. The survey examined the facilitators' background and

professional experience, and it also examined their perceptions regarding the most helpful active ingredients associated with SMART Recovery.

Results: One hundred and eleven SMART Recovery Group facilitators completed the survey across the two years. Facilitators rated the “tools and strategies” used as part of the groups and the “underlying philosophy of SMART groups” as being the most helpful aspects of SMART Recovery. Facilitators regularly reported using a range of strategies consistent with motivational interviewing (i.e. cost benefit analysis), problem solving and goal setting. Facilitators did not regularly use between session homework activities or role-plays as part of their groups. For example, facilitators used role-plays in only 6.65% of their groups with almost half of facilitators (41.2%) reporting that role-plays never feature in their groups.

Discussion and Conclusions: SMART Recovery is an important component of the drug and alcohol treatment field. The current research describes the diverse range of people facilitating these groups across Australia. Although between session homework and role-plays are strategies recommended as part of SMART Recovery groups they are rarely used. Possible reasons for this along with the training and supervision needs of these facilitators are considered.

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Presentation 2 – Exploring the evidence: A systematic review of SMART Recovery Evaluations

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Introduction and Aims: Self-help groups are integral to the process of addiction recovery. Self-Management and Recovery Training (SMART Recovery) was borne from a need for an alternative to twelve step approaches. SMART Recovery adopts key principles (e.g. self-efficacy) and therapeutic approaches (e.g. motivational interviewing and cognitive behavioral therapy) shown to be effective in promoting recovery from addiction. However, further clarity regarding SMART Recovery as a mutual-aid support package is needed. This systematic review will provide an overview of the current state of evidence for SMART Recovery including outcomes, potential mediators and a critical evaluation of the methods used to evaluate SMART Recovery.

Design and Methods: Six electronic peer-reviewed and four grey literature databases were searched for literature on SMART Recovery. Articles classified as ‘evaluation’ were assessed against standardized criteria.

Results: Nine evaluations of SMART Recovery were identified, including one randomized controlled trial which found clinically significant improvements in alcohol use following SMART Recovery. Although positive findings were apparent, the remaining evaluations were largely cross-sectional, focused on process relative to outcome measures and/ or evaluated SMART Recovery within a specific treatment context (e.g. dual diagnosis).

Discussion and Conclusions: The SMART Recovery model is grounded in science. Evidence from one ‘gold standard’ evaluation supports the role of both face-to-face and web versions in promoting recovery from alcohol addiction. Further high quality evaluations are needed to understand the impact on other addictive behaviors and possible mechanisms of action.

Implications for Practice or Policy: Campaigning for change in healthcare practice and policy relies on a solid evidence base. This systematic review represents an important step in generating the evidence needed to refine, disseminate and raise the profile of SMART Recovery as an effective alternative to traditional twelve step approaches for long-term addiction recovery support.

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Presentation 3 – Putting the ‘mutual’ in mutual-aid: How stakeholder feedback informed SMART Recovery Australia’s new developments in 2015.

Abstract Authors

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Introduction and Aims: The purpose of reinvestment in SMART Recovery Australia (SRAU) in 2013 was to increase the accessibility and effectiveness of the groups. A key aim identified was to better, support, connect and harness the goodwill and professional and lived experiences of all those engaged with the organisation. In 2014, SRAU embarked upon a process of consultations across a spectrum of stakeholders to help achieve this.

Design and Methods: Feedback was sought via a combination of quantitative and semi-structured interviews. In 2013 a first annual survey (n=124) was distributed to SMART Recovery group members and facilitators, assessing respondents’ broad experience of both attending and facilitating the groups. In addition, opinions and suggestions about the existing training programme came both from Facilitators via a Survey Monkey and from 20 interviews with key experts across the addiction sector. An independent training consultant was also recruited.

Results: Feedback across all the stakeholders was largely consistent. Survey participants prioritized the experience of the group processes (43%), as well as the practical tools and techniques (22%). Facilitators requested a greater degree of post-training support, and training development (31%). Facilitators responding via Survey Monkey favoured more time for role-plays (41.7%) over theory (10.4%). Industry experts suggested a more interactive training experience.

Discussion and Conclusions: Incorporating feedback from the consultation process, the 1st of July 2015 will see SMART Recovery Australia launching a new range of features. These include updated training featuring a pre-2f-training online ‘moodle’ and greater emphasis on role-plays. A new SMART Recovery ‘Online Community’ will offer a new platform for the mutual benefit of mutual-aid.

Implications for Practice or Policy: The addiction sector in Australia arguably sees little interaction between clinical care and peer-support modalities. Under SRAU’s mutual-aid model clinical services can continue working with clients after episodes of care are completed, and even support them to support others in turn. The discussed developments aim at making this happen.

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(See 'Aims of Abstract' and 'Nature of Interactive element' earlier in symposium submission for a description of overall aims and interactions)

Disclosure of Interest Statement: David Hunt and Josette Freeman are employees of SMART Recovery Australia. The remainder of contributors to this symposium sit as committee members in the organisation's Research Advisory Committee (RAC)