



Guidance for Commissioners

How to deliver choice in mutual aid and enhance
treatment outcomes with SMART Recovery

Executive Summary

This document provides only an *overview* of the argument ‘for’ SMART Recovery and is primarily for Commissioners who have some understanding of the evidence base for mutual aid and familiarity with how this fits with government policy. For a more detailed exposition, please “Improving treatment outcomes with SMART Recovery” <http://cdn.smartrecovery.org.uk/doc/improving-treatment.pdf>

- SMART Recovery UK is an abstinence oriented recovery organisation, primarily focussed on peer led mutual aid meetings.
- SMART Recovery is based on secular and evidence based methods that are consistent with the psychotherapeutic approach of most UK treatment services
- SMART Recovery is 100% consistent with the new drugs strategy and is an ideal vehicle to improve the recovery orientation of treatment, due to its acceptability to providers and service users, coherence and evidence base.
- With more than 99% of existing mutual aid being based on the 12 step model, there is an urgent need for alternatives. SMART Recovery is the only national network of none 12 step mutual aid meetings that is available now and growing rapidly.
- Our Partnership approach trains Champions (equivalent to Therapeutic Recovery Champions within the drugs strategy) within treatment services using our cost effective and scalable on-line training platform.
- These Champions introduce SMART Recovery within their services and kick-start meetings. Over time they identify service users to undertake the facilitator training course and in turn spread meetings across the area. The scheme is based on an evaluated DoH Pilot scheme.
- The rapidly increasing network of free-standing meetings is becoming a cornerstone of the mutual aid / peer support and recovery movement – and also serves as after-care capacity for the treatment sector.
- Commissioners can encourage the availability of SMART Recovery by writing participation with SMART Recovery Partnership into ITT’s / SLA’s.
- Commissioners can also Partner with SMART Recovery UK to develop whole area roll out projects, such as being put in place across Bristol and the Lothians area of Scotland.
- SMART Recovery co-exists comfortably with the existing 12 step fellowships and many people attend meetings from both traditions.

Overview

What is SMART Recovery?

Our aim is to help individuals gain control over their addictive behaviours, achieve recovery, a balanced lifestyle and lead meaningful and satisfying lives. The tools and techniques of SMART Recovery are derived from Rational Emotive Behaviour Therapy, Cognitive Behavioural Therapy and Motivation Enhancement Therapy.

The approach evolves as the evidence for psychological interventions develops, under the guidance of an international advisory board which includes such luminaries as Alan Marlatt, Aaron Beck and Carlo DiClemente. The SMART Recovery programme therefore uses some of the most evidence based methods available.

What makes SMART Recovery different from treatment is the focus on mutual aid and peer led meetings. To put it in simple terms, SMART Recovery is a secular and science based alternative to AA / NA and other mutual aid networks.

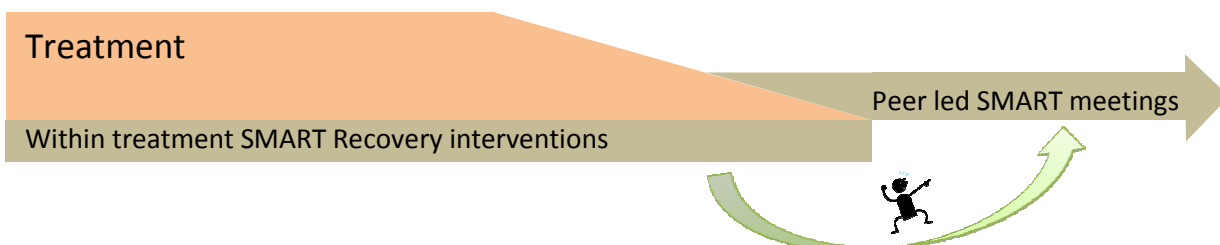
Why SMART Recovery

Engagement with mutual aid improves the long term prognosis for addictive disorders, though 12 step approaches are not appealing or acceptable to everyone who would otherwise benefit from mutual aid.

SMART Recovery uses psychotherapeutic techniques that are the same / similar to those used in the majority of state funded treatment services in the UK. This similarity helps SMART Recovery meetings sit comfortably alongside the treatment system and makes the transition from being a 'client' to mutual aid participant a natural and coherent step.

SMART Recovery offers all the benefit of mutual aid, but can be actively encouraged or supported by treatment providers and commissioners via a partnership model, based on a positively evaluated DoH funded pilot¹.

In addition to providing a network of free standing peer led mutual aid groups, engagement with SMART Recovery can begin alongside treatment, including OST and harm reduction.



¹ McGregor, S. a. (2010). *The Alcohol Concern SMART Recovery Pilot Project Evaluation Report - Executive Summary*. Available from <http://cdn.smartrecovery.org.uk/doc/doh-evaluation.pdf>

Increasing the availability of SMART Recovery

One way for SMART Recovery to spread is the 'organic growth' of meeting members training as facilitators and then starting their own meetings. This works, but is a very slow process. Our Partnership approach with providers and commissioner compliments the organic growth and will allow the movement to grow quickly across the country.

About the provider Partnership

Care and treatment providers can become partners of SMART Recovery UK, whereby;

- Two members of staff per site train as 'SMART Recovery Champions', using our innovative 20 hour on-line learning programme.
- These Champions can then kick-start SMART Recovery meetings within the service, seeking to identify service users to co-facilitate and in time train up as Facilitators themselves. These peer facilitators are then encouraged to set up new meetings in the local community.
- The service may also use SMART Recovery materials and tools within programmes run by the provider. This includes for example using the handouts and tools within one to one counselling sessions. We hope soon to launch the 'SMART Recovery Seminar Programme' a high quality group work programme based on SMART Recovery, which emphasise long term engagement with mutual aid. This will be available to partners.

The partner agency must actively promote free standing, peer led meetings in the local area, sign a written agreement and pay an annual fee of £500 to SRUK

Intended outcomes

- A vibrant and sustainable network of peer led SMART Recovery meetings in the local community.
- Improved rates of sustained recovery for people with addictions by increasing engagement with mutual aid and strengthening the psycho-social interventions and recovery focus of services.

Promoting provider partnership

The main thing that Commissioners can do to encourage the growth of SMART Recovery meetings is to actively promote and encourage the provider partnerships – so that you have SMART Recovery Champions throughout your treatment system introducing SMART to service users and encouraging some to become Facilitators. You can use your leverage as a Commissioner to encourage or require this in your locality.

Please consider:

- Discussing the SMART Recovery partnership model within DAT reference group meetings and encouraging Providers to consider this arrangement. You could circulate the 'Guidance for Treatment providers' for discussion at meetings with providers.
- When contracting / re-tendering, consider including a clause within the ITT that requires the provider that wins the contract to Partner with SMART Recovery. See Appendix A.

- Consider 'block funding' the partnership licenses for your whole area, to reduce the barriers of engagement for providers.
- When SMART Recovery meetings become established, there is generally sufficient income from 'pass the hat' to cover running costs such as room hire. You might consider helping with room rental, or perhaps fund some printed manuals to get things off to a good start.

Rollout Projects

Some Commissioning groups want an even more proactive approach to increasing SMART Recovery and have worked with SRUK to put together a bespoke approach to their needs. The following two examples are based roughly on the models already developed for Bristol and Lothians respectively.

Locality Rollout

A post within the local partnership team will have an amended job description so that a portion of their time is devoted to supporting a roll-out of SMART Recovery. This role does not deliver SMART Recovery meetings, but helps providers get involved in the Partnership scheme, engages with local service user groups, coordinates training and offers logistical support to help new groups become established.

The Commissioners will pro-actively encourage providers to join the partnership scheme, through promotion events and commissioning process.

An enhanced training package will be provided by SRUK, with three tiers of input: the full 20 hours of Champion training, a 10 hour on-line training providing in-depth knowledge of SMART Recovery and finally a half day session. The aim is for a large proportion of the treatment workers in the city going through one of these courses.

The rollout will be developed using a project management approach, with SRUK providing a steer and oversight and setting up a page on our on-line project management system. A small management charge covers this oversight.

Regional / sub-regional Rollout

A consortium of locality Commissioners funds a 'Regional Facilitator Mentor' to be employed by SRUK. This post is filled by a trained facilitator who has come through the mutual aid movement. They run introductory sessions, help train facilitators, visit new meetings, quality assure existing meetings and mentor all the facilitators in the region. The posts would be performance managed against their ability to get and sustain new meetings, and bring facilitators successfully through the training programme.

The Commissioning group can also consider 'block' funding partnership licenses to encourage providers to get involved, and add additional training options as per the locality model.

Position of the NTA

“During the coming year the NTA will work with the field to facilitate better access to community resources and mutual aid support groups/organisations through greater publicity, supporting the continued development of local peer support groups and increasing the quality of the interface between drug treatment and community based services. SMART Recovery has engaged with the NTA on this work (alongside other mutual aid groups), and the NTA are supportive of the developments SMART Recovery are proposing.”

Extract of position statement supplied to SRUK by the NTA.

More information

There is more information on our website www.smartrecovery.org.uk; current list of partners and links to the following documents and other information: www.smartrecovery.org.uk/partners

For a more detailed paper describing how SMART Recovery can help build a Recovery Oriented Integrated System, see the monograph “Improving treatment outcomes with SMART Recovery”.

<http://cdn.smarterrecovery.org.uk/doc/improving-treatment.pdf>

Guidance for Treatment Providers.

<http://cdn.smartrecovery.org.uk/doc/guidance-providers.pdf>

Guidance for Criminal Justice Settings

http://cdn.smartrecovery.org.uk/doc/guidance_for_prisons.pdf

http://cdn.smartrecovery.org.uk/doc/guidance_for_probation.pdf

What next?

If you would like to take things further, we suggest you drop us an email to partnership@smartrecovery.org.uk or arrange a phone conversation.

Finally, a quick reminder to subscribe to our email newsletter to keep in touch with developments, see sign up form at <http://news.smartrecovery.org.uk>

Richard Phillips
Interim Directory, SMART Recovery UK

May 2011

Appendix A – Partnership within ITT / service specifications

One of the options open to Commissioners is to promote SMART Recovery through their contractual relationship with providers. This is a simple and inexpensive way of driving the development of mutual aid in your local area.

If you wish to pursue this, please use the following clause within the invitation to tender or service specification. You are free to re-word this as long as you make clear that the provider is required to abide by the terms of the Partnership agreement with SRUK.

“The service provider is required to promote SMART Recovery as one of the mutual aid options available to current and discharged clients of the service. The mechanism to promoting SMART Recovery is through the Partnership model as set out in the provider guidance documents available from www.smartrecovery.org.uk.

The Partnership model requires the provider to facilitate the setting up of free-standing SMART Recovery meetings in the local community, which are then offered long arm support but otherwise run by peers. The provider may also make use of SMART Recovery tools and methods within their treatment programme to create a fluid pathway from treatment to mutual aid.

The service provider will agree to the terms of the Partnership agreement directly with SMART Recovery UK and pay the necessary license fee out of contract income.”

Appendix B – FAQ

What is the legal status of SMART Recovery?

SMART Recovery UK (SRUK) is a registered charity which has the exclusive UK permissions to promote and develop the programme in this country. We have a formal agreement with the USA based charity that owns and develops SMART Recovery worldwide.

Are you trying to become a big provider?

SMART Recovery UK has decided that we absolutely must **not** become a treatment service provider and we will not accept a contract within which SRUK recruits staff to actually facilitate meetings. We think this an important principle that will protect the movement from losing its core strength in mutual aid. The aim is to have a small central staff team of two or three people and possibly a few regional coordinators, but maintain the voluntary focus of the network as a whole.

What about clinical governance?

Where SMART Recovery is being used within the treatment programme of a Partner, the clinical responsibility rests entirely with that agency. Where meetings are not part of the treatment programme (even if the meeting space is being ‘donated’ by the provider) the responsibility rests with SRUK, which carries appropriate insurance and provides such oversight as is reasonable within the boundaries of a mutual aid / self help model.

Are meetings always peer led?

Facilitators are generally in recovery themselves and have learned about the SMART Recovery approach through participation in meetings and training. The SMART Recovery tradition is however open-minded on the issue and anyone can get trained to run meetings.

Although Partners can kick start ‘SMART Recovery’ groups as part of their treatment programme, we do ask that all meetings run outside of the treatment programme itself are open to all and facilitated by someone who is volunteering their time. SMART Recovery Champions for example could facilitate meetings outside of the treatment service – but not as part of their professional duties. This clause does not, however, apply in prison settings.

Can't we simply use CBT / REBT and skip this partnership thing?

Some people have argued that other than the name, SMART Recovery is in the public domain so providers could use it without any agreement from SRUK. These concerns have some truth to them, but are overstated. A large proportion of SMART Recovery materials are copyrighted, even if the underlying theories and principles are not.

Anyone can create a similar REBT / CBT based programme but it would take months or even years of work to build up an equivalent body of materials. Our program has been vetted by an Advisory Council of 17 eminent addiction specialists and links participants into the network of meetings and support structures.

How do peers become facilitators?

Since SMART Recovery meetings are based on CBT / REBT methods, there is a need for both underpinning knowledge and facilitation skills to run meetings. This is available through training courses run by SRUK. It is acceptable for peers to start meetings before they have completed the training, as long as they have completed the first couple of sessions and have attended meetings.