



Overview of SMART Recovery
Successful Life Skills
Curriculum



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Learning Objectives

1. Define components of *Successful Life Skills* curriculum
2. Identify group structure and process for implementing the 12-session *Successful Life Skills* curriculum
3. List potential facilitators and barriers to implement *Successful Life Skills*
4. Describe preliminary research findings for residents of recovery houses implementation of *Successful Life Skills*



RCOE

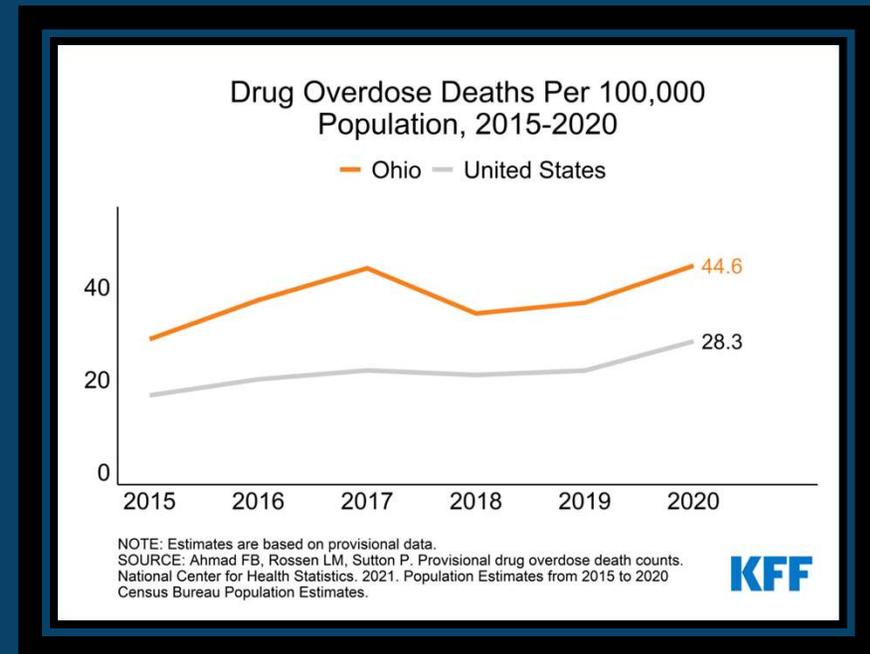
FLETCHER GROUP
RURAL CENTER OF EXCELLENCE

About Fletcher Group

- **2017** – Founded by former Governor Ernie Fletcher
 - ✓ Uniquely adept at tapping existing government funds and resources to build sustainable recovery housing
- **2018** – Awarded **\$2.1M** Appalachian Regional Commission (ARC) grant to expand RH in Coal Impacted counties and address social drivers of health with focus on employment
- **2019** – Awarded **\$13.7M** HRSA grant and designated as a Rural Center of Excellence, focused on RH with the goal of providing technical assistance to help rural communities expand quality and capacity of RH
- **2022** – Total of 36 Full and Part-Time Employees Across 11 States providing technical assistance and conducting research and evaluation on RH and associated recovery support services.

The Need for Comprehensive Recovery Support

- 107,000+ fatal drug overdoses in 2022 in the United States
 - 15% increase from 2020
- Ohio – 4th highest drug overdose mortality rate nationwide
 - 13 Ohioans dying everyday from drug overdose



Collaborative Partnerships Are Key

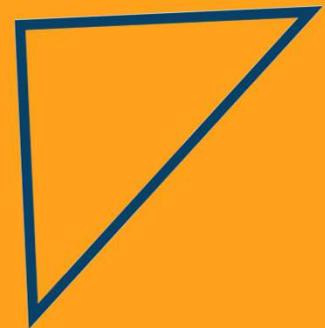
- Ohio Recovery Housing – dedicated to recovery: >500 recovery houses
- Fletcher Group, a nonprofit with focus on expanding and improving recovery housing and recovery support services, is in alignment with Ohio NARR
- Need for continued cross-sector collaboration and development of recovery support services within recovery houses and within their larger recovery ecosystems

Recovery Housing - Service mix

- Offer range of services and supports with a particular focus on social recovery model
 - Peer Support Specialist
 - Recovery Support Specialists
 - Group peer Supports
 - Case Management—core health home services
 - Recovery Navigation
 - Didactic and mutual support groups (12-step, SMART Recovery, Recovery Dynamics)
 - Building recovery capital through participation in daily activities for house maintenance and operations
 - Life skills training
 - Vocational assessment, training and job coaching—engagement in social enterprises
 - Medication supports and coordination
- Within this mix **SMART's Successful Life Skills** provides an evidence-based program as a unifying program model



SMART's Program for Recovery Homes

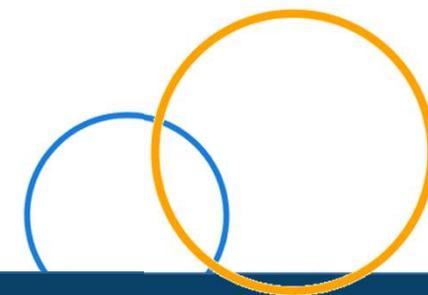


About SMART Recovery

- A 501(c)3 nonprofit organization established in 1994
- A partnership between peers and professionals
- Pre-COVID...Over 3,500 face-to-face mutual-support groups and over 250 national online meetings
- Converted 600 face-to-face meetings to online to respond to COVID



SMART Recovery is excited to partner with The Fletcher Group Rural Center of Excellence (RCOE) to bring SMART's recovery programs, tools, and our *Successful Life Skills* handbook and evaluate its effectiveness in 100 rural recovery homes and 150 homes focused in six states, including Ohio.



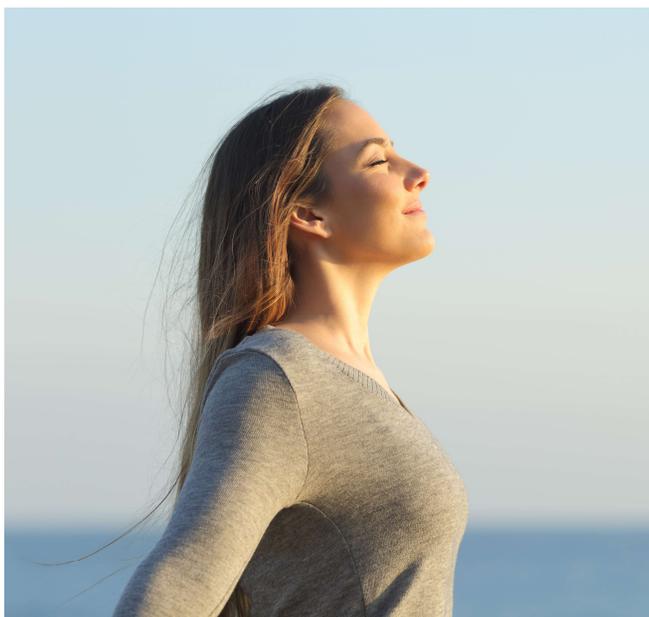
Two Initiatives...

- One focused on recovery houses in rural communities funded by the Health Resources & Services Administration (HRSA)
- A second funded by Elevance Health Foundation for recovery houses in non-rural communities
 - Will evaluate the effectiveness of SMART Recovery approach in part to demonstrate value of the 12-session curriculum as well as identify facilitators and barriers to the curriculum in recovery houses

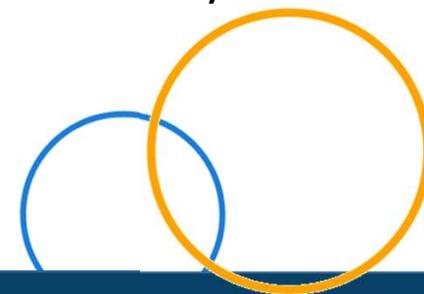
The Fletcher Group Initiative...

- Enables recovery homes to increase their continuum of care for individuals seeking recovery support
- Enables SMART Recovery to bring their face-to-face and online meetings, tools, and SMART community peer network to serve individuals in rural communities where access to support is limited
- Fulfills both organization's shared mission to empower people with limited access to achieve independence from addictive and problematic behaviors
- Fletcher Group is excited about bringing an effective tool to residents within recovery homes as well as determining the impact of that tool on recovery outcomes

What Distinguishes SMART?



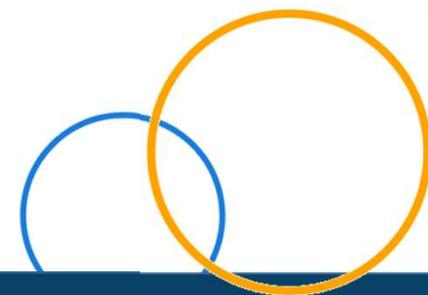
- We believe in an individual's Power of Choice and ownership/accountability of their recovery
- SMART Recovery works for any addictive or negative behavior
- Our meetings are non-judgmental and stigma-free. SMART recognizes that there are cognitive and behavioral components of addiction that can be modified
- We discourage the use of labels such as “addict” or “alcoholic”
- Meeting participants learn skills for coping with feelings of anger, frustration, and anxiety



What Distinguishes SMART?



- We meet people wherever they are in their recovery journey.
- We are evidence-based and secular but support parallel attendance at 12-Step or other faith-based programs.
- We are compatible with medication-assisted recovery and support individuals working with medical and mental health care professionals on treatment options.



SMART's 4-Point Program

SMART's 4-Point Program™ is the basis of our pathway to recovery

1. Building and Maintaining Motivation
2. Coping with Urges
3. Managing Thoughts, Feelings, and Behaviors
4. Achieving a (More) Balanced Lifestyle

The *Successful Life Skills* workbook is filled with exercises and discussion questions that focus on how to increase motivation, coping skills, and ability to manage one's life.

Specialized Meetings

BIPOC Persons



Family & Friends



Teens and Young Adults



Veterans and First Responders



Incarcerated Persons



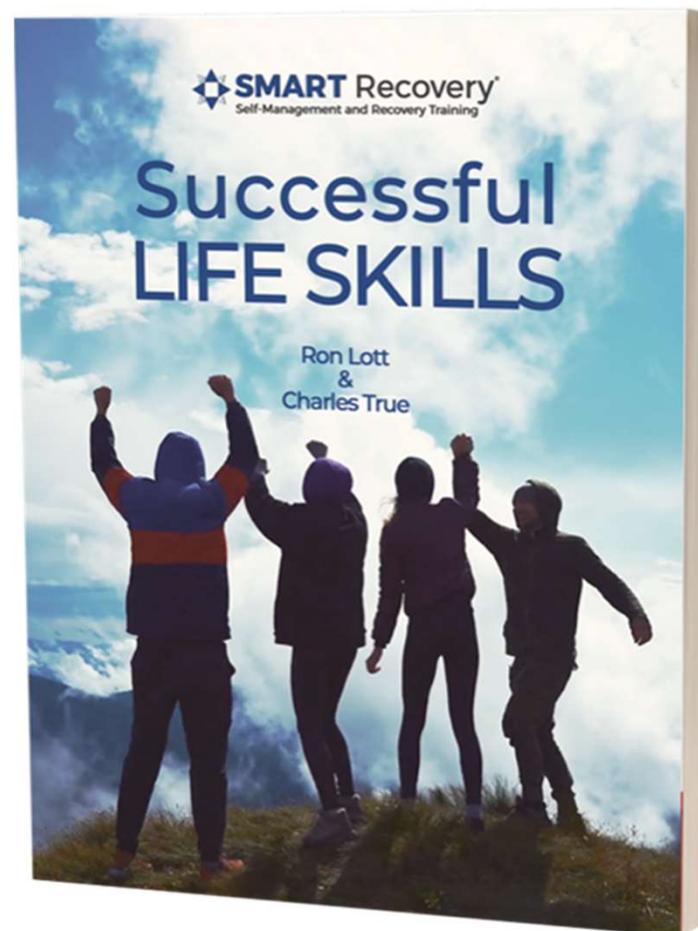
LGBTQIA+ Persons



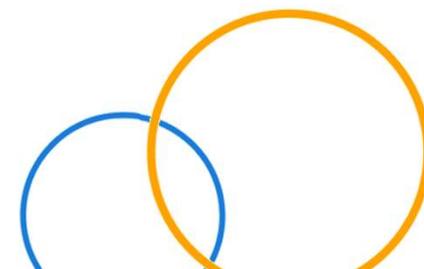
Treatment Professionals

Successful Life Skills - Overview

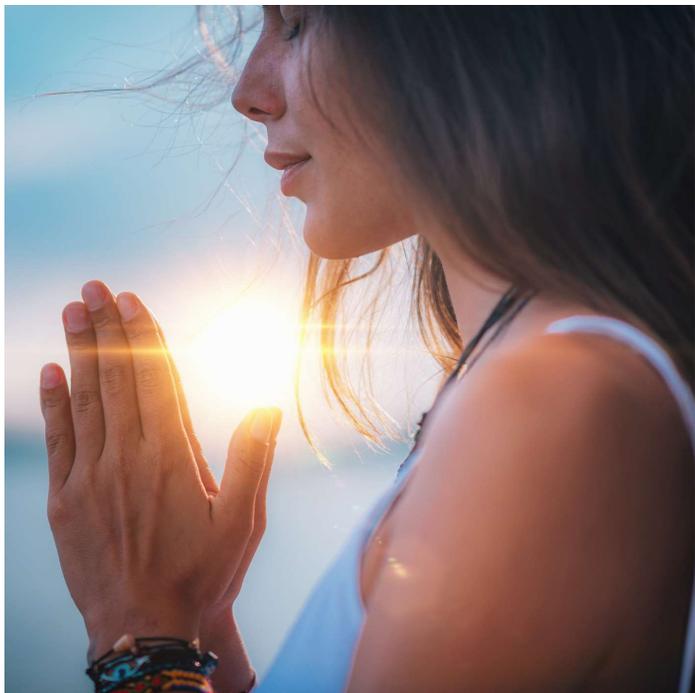
- *Successful Life Skills* is a workbook that lays out a flexible 12-week program directed toward making behavioral changes.
- It is based on a self-empowering approach.
- Includes “user friendly” self-help tools.... based on scientific research and methods.
- Successfully used in prisons, jails, recovery residences and reentry programs.
- Presented in an easy-to-use and read format
- Intended for personal use during and between meetings.



- The problem of instant gratification
- Analysis of the pluses and minuses of specific behaviors
- SMART Recovery tools for addiction management
- Effective management of thoughts, feelings, and behaviors more
- Job skills and financial management concepts
- The SMART 4-Point Program



Example: Ways to Deal with Urges



1. **Avoid** — Stay away from situations, sensations and people that may bring on an urge.
2. **Escape** — If you find yourself in an urge-provoking situation, get out of there immediately.
3. **Reach out to someone for support** — Call a friend or family member who is familiar with your new goals and is willing to listen to your thoughts.
4. **Make a plan for your time** — You may have a lot of extra time to fill once you stop using, make a plan for productive activities during that time.

Example: Change-Plan Worksheet Content

- Now that you know what you want for your future and what you need to get there, you need a plan. Changes I want to make:

- How important are these changes? (scale of 1-10, with 10 highest):

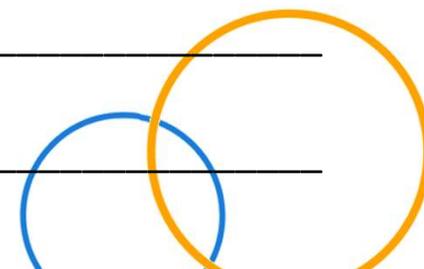
- How confident am I that I can make these changes? (1-10 scale):

- Most important reasons to make these changes:

- Steps to make the changes:

- How other people can help me:

- I will know my plan is working when:



Project Evaluation

Goal: determine the impact of SMART on recovery outcomes and implementation barriers and facilitators

Participating Houses:

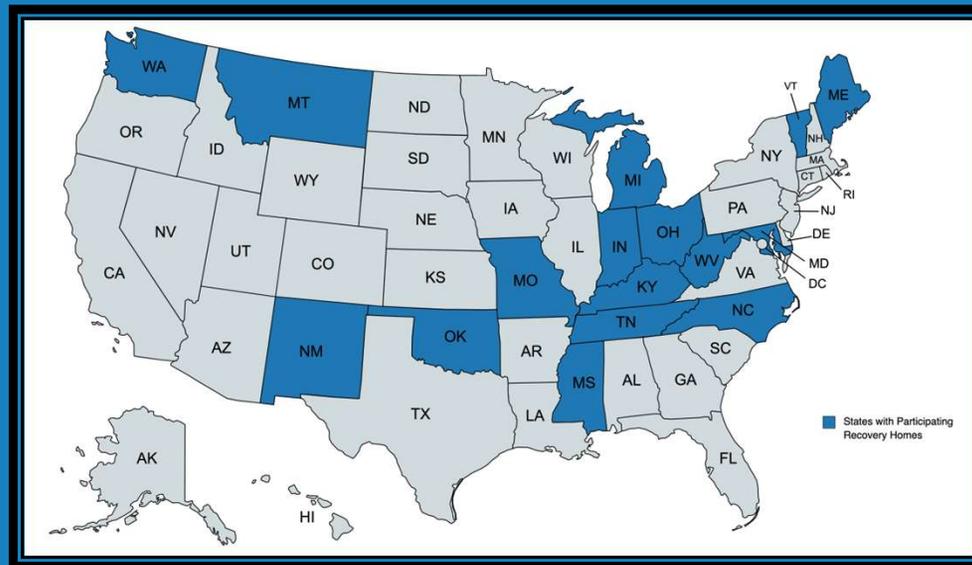
- Receive SMART SLS facilitator training (up to two staff)
- Receive books and technology
- Matched with facilitator, deliver sessions remotely
- Completes brief evaluation surveys

Methods

- **Evaluation component includes brief surveys:**
 - [Participating Residents] - Intake (prior to first class), 6-session, 12-session, 3-month follow-up - Anonymous Qualtrics links shared with house (links and QR codes)
 - [Staff] – House characteristics, implementations barriers and facilitators survey post-12 session and brief follow-up interview
- **Outcomes of interest:**
 - **[Participating Residents]** - change in recovery capital (BARC-10), anxiety and depression (PHQ-4), perceived alliance (FRHAM-12), and evaluation metrics (i.e., importance of SMART on long-term recovery and confidence in application of skills learned)
 - **[Staff]** – implementation barriers and facilitators
- Study reviewed and approved by Western Copernicus Institutional Review Board (WCG-IRB)

Preliminary Findings to Date

- 59 homes in 16 states enrolled since Fall 2022
- Intake (154), session 6 (76), session 12 (49), and 3-mos. follow-up (6)



Preliminary Findings to Date

- Intake Demographics (N=139)
 - Most residents (59%) report being female, Caucasian (84%), employed at intake (59%), with an average age of 38.
 - Participating residents reported an average age at first use of 16, and 45% reported having overdosed.
 - The majority (66%) reported that it was their first time residing in a recovery home.

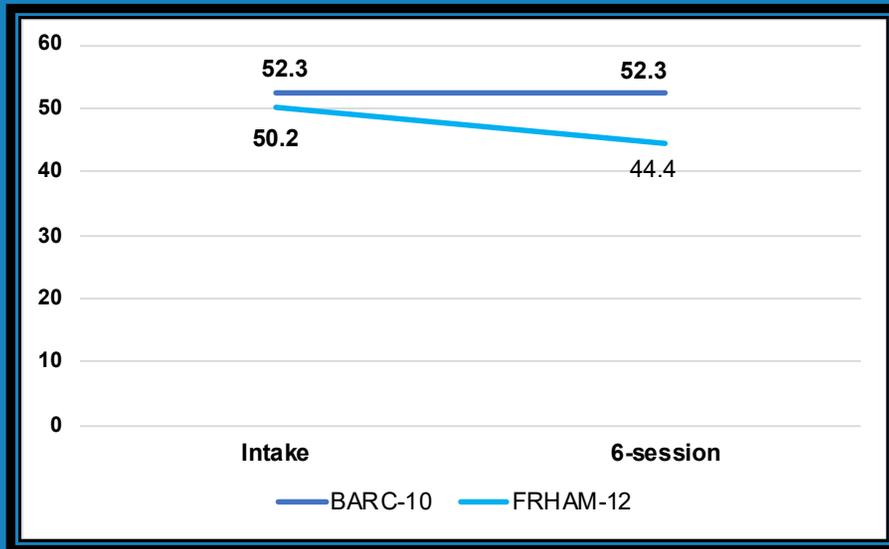


Preliminary Findings to Date

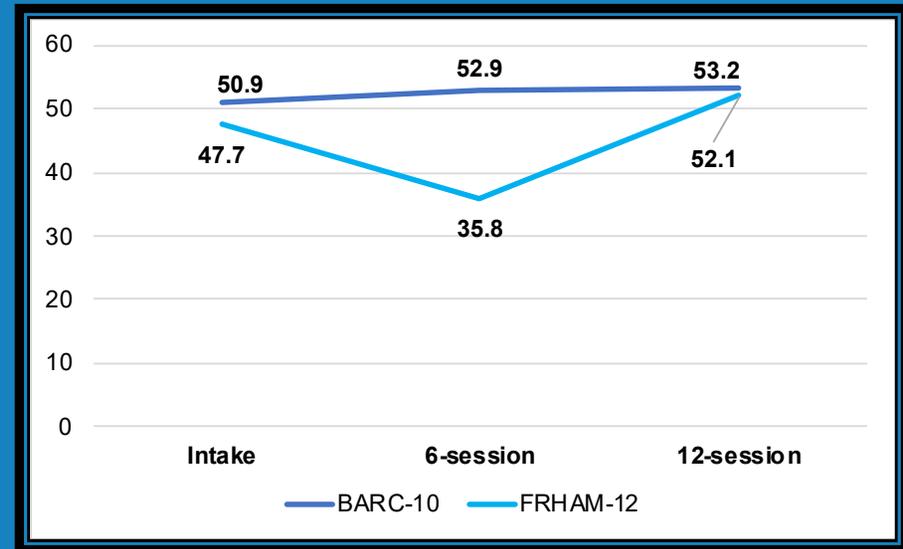
- At Session 6 (N=24)
 - Participants asked to rank “importance”, “confidence” and “difficulty” of aspects of SMART using a 1 – 10 scale:
 - SMART is important to my long-term recovery = **7.9**
 - I am confident in my ability to implement the tools obtained from SMART = **8.2**
 - Difficulty of course materials = **2.1**
 - At Session 12 (N=10)
 - Participants asked to rank “importance”, “confidence” and “difficulty” of aspects of SMART using a 1 – 10 scale:
 - SMART is important to my long-term recovery = **7.9**
 - I am confident in my ability to implement the tools obtained from SMART = **8.4**
 - Difficulty of course materials = **2.3**
- **100%** (N=10) at session 12 agree that the course increased their knowledge about recovery, met their approval, was implementable, they have been using skills obtained, and that they would recommend SMART to others.

Preliminary Findings to Date

Changes in BARC-10 and Alliance from Intake to 6-session (N=24)



Changes in BARC-10 and Alliance from Intake to 6-session to 12-session (N=10)



- Comparing group means across time using t-tests, no results are statistically significant.
- From intake to week 12, BARC-10 and FRHAM-12 scores increase from 2.3 and 4.4, respectively.

Preliminary Findings to Date

HOUSE LEADERSHIP PERSPECTIVES (N=6)

Barriers:

1. Conflicting priorities (e.g., job schedules, other meetings, etc.) for residents is a barrier for session participation.
2. Difficulties with equipment (zoom, microphones, cameras, etc.)

Facilitators:

1. Enabling residents to participate from locations of their choosing (i.e., from their own rooms or in common areas).
2. Reminders posted on house calendar.

Preliminary Findings to Date

SUSTAINABILITY AND STAFF PERCEIVED ALLIANCE IMPACT (N=6)

- 100% indicated that they plan to continue providing SMART Recovery
- 100% agreed that residents have used the SMART skills to enhance their interactions with one another.
- 67% agreed that participation in SMART has improved peer mentor/counselor -resident interactions; 33% were neutral.
- 100% agreed that there is a greater degree of trust in meetings between residents that participated in SMART and peer mentors/counselors.
- 83% agreed that there is a greater degree of shared agreement on recovery goals between residents that participated in SMART and peer mentors/counselors; 17% were neutral.

Contact Information

- **Johnna Allen**, jallen@fletchergroup.org
 - Additional information is available at:
<https://www.fletchergroup.org>
- **Brad Glaser**, bglaser@Smartrecovery.org

THANK YOU



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