

SMART RECOVERY PILOT PROJECT - PRELIMINARY FINDINGS FROM AN INDEPENDENT EVALUATION

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- Project coordinator - Liz Ainsworth
- Steering Committee – Chair Nick Heather,
Nicolay Sorensen, Fraser Ross,
Dan Davidson, Kevin Malthouse,
- Host agencies - Aquarius, SAAS, NORCAS, SLYMCA,
Turning Point, ADS/CCDAS

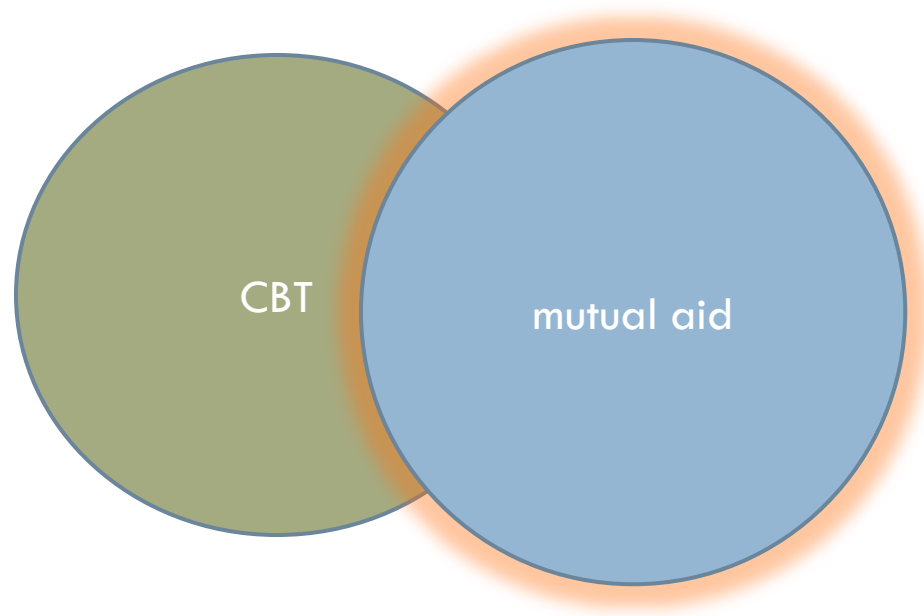
Evaluation



- Aim of investigation is to improve knowledge and assist improvement
- Process evaluation – focus on implementation - how, why and under what conditions does the project work?

Distinctiveness of SMART Recovery

Can CBT approach be combined with mutual aid?



KEY OBJECTIVES

of Pilot Project

‘to disseminate and popularise an alternative to AA and develop a user-led and sustainable system of peer support and mutual aid’

- flourishing and sustainable mutual aid groups in six sites
- greater take up at national level

KEY ACTIONS

- Alcohol Concern
 - establish local champions
 - provide resources for groups and champions
 - provide training through SMART Recovery UK (Fraser Ross)
 - assist with networking and sharing ideas
- Host agencies
 - provide venue and support for meetings, encourage attendance at training,

Who attended training?

CHARACTERISTIC	
Gender/sex	2/3 men; 1/3 women
Age	29 – 63 years; average age 45 years
Employment status	7/10 unemployed
Marital status	1/3 single; 1/4 divorced; 25% married or cohabiting
Previous treatment for addiction	9/10 had had specialist treatment previously; 25% currently
Experience of groups	6/10 had attended AA; 25% currently attending AA
Last drink	4/10 abstinent over one year; 2/10 in last three months
Leeds Dependency Score re. previous drinking pattern	6/10 scored above 25 (high dependency)

Need for SMART Recovery as seen by agencies

‘service users have voiced frustrations at wanting to access self-help groups that are different from AA’

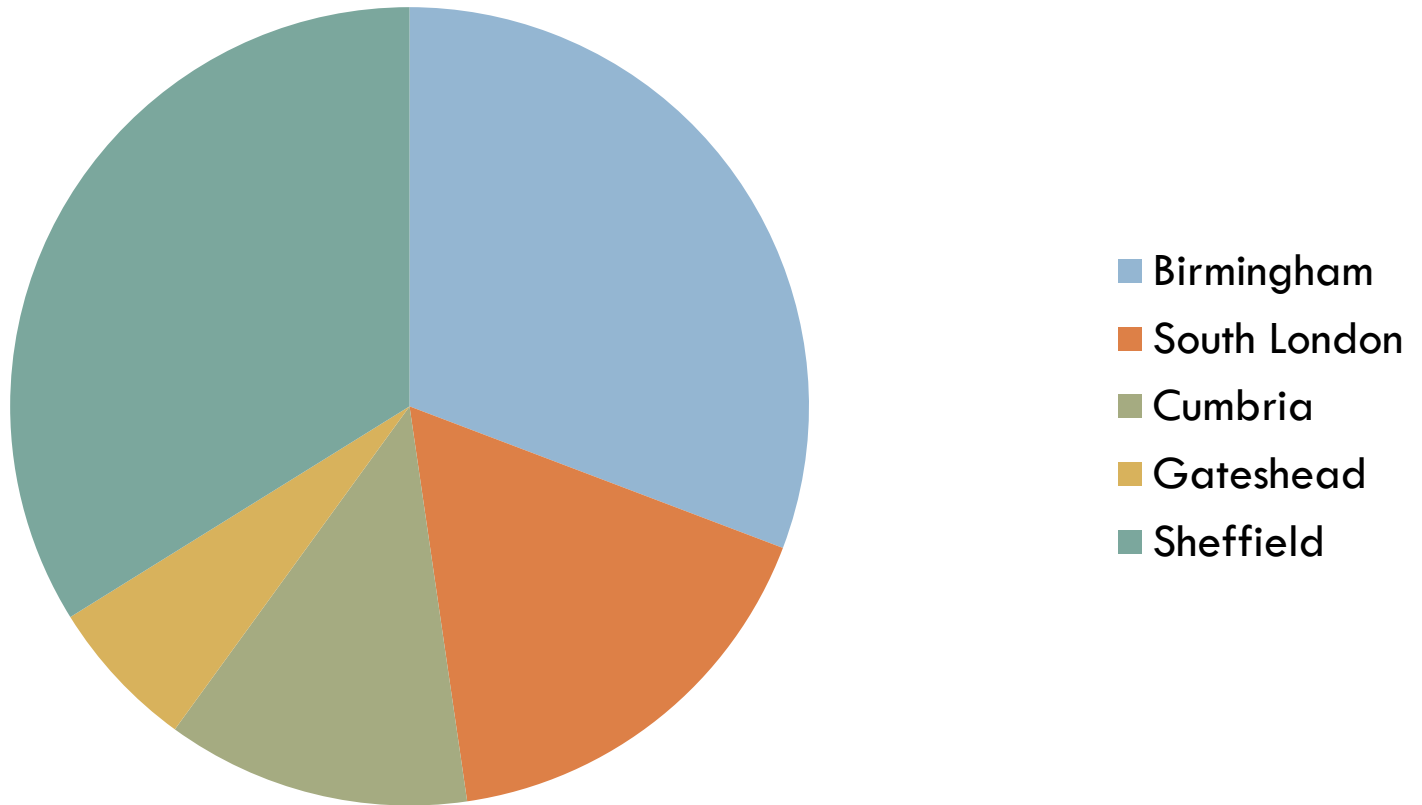
‘need for additional abstinence-based service’

‘to support clients in recovery’

(Half of the agencies had not heard of SMART before the pilot).

Who participated in groups?

Questionnaire responses – autumn 2009



A snapshot of group members

Characteristic	
Sex/gender	68% men; 32% women
Age	range from 27-69 years mean age 47 years
Treatment experience	28% currently; 12% never
Length of time since last drink	range 1 day to 20 years 55% in last three months
Main addiction problem	77% alcohol 20% alcohol plus others
Use of other services in last three months	77% GP; 60% hospital; 17% rehab; 5% day programme;
Current worries	51% money; 39% employment; 20% housing ; 23% marriage/ relationship ; 11% access to children

Peer comparisons

- 'having people in the group who have not drunk for some time is a really powerful role model thing – to sit in a room and see someone who stopped drinking 20 years ago and now has a life – or even 2 years'*
- 'to see people only recently sober - I can look back – you see people where you have come from – I find that helpful'*

Involvement with SMART Recovery

How heard about SMART	66% from an alcohol worker 14% from other professional 19 % from friend or SMART member or other source
Experience of peer support groups	60% had attended AA 8% NA; 28% had attended VCO group; 17% in NHS; 23% other groups
Length of time since first attending this group	63% in last three months 17% over six months ago
How often attend	63% weekly ; 29% twice or more per week 8% less than fortnightly
Intentions re. future attendance	95% intend to continue attending
Experience of SMART	79% very helpful; 21% quite helpful
SMART Recovery compared to other groups	33% much more useful; 39% more useful 19% as useful; 2% less useful

Benefit of SMART Recovery group as seen by members

*'I wish I had joined a group like this before. It is very good to meet **people in the same situation** as me. It has taught me that I am not unique'*

'you don't have to spend half an hour explaining'

*'I find that SMART is very **focused on the practical** which is very important to me'*

'SMART tools have helped me in my whole life (not just my recovery)'

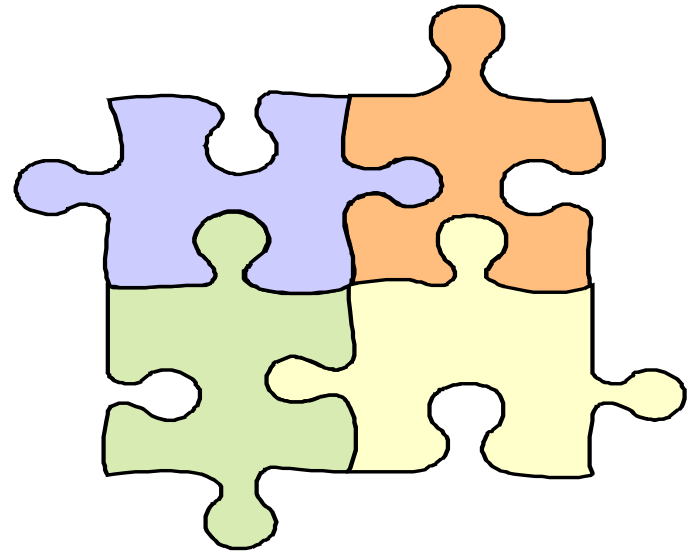
*'we don't tell anyone what to do - we allow people to **make their own decisions**'*

Value and distinctiveness of SMART Recovery

- ‘with SMART **you** are in control – you are responsible for yourself’*
- ‘focus on the **here and now**’*
- ‘SMART is teaching people to go on and live a normal life’*
- ‘the whole aim of the group is to be a safety net so people can come back and maybe just sit quietly’*
- ‘sharing with others’*
- ‘gives confidence’*
- ‘you can see people change’*

Tools become familiar

- Check in
- Brainstorming
- Having a structure
- Problem solving
- ABC
- Goal setting



'dynamics may be different but the structure is the same'

Obstacles to developing groups

'SMART is not well known'

'dominance of AA in minds of services'

'need for more publicity locally and nationally'

'getting people to come to meetings and to carry on attending'

'lack of knowledge and training on how to deliver the whole process'

'



Key issues



1. Time and resources

2. What is the right relationship between group members and professionals?

'if you link to a service provider you have a group already'

'if you try without a link to a service provider it is a real challenge'

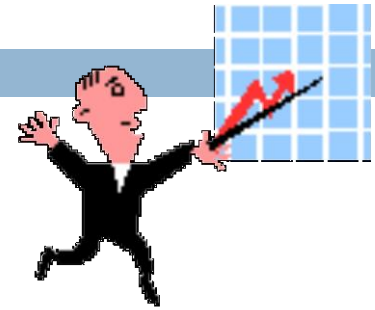
3. How important are the tools?

'it becomes a social gathering if always same people every week – important to maintain the structure – have the check in and an agenda'

What seems to influence success?

- Training and refresher training
- Core of keen and able activists
- Right amount and kind of support from main host agency : *'agencies have to be willing to step back'*
- Patience and perseverance from both groups and agencies: *'agency has to continue to demonstrate enthusiasm and support'*
- Central support office and small seed corn grants
- Supportive environment of services locally into which SMART groups can be linked
- Links to wider social movement of recovery advocates

Preliminary conclusions



- Facilitators are to be congratulated!!!
- Evidence of gap in services
- Expressed need for alternative to AA
- Great value for money : *'200 hours of group work for less than £500' - [generally in kind]*
- Mutual aid element seems most appealing aspect
- Importance of training – in tools and group work but also in development
- Value of umbrella support from host agency and centre
- Need to continue to promote the 'brand'
- Questions around - What happens now? Exit strategy?
Sustainability? Financing?