New Research on SMART Recovery: Predictors, Benefits, and Phenomenology

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Outline

- Broader Context of addiction, recovery, and treatment and recovery support services
- Landscape of Mutual help research
- New Findings on SMART Recovery
- Summary, Conclusions and Future Directions

50 years of criminal justice, treatment, and public health, approaches

Emergency

Extinguish

Prevent

Rebuild

Challenges of Initial and Early Recovery

Increased sensitivity to stress

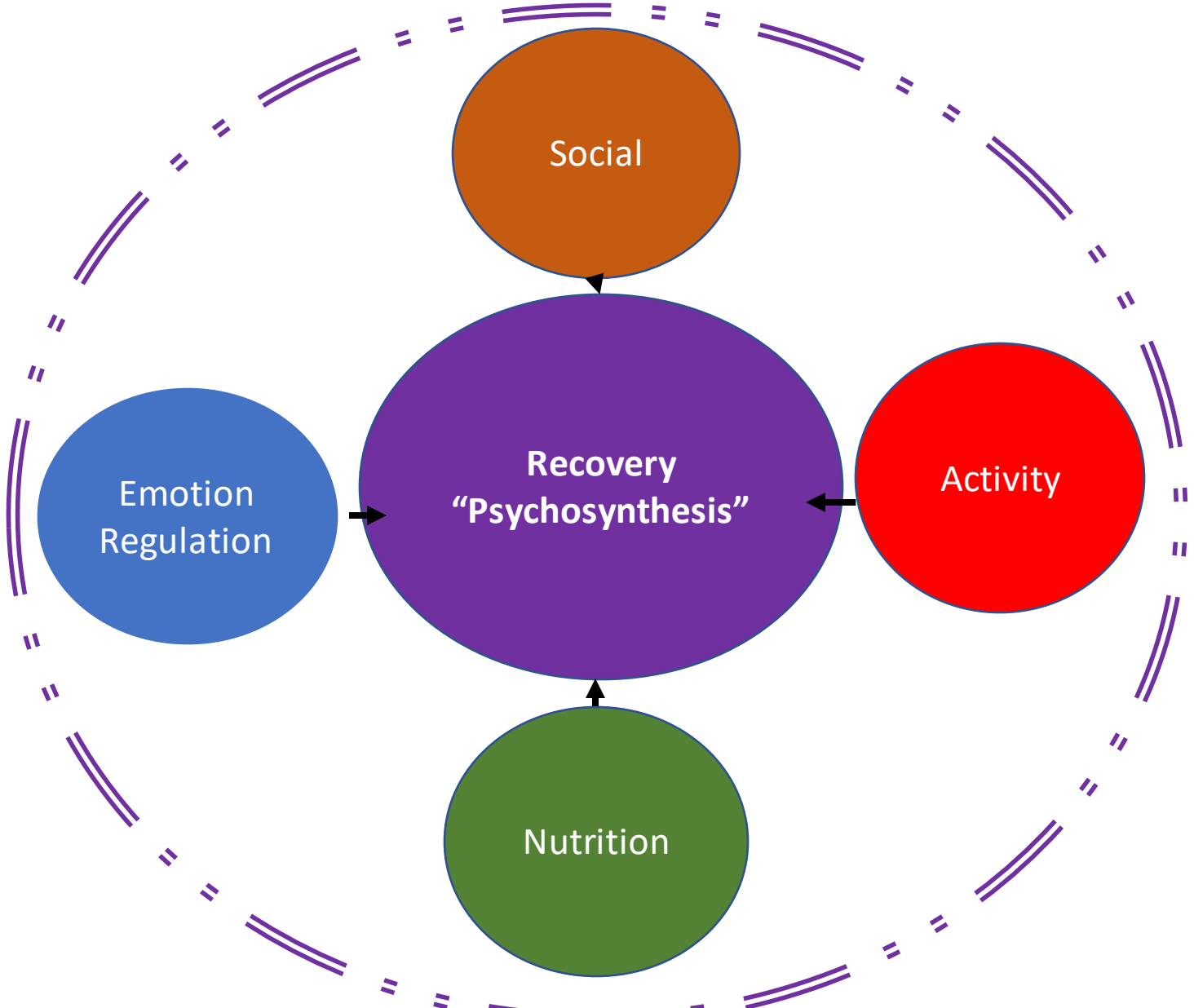
Decreased capacity to experience normal levels of reward

How Organisms Recover

Photosynthesis

Psychosynthesis

Psychosynthesis: A Social Activity Nutrition Emotion Regulation (SANER) Approach to Recovery



Social

Activity

Nutrition

Emotion

Regulation

(SANER)

Kelly JF (2021; 2022)

Clinical Course of Addiction and Remission

ASSOCIATION OF RECOVERY COMMUNITY ORGANIZATIONS

Women for Sobriety

LifeRing Secular Recovery

REFUGE RECOVERY
A BUDDHIST PATH TO RECOVERING FROM ADDICTION

UNITY SERVICE AA RECOVERY

ANONYMOUS

NA

SMART Recovery
Life beyond addiction

CR elebrate Recovery

NARR
National Alliance for Recovery Residences
mmunity • Standards • Ethics • Education

PHOENIX MULTISPORT

Anchor
Recovery Community Center
Peer-to-peer support services

The Luckiest Club

Sober is better

MODERATION MANAGEMENT™

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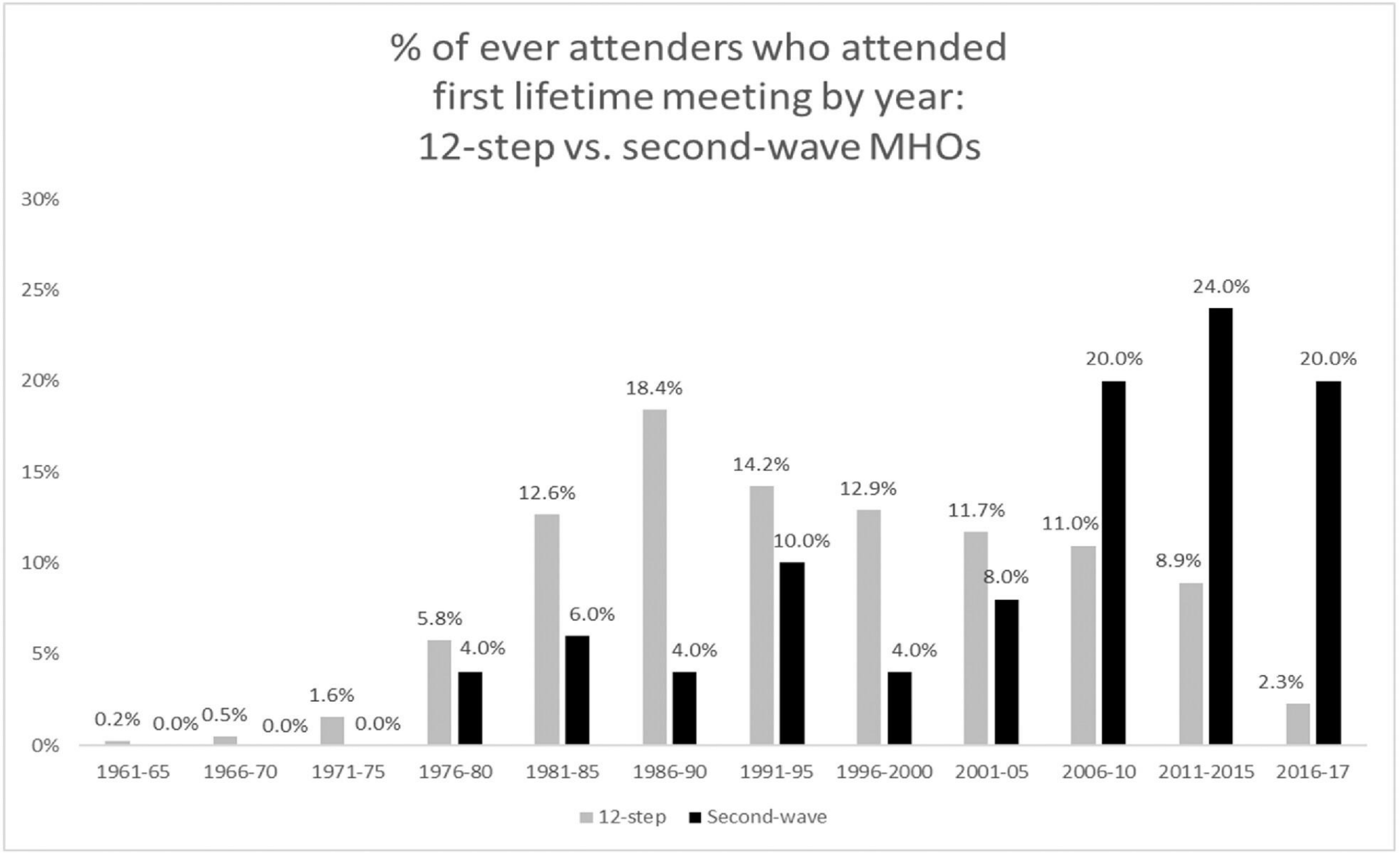

Bergman et al, 2024; *Alcohol: Clin Exp Res*

Cochrane Database of Systematic Reviews

Alcoholics Anonymous and other 12-step programs for alcohol use disorder (Review)

Kelly JF, Humphreys K, Ferri M

Kelly JF, Humphreys K, Ferri M.
Alcoholics Anonymous and other 12-step programs for alcohol use disorder.
Cochrane Database of Systematic Reviews 2020, Issue 3. Art. No.: CD012880.
DOI: 10.1002/14651858.CD012880.pub2.

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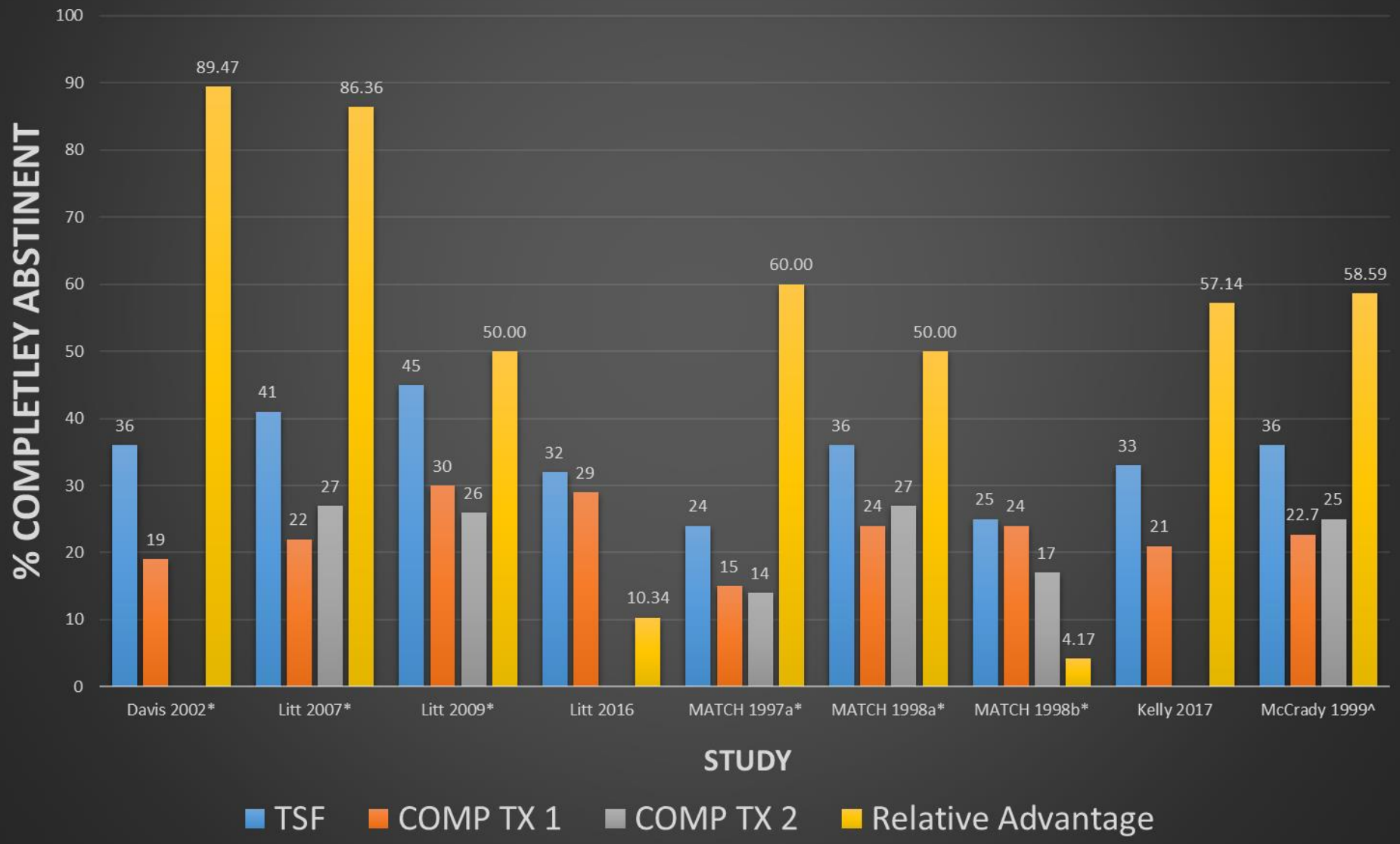
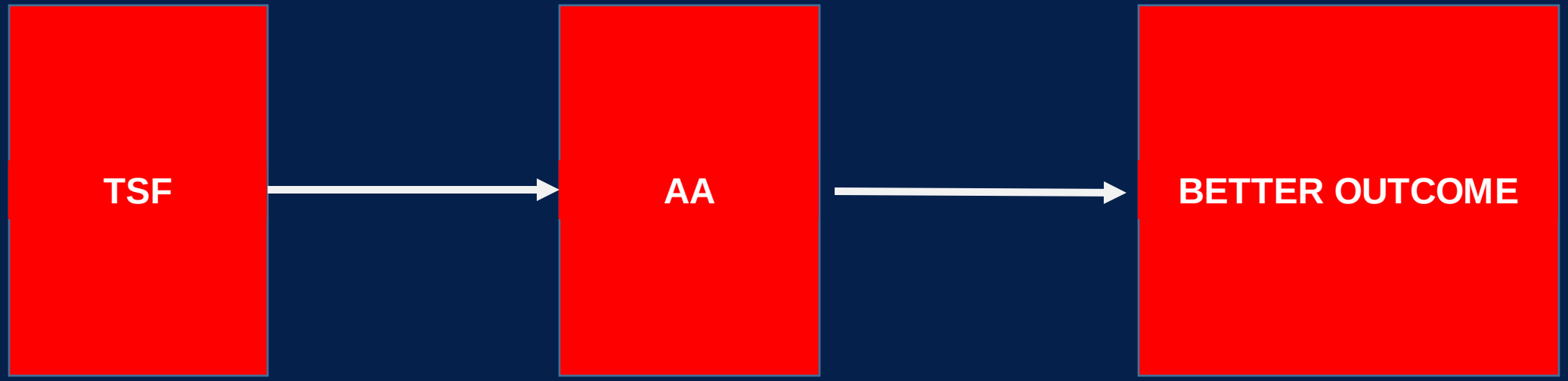
Cochrane Systematic Review on AA/TSF (2020)

- Kelly, JF
- Humphreys, K
- Ferri, M

TSF Compared to Different Theoretical Orientation Treatments (RCTs all Manualized)



Causal chain also supported..



Economic Studies

Healthcare Cost Savings

- 3/4 included studies in this category (n reports = 4/5; found sig. health care cost saving in favor of the AA/TSF condition.
- Economic analyses found benefits in favor of AA/TSF relative

Public Health "Free Lunch"

gs

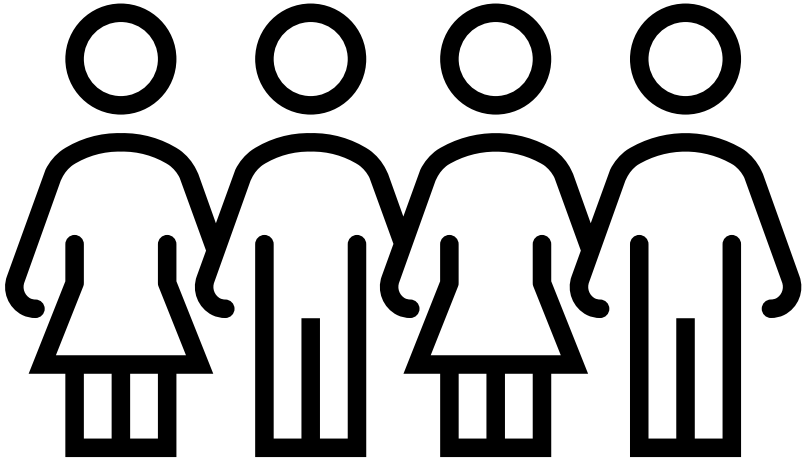
Do Fitness Centers Keep people fit?

- Of course!
- If you go and if you work out regularly
- Perennial challenge is engaging and retaining people in some kind of ongoing exercise regimen…
- Fitness Centers therefore provide not just one, but an array, of different classes, spaces, equipment, pools, and courts, so that people can find something appealing

Do Mutual-Help Organizations Keep people fit for recovery?

- Of course!
- If you go regularly and if you work the recovery program and build it in to your lifestyle (like exercise)
- The perennial challenge is engaging and retaining people in some kind of ongoing recovery support service …
- Recovery support services however, have been largely limited to one variety (e.g.,12-step) severely limiting options to engage and retain people in an ongoing recovery support service that can help mitigate relapse risk and sustain remission.
- This is tantamount to a fitness center having ONLY a weight room, or ONLY a pool etc…

Emerging Evidence for Additional Mutual-Help Organizations….



J Subst Abuse Treat. 2017 February ; 73: 16–26. doi:10.1016/j.jsat.2016.10.004.

Comparison of 12-step Groups to Mutual Help Alternatives for AUD in a Large, National Study: Differences in Membership Characteristics and Group Participation, Cohesion, and Satisfaction

Sarah E. Zemore, Ph.D., **Lee Ann Kaskutas, Dr.P.H.**, **Amy Mericle, Ph.D.**, and **Jordana Hemberg, MPH**
Alcohol Research Group, Emeryville, CA

Abstract

Background—Many studies suggest that participation in 12-step groups contributes to better recovery outcomes, but people often object to such groups and most do not sustain regular involvement. Yet, research on alternatives to 12-step groups is very sparse. The present study aimed to extend the knowledge base on mutual help group alternatives for those with an alcohol use disorder (AUD), sampling from large, active, abstinence-focused groups including Women for Sobriety (WFS), LifeRing, and SMART Recovery (SMART). This paper presents a cross-sectional

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An Investigation of SMART Recovery

- NIH-NIAAA funded 5-year prospective study
- N = 361 individuals making a **new recovery attempt from an alcohol-use disorder** who **self-selected into one of 4 pathways** and followed up over a 2-year period:

SMART Only (n=75)

AA Only (n=73)

Both SMART and AA (n=53)

Neither SMART or AA (n=160)

BMJ Journals

BMJ Open

BMJ Open

An investigation of SMART Recovery: protocol for a longitudinal cohort study of individuals making a new recovery attempt from alcohol use disorder

John F Kelly ,[1,2] Samuel A Levy,[2] Bettina B Hoeppner[1,2]

To cite: Kelly JF, Levy SA, Hoeppner BB. An investigation of SMART Recovery: protocol for a longitudinal cohort study of individuals making a new recovery attempt from alcohol use disorder. *BMJ Open* 2023;**13**:e066898. doi:10.1136/bmjopen-2022-066898

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (http://dx.doi.org/10.1136/bmjopen-2022-066898).

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ABSTRACT

Introduction Alcohol use disorder (AUD) remains one of the most pervasive of all psychiatric illnesses conferring a massive health and economic burden. In addition to professional treatments to address AUD, mutual-help organisations such as Alcoholics Anonymous (AA) and newer entities like Self-Management and Recovery Training (SMART Recovery) play increasingly important roles in many societies. While much is known about the positive effects of AA, very little is known about SMART. Hence, this study seeks to estimate real-world patterns of utilisation and benefit from SMART Recovery as well as explore for whom (moderators) and how (mechanisms) SMART confers recovery benefits.

Methods and analysis Naturalistic, longitudinal, cohort study (n=368) of individuals with AUD recruited between February 2019 and February 2022, initiating a new recovery attempt who self-select into one of four groups at study entry: (1) SMART Recovery; (2) AA; (3) SMART+AA; (4) Neither SMART nor AA; (stratified by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5) severity markers), with assessments conducted at intake, and 3 months, 6 months, 9 months, 12 months, 18 months and 24 months. Primary outcomes are: frequency of SMART and AA meetings attendance; per cent days abstinent and per cent days heavy drinking. Secondary outcomes include psychiatric distress; quality of life and functioning. Moderator variables include sex/gender; race/ethnicity; spirituality. Mediational variables include social networks; coping skills; self-efficacy; impulsivity. Multivariable regression with propensity score matching will test for patterns of attendance and effects of participation over time on outcomes and test for mechanisms and moderators.

Ethics and dissemination This study involves human participants and was approved by the Massachusetts General Hospital Institutional Review Board (Protocol #: 2017P002029/PHS). Results will be published in peer-reviewed journals and presented at conferences.

Registration This is a non-randomised, naturalistic, longitudinal, cohort study, and thus was not registered in advance. Results, therefore, should be considered exploratory.

STRENGTHS AND LIMITATIONS OF THIS STUDY

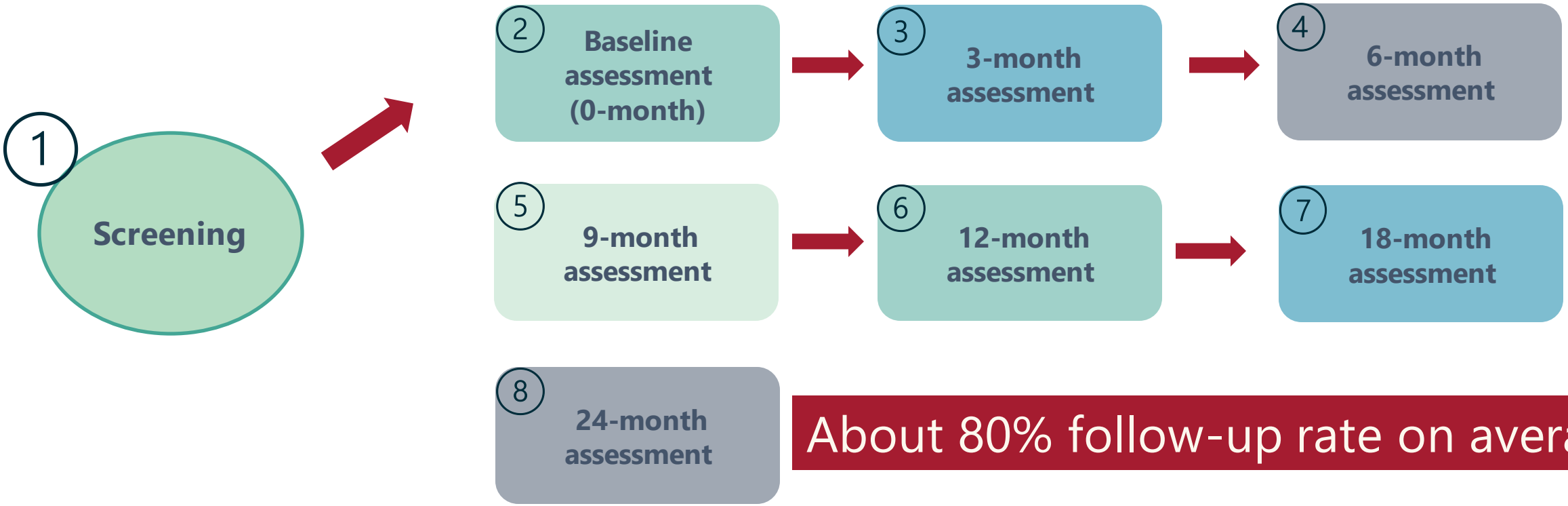
⇒ The prospective naturalistic 'real-world' nature of following individuals (n=368) with primary alcohol use disorder who are self-selecting into either Self-Management and Recovery Training (SMART) Recovery, Alcoholics Anonymous (AA), both SMART and AA, or neither, and comparing their addiction recovery outcomes over time is considered a strength of this study.
⇒ Frequent follow-up assessments using psychometrically validated measures across a 2-year period will allow for examination of the dynamic topography of health-related behaviour change and is considered a study strength.
⇒ Multidimensional assessment of multiple clinical, public health and public safety outcomes will be conducted capturing a broad bandwidth of variables with relevance to a wide array of treatment and policy stakeholders and is considered a strength.
⇒ Some limitations of the study are that research staff are not blinded to participants' self-selected recovery pathway and the use of self-report measures, despite psychometric validation, can yield social desirability and recall biases.
⇒ Assessment data and study results rely on self-report and the majority of study assessments are conducted remotely (due to COVID-19 restrictions) without objective validation using bioassay and is a limitation.

INTRODUCTION

Alcohol and other drug use disorders confer a prodigious burden of disease, disability and premature mortality in most middle-income and high-income countries globally. To help alleviate this burden, most countries provide an array of professionally delivered addiction treatment services. Yet, despite these efforts, such services are often unable to meet both acute care and long-term relapse prevention needs of the millions or tens of millions affected annually. In response, most countries also possess an array of informal community-based peer recovery support services which can provide ongoing assistance for individuals suffering from these disorders.[1] The oldest and largest of these are the 12-step mutual-help organisations (MHOs), such as Alcoholics Anonymous (AA). Rigorous

Procedure

Participants were recruited in Boston and San Diego through SMART Recovery meetings, outpatient treatment, ResearchMatch, PeRC, TrialFacts, Rally for Recruitment, Facebook, Craigslist, Reddit, and the Boston subway network



About 80% follow-up rate on average

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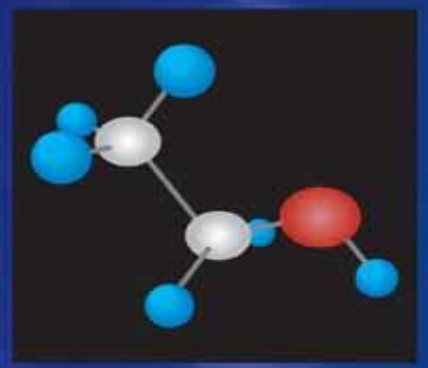
ALCOHOL

CLINICAL & EXPERIMENTAL RESEARCH



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RESEARCH ARTICLE

ALCOHOL CLINICAL & EXPERIMENTAL RESEARCH

Who affiliates with SMART recovery? A comparison of individuals attending SMART recovery, alcoholics anonymous, both, or neither

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[2]Department of Psychiatry, Harvard Medical School, Boston, Massachusetts, USA

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Funding information
National Institute on Alcohol Abuse and Alcoholism, Grant/Award Number: K24AA022136 and R01AA026288; Massachusetts General Hospital Recovery Research Institute

Abstract

Background: Mutual-help organizations (MHOs) play a crucial role for many individuals with alcohol use disorder (AUD) or other substance use disorders in achieving stable remission. While there is now substantial research characterizing who uses 12-step MHOs, very little is known about who becomes affiliated with newer and rapidly growing MHOs, such as Self-Management and Recovery Training ("SMART" Recovery). More research could inform knowledge regarding who may be best engaged by these differing pathways.

Methods: We conducted a cross-sectional analysis of participants ($N = 361$) with AUD recruited mostly from the community who were starting a new recovery attempt and self-selected into one of four different recovery paths: (1) SMART Recovery ("SMART-only"; $n = 75$); (2) Alcoholics Anonymous ("AA-only"; $n = 73$); (3) Both SMART and AA ("Both"; $n = 53$); and (4) Neither SMART nor AA ("Neither"; $n = 160$). We compared the groups on demographics, clinical history, treatment and recovery support service use, and indices of functioning and well-being. We computed descriptives and conducted inferential analyses according to the data structure.

Results: Compared to study participants choosing AA-only or Both, SMART-only participants were more likely to be White, married, have higher income and more education, be full-time employed, and evince a pattern of lower clinical severity characterized by less lifetime and recent treatment and recovery support services usage, lower alcohol use intensity and fewer consequences, and less legal involvement. AUD symptom levels, lifetime psychiatric diagnoses, psychiatric distress, and functioning were similar across MHO-engaged groups.

Conclusion: SMART Recovery appears to attract individuals with greater psychosocial stability and economic advantage and less severe histories of alcohol-related impairment and legal involvement. Findings suggest that certain aspects specific to the SMART Recovery group approach, format, and/or contents may appeal to individuals exhibiting this type of profile. As such, SMART appears to provide an additional

Predictors of Recovery Pathway Choice…

Between group comparisons of:

Baseline Demographics

Criminal Justice Involvement

AUD Severity

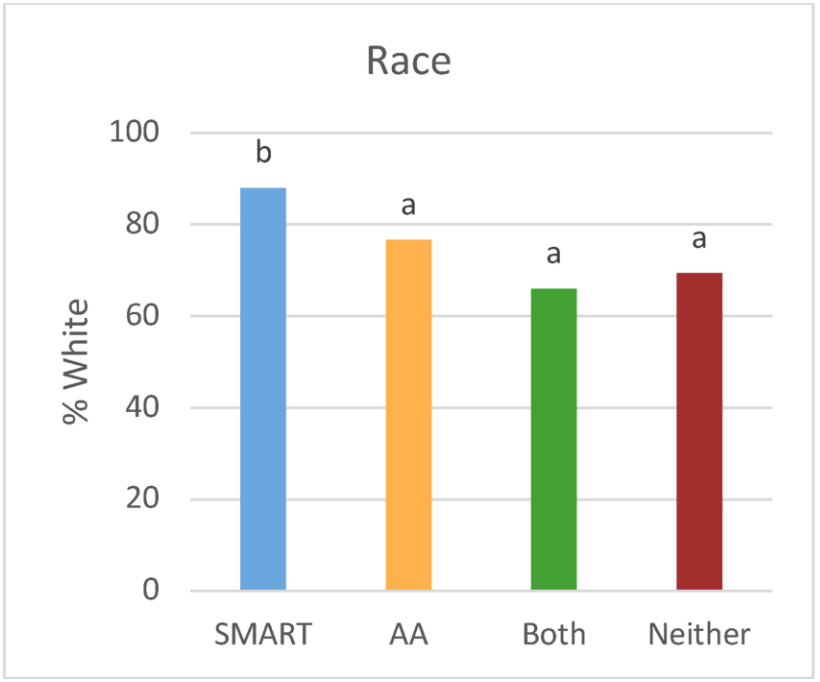
Treatment Service Utilization

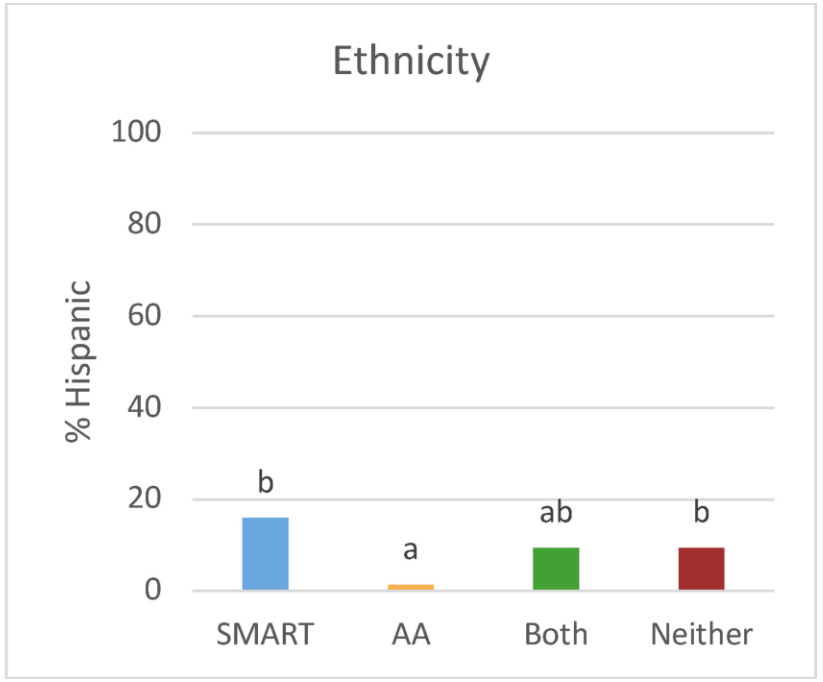
Quality of Life and Functioning

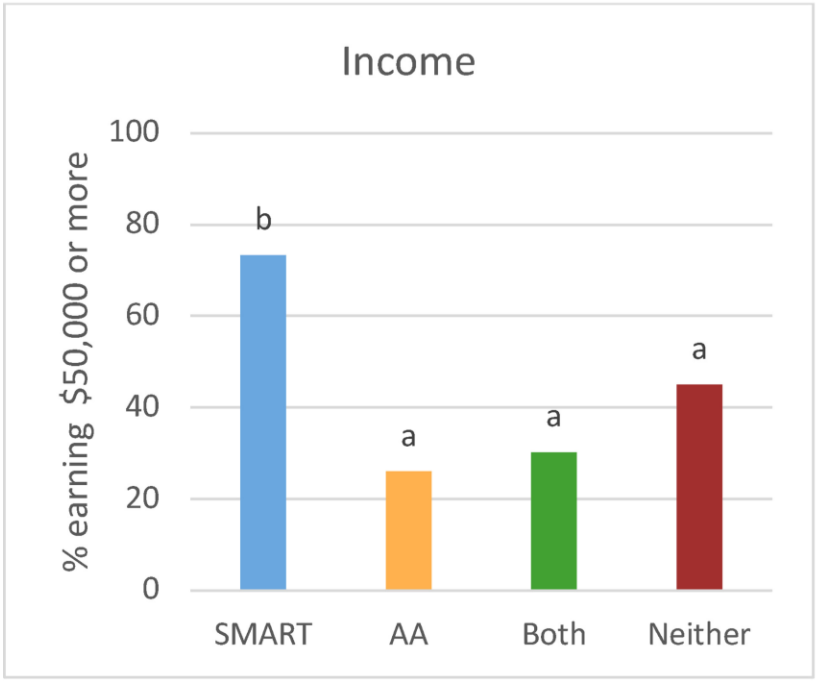
Measures

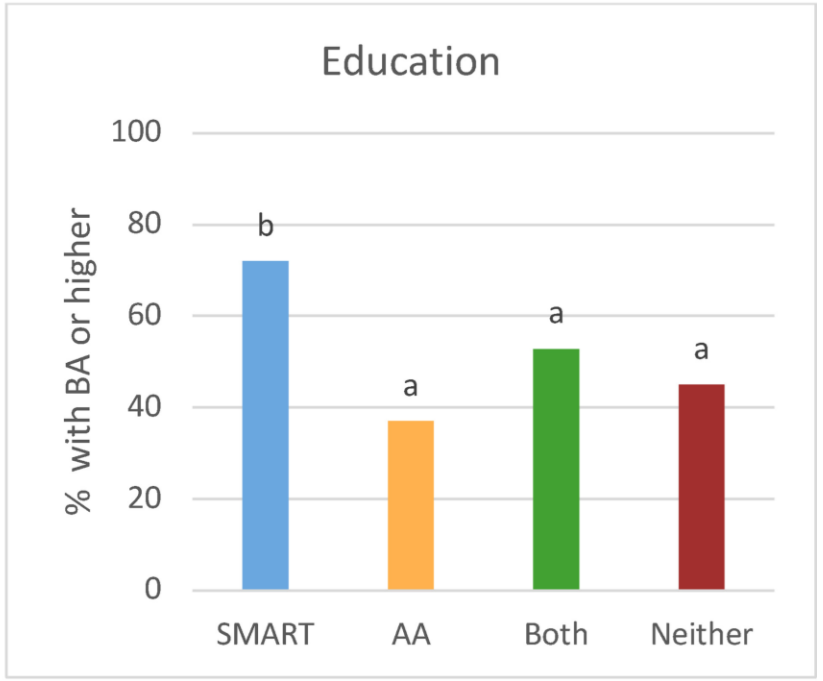
- Demographics background
- Substance use history
- Anti-craving/anti-relapse medications and psychotropic medications
- Mental and emotional health: diagnoses
- 12-Step/MHO attendance history
- Recovery support services and formal treatment programs
- Criminal justice involvement
- Psychiatric Distress and Perceived Stress
- Alcohol and Drug Abstinence Self-Efficacy
- Penn Alcohol and Drug Craving
- Drinking goal
- Commitment to Sobriety Scale
- Alcohol/Drug Use Consequences
- Brief Assessment of Recovery Capital
- Impulsivity
- Quality of Life
- Pittsburgh Sleep Quality Index
- Pain Visual Analogue Scale
- International Physical Activity Questionnaire
- Meals
- Self-Esteem, Happiness, and Satisfaction with Life
- Daily Spiritual Experiences Scale

Results

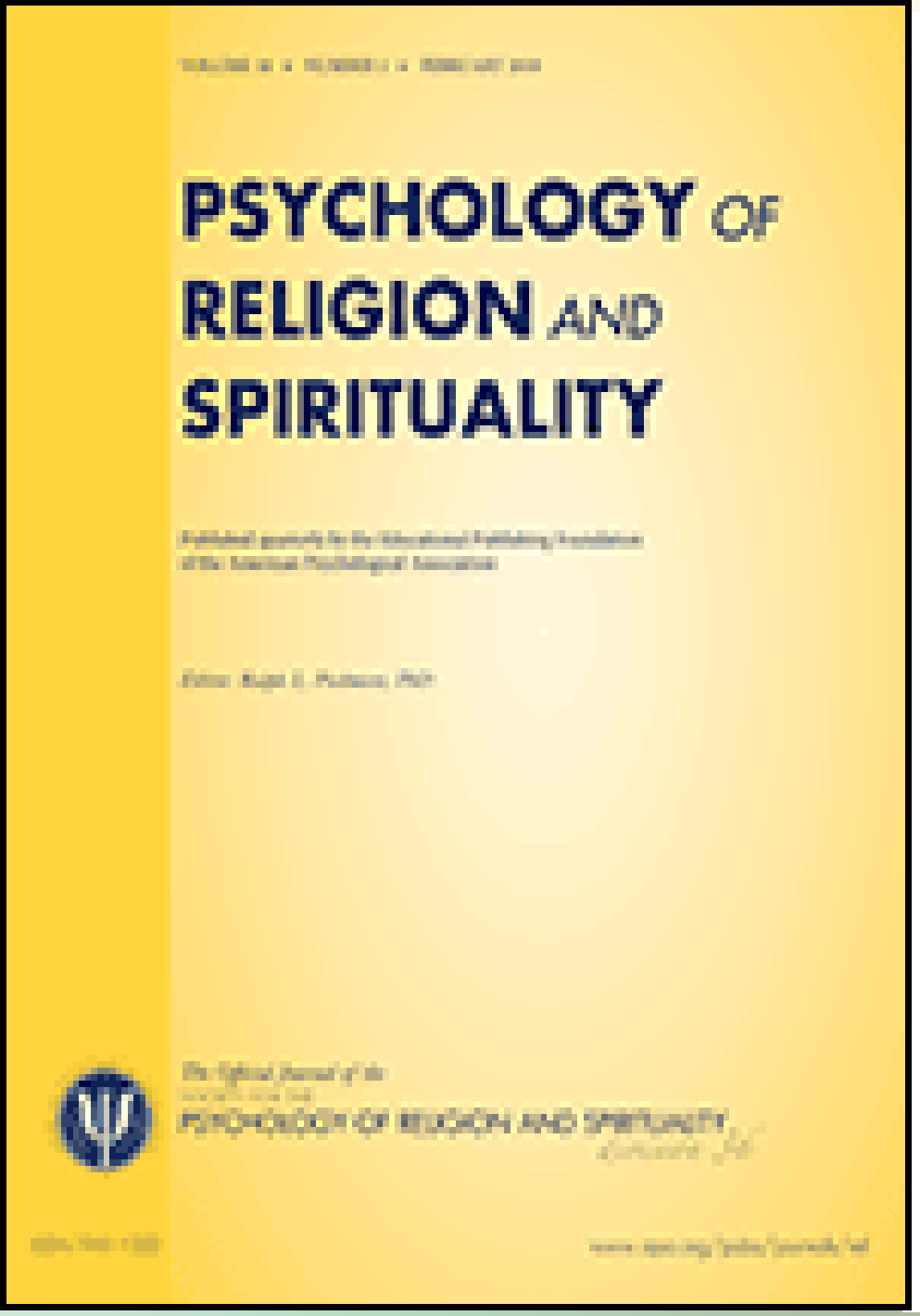








Kelly et al. (2023)



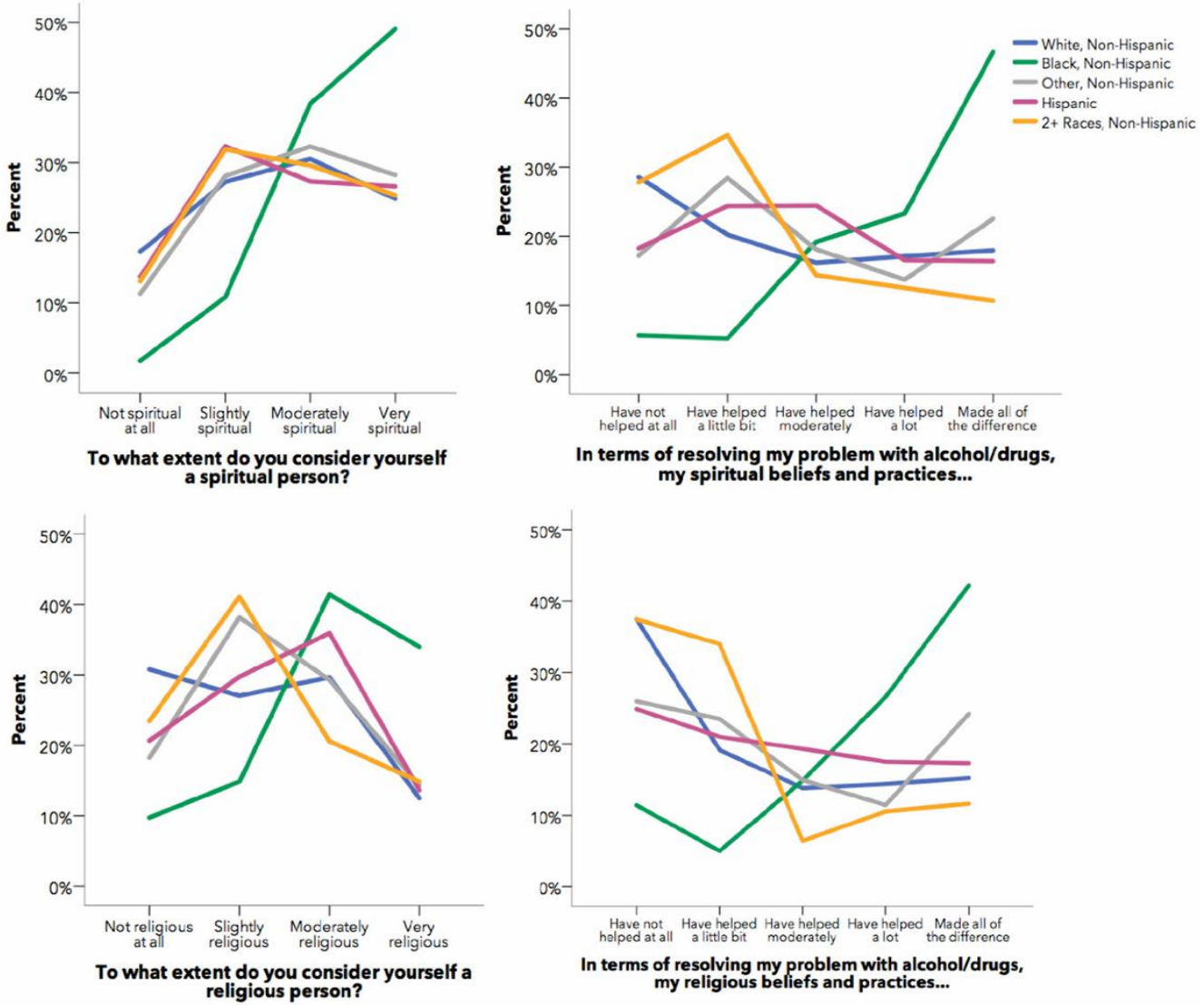
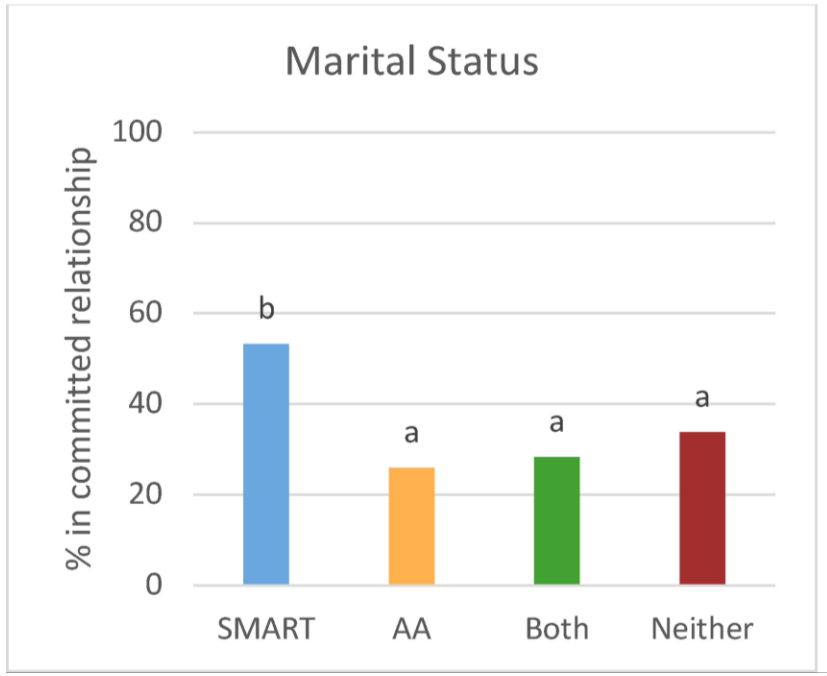
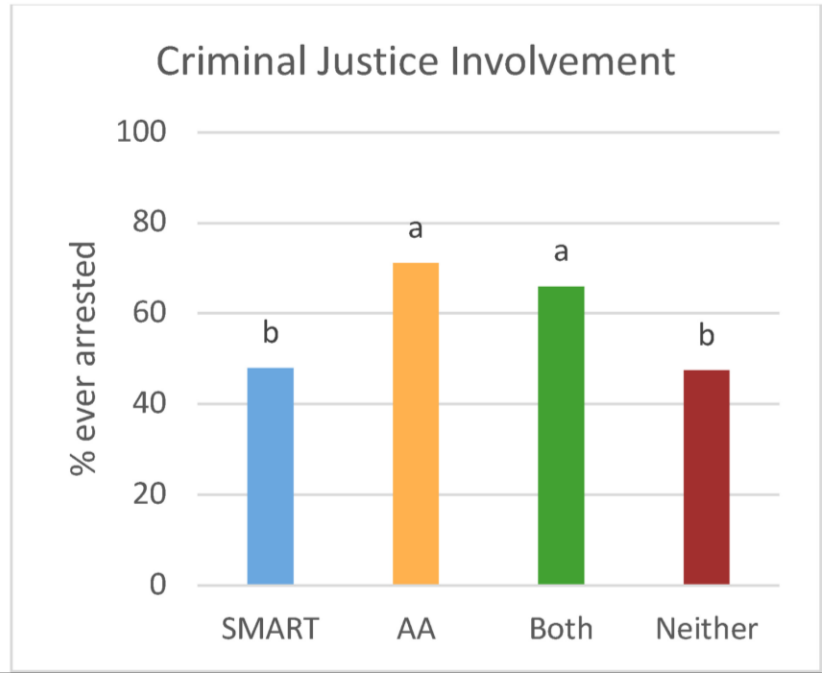
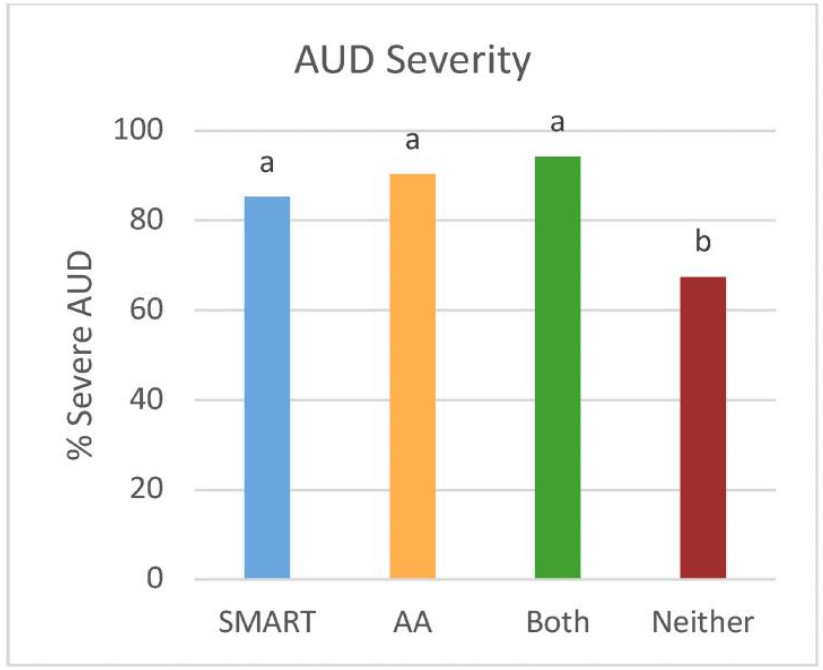


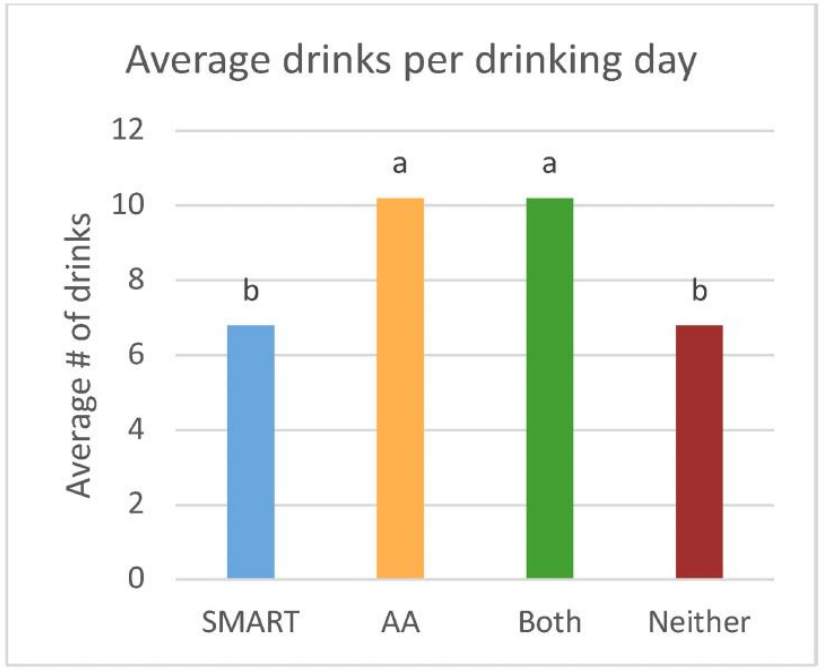
Figure 2:
Distribution of participant spirituality (top-left) and religiousness (bottom-left) by race/ethnicity.

Results









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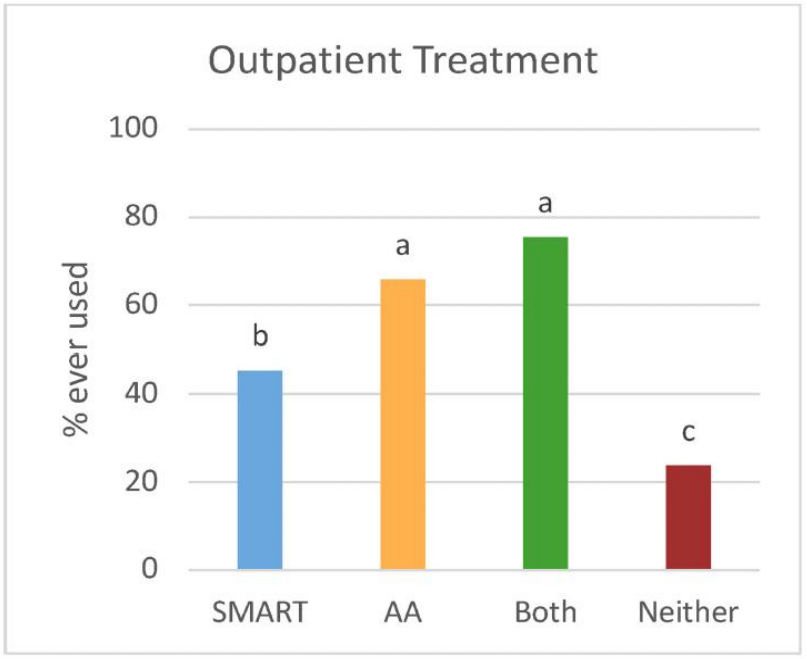
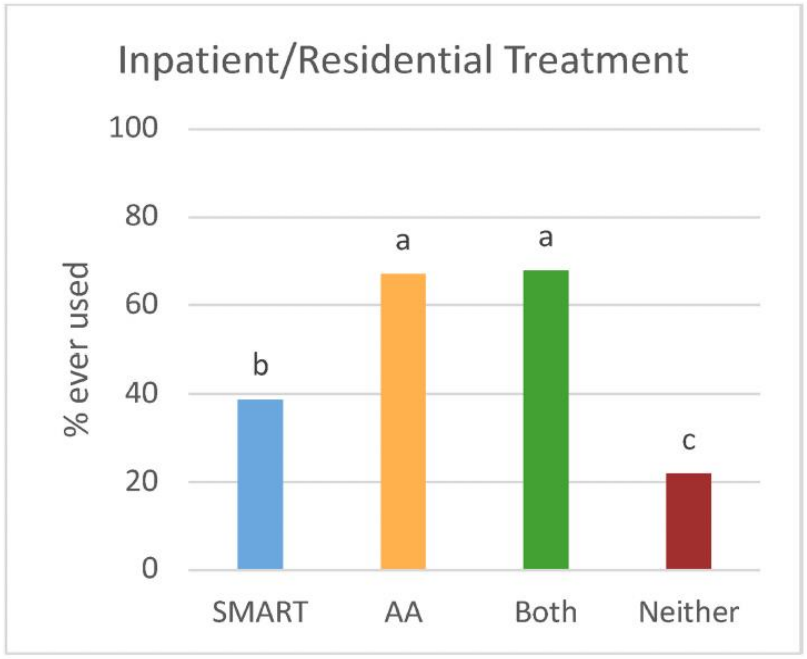
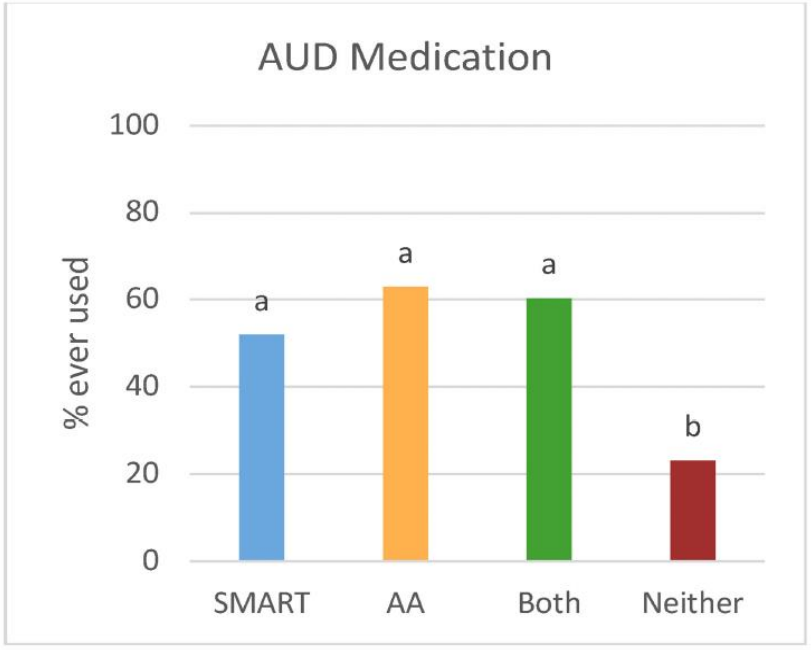
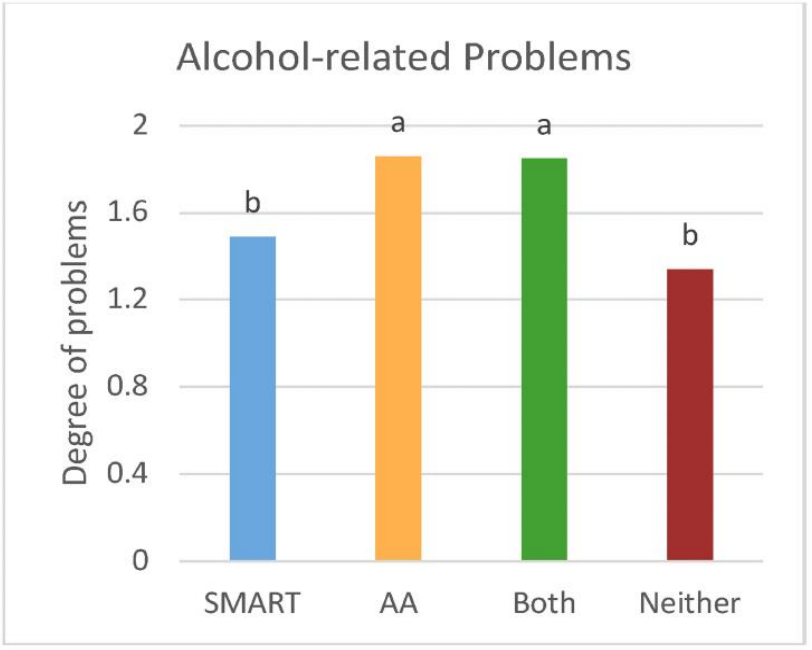








Kelly et al. (2023)

Results

Well-being and Quality of Life	Cronbach Coefficient Alpha	Total n=361			SMART n=75		AA n=73		Both n=53		Neither n=160		Group Difference
		n	M	(SD)	M / %	(SD/n)	M / %	(SD/n)	M / %	(SD/n)	M / %	(SD/n)	p
Well-being													
Quality of Sleep (PSQI)	n/a	344	1.30	0.76	1.17[a]	0.75	1.24[a]	0.75	1.11[a]	0.78	1.46[b]	0.74	< 0.01
Pain (rated on 0-100 scale)	n/a	331	27.4	26.8	21.4	21.5	29.8	28.3	32.2	28.7	27.6	27.6	0.12
Physical activity (IPAQ)	n/a	339	498	499	464	420	508	465	645	575	459	517	0.13
Number of meals per day	n/a	344	2.49	0.84	2.48	0.65	2.49	0.92	2.54	0.91	2.48	0.87	0.97
Spiritual experiences (DSES)	0.96	345	4.05	1.26	4.40[b]	1.22	3.67[a]	1.27	3.72[a]	1.23	4.16[b]	1.22	< 0.001
Self-esteem	n/a	345	5.60	2.38	5.90	2.19	5.39	2.37	5.76	2.39	5.49	2.47	0.51
Stressors													
Stress (PSS-4)	0.70	355	2.84	0.70	2.76	0.69	2.91	0.69	2.86	0.64	2.83	0.73	0.61
Distress (K6)	0.88	356	3.45	0.86	3.51	0.82	3.35	0.75	3.49	0.81	3.46	0.94	0.69
Quality of Life													
QLESQ	0.91	348	3.44	0.67	3.58	0.67	3.38	0.64	3.44	0.59	3.40	0.70	0.25
EQ5D3L Descriptive	0.68	347	0.41	0.33	0.34	0.29	0.46	0.34	0.46	0.34	0.40	0.34	0.11
Physical Health (rated on 0-100 scale)	n/a	332	71.2	18.2	74.9	14.5	72.4	16.3	71.3	18.5	68.6	20.5	0.11
Mental Health (rated on 0-100 scale)	n/a	324	65.9	21.3	68.3	18.7	65.0	20.6	68.5	18.4	64.1	23.8	0.44
EUROHIS-QOL	0.82	349	3.37	0.70	3.56	0.69	3.31	0.66	3.28	0.67	3.35	0.73	0.08
Satisfaction with Life	n/a	346	4.21	1.67	4.45	1.73	3.97	1.68	4.10	1.58	4.23	1.66	0.36

Kelly et al. (2023)

Results

Recovery indices	Cronbach Coefficient Alpha	Total n=361			SMART n=75		AA n=73		Both n=53		Neither n=160		Group Difference
		n	M	(SD)	M / %	(SD/n)	M / %	(SD/n)	M / %	(SD/n)	M / %	(SD/n)	p
Resources													
Recovery capital (BARC)	0.84	350	4.47	0.80	4.55^{ab}	0.84	4.58^{a}	0.78	4.63^{a}	0.70	4.33^{b}	0.80	0.04
Self Efficacy (A-DSES-20)	0.96	352	3.11	0.95	3.27^{a}	0.90	3.19^{ab}	0.94	3.30^{a}	1.01	2.93^{b}	0.93	0.02
Commitment to sobriety (CSS-5)	0.93	352	4.40	1.27	4.48^{a}	1.12	4.87^{ab}	1.21	4.96^{b}	1.11	3.95^{c}	1.26	< 0.0001
Barriers													
Craving (PADCS-5)	0.89	355	2.59	1.39	2.64	1.35	2.43	1.39	2.29	1.38	2.75	1.41	0.14
Drinking Problems (SIP-2R)	0.93	352	1.55	0.75	1.49^{b}	0.67	1.86^{a}	0.73	1.85^{a}	0.65	1.34^{b}	0.75	< 0.0001
Impulsivity (SUPPSP)	0.84	348	2.22	0.45	2.17	0.51	2.24	0.45	2.34	0.44	2.19	0.43	0.13

Kelly et al. (2023)

Summary - Predictors of Recovery Pathway Participation

- Relative to AA-only or those attending both AA+SMART, SMART-only participants tended to evince a pattern of:

- Fewer addiction-related impairments and formal AUD service utilization

- Greater levels of recovery capital

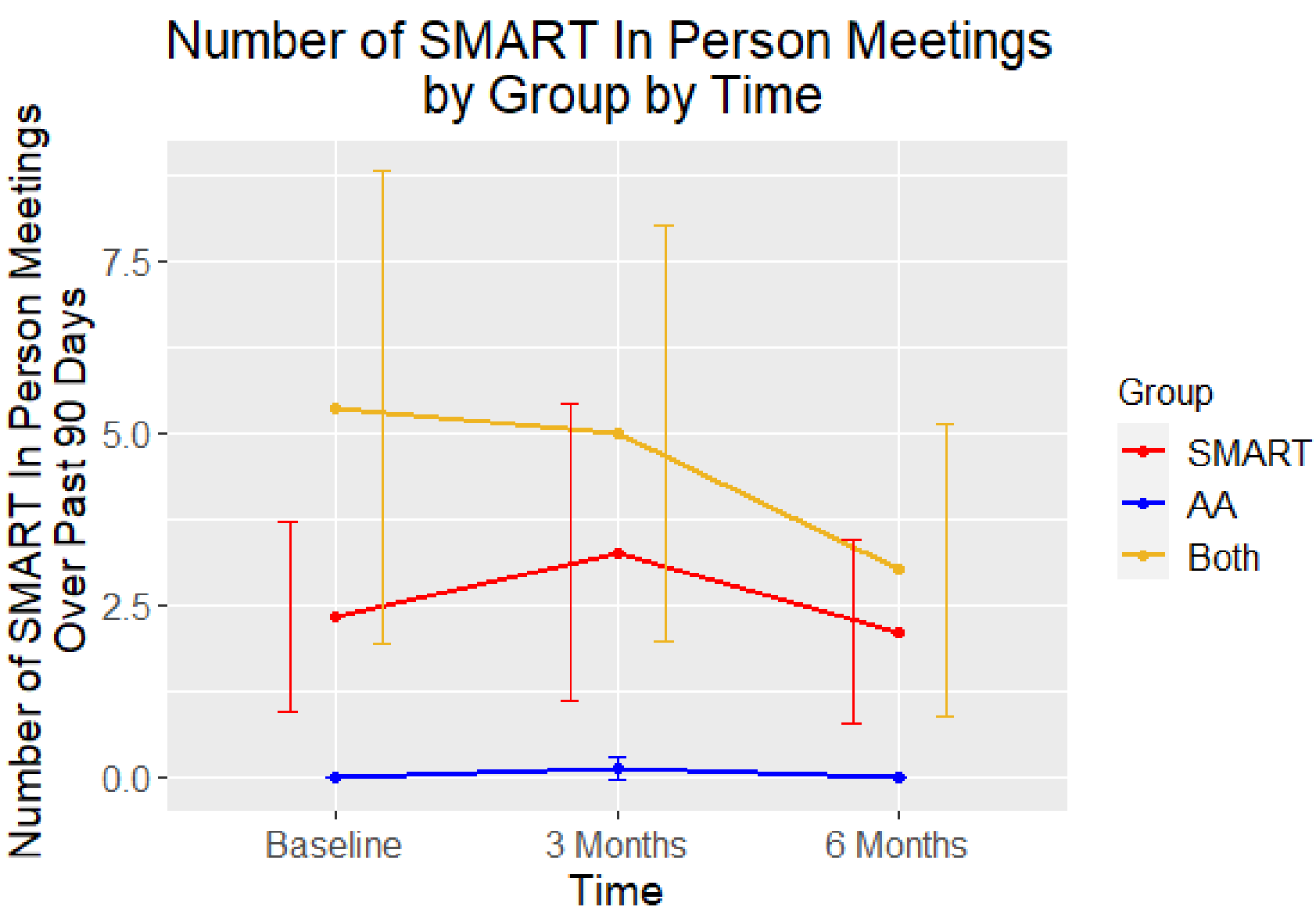
- Greater psychosocial stability

- SMART may provide a valuable additional recovery support service option for individuals with this or similar psychosocial/clinical profiles

Preliminary Findings of Outcomes over 6 months

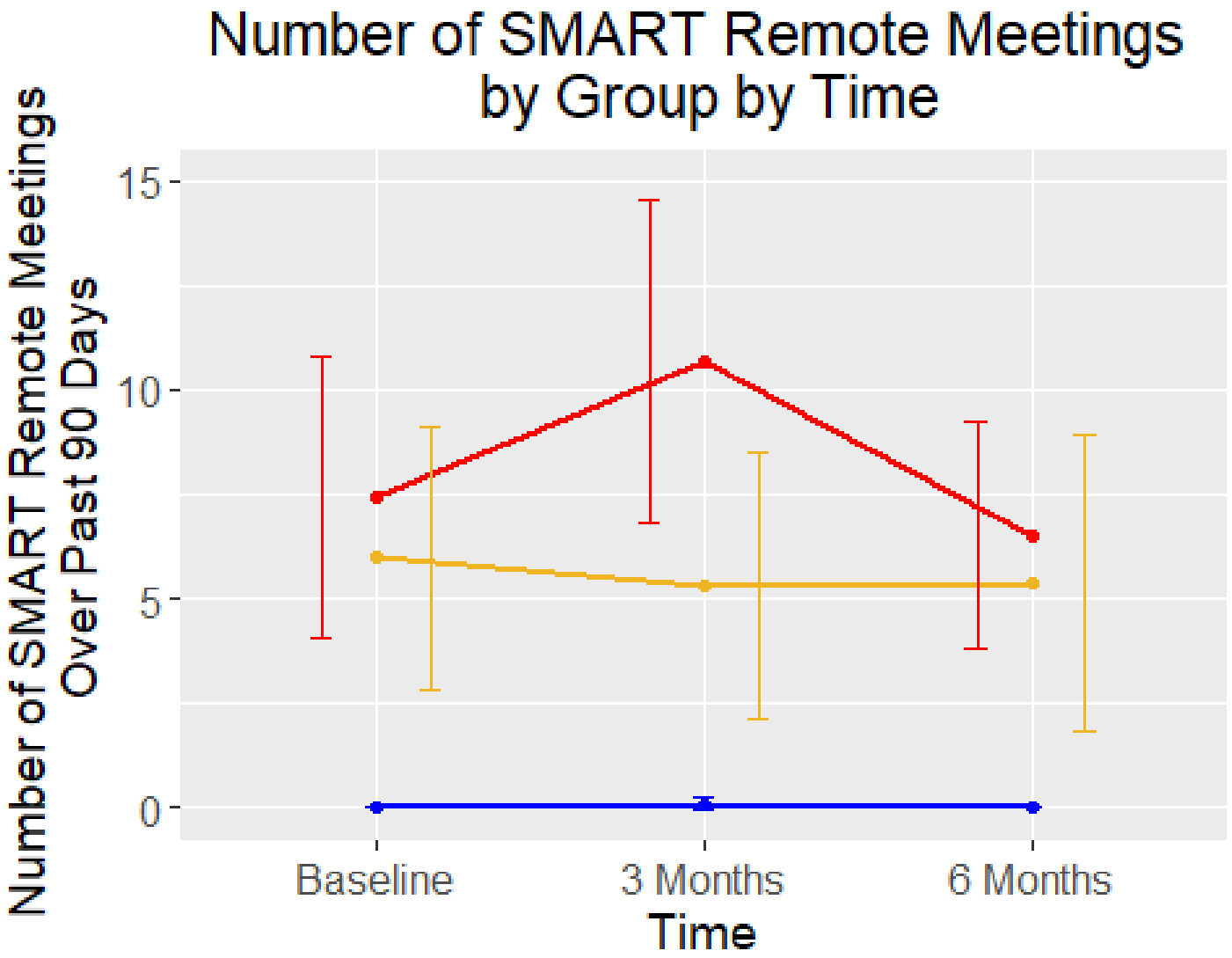
- Meeting attendance
- Alcohol/drug outcomes
- Quality of life and functioning and psychological well-being outcomes

Meetings



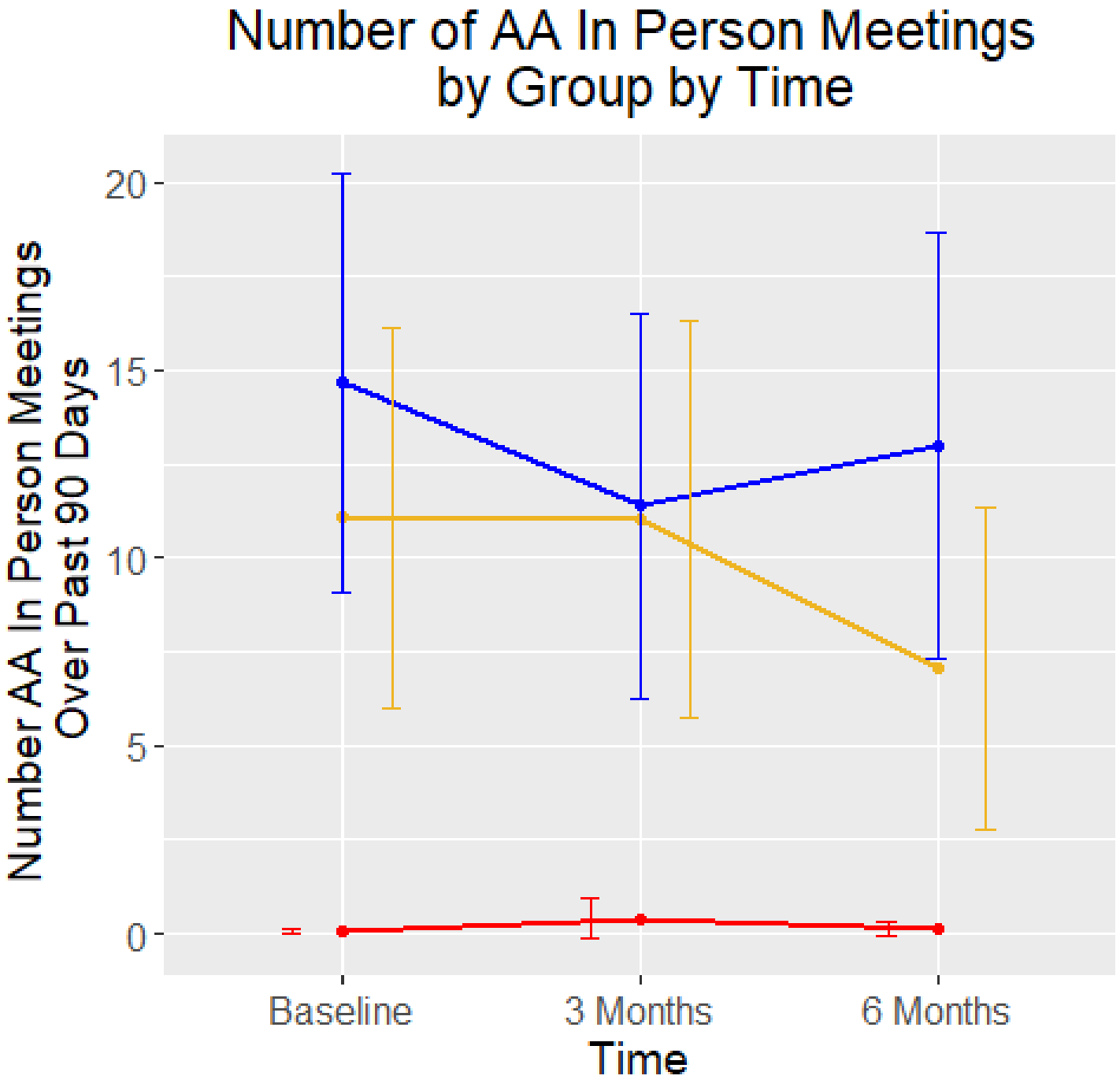
Significant Differences
SMART is the Reference Group

SMART vs. AA, $p < .05$



Significant Differences
SMART is the Reference Group

SMART vs. AA, $p < .05$



Significant Differences
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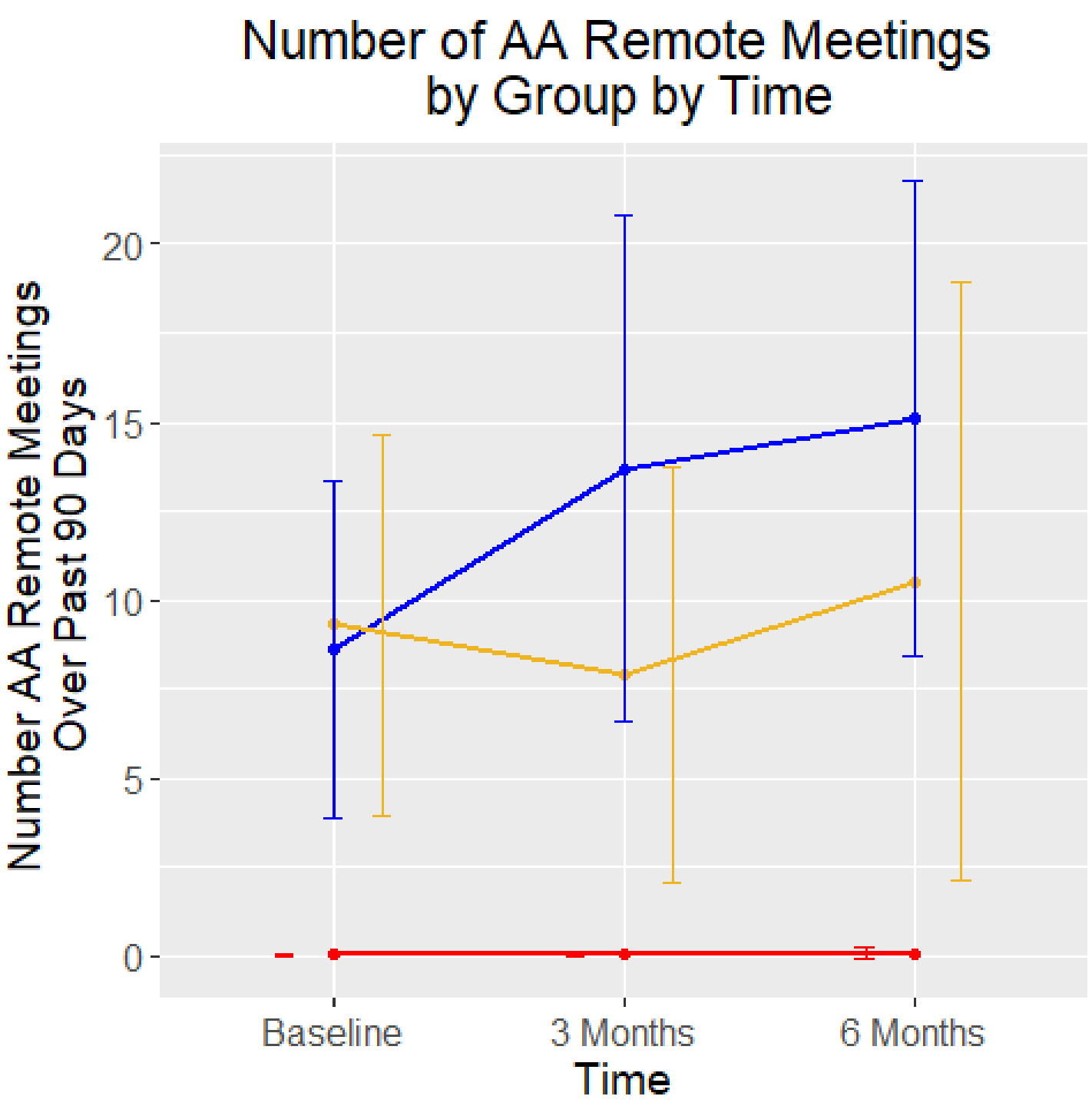
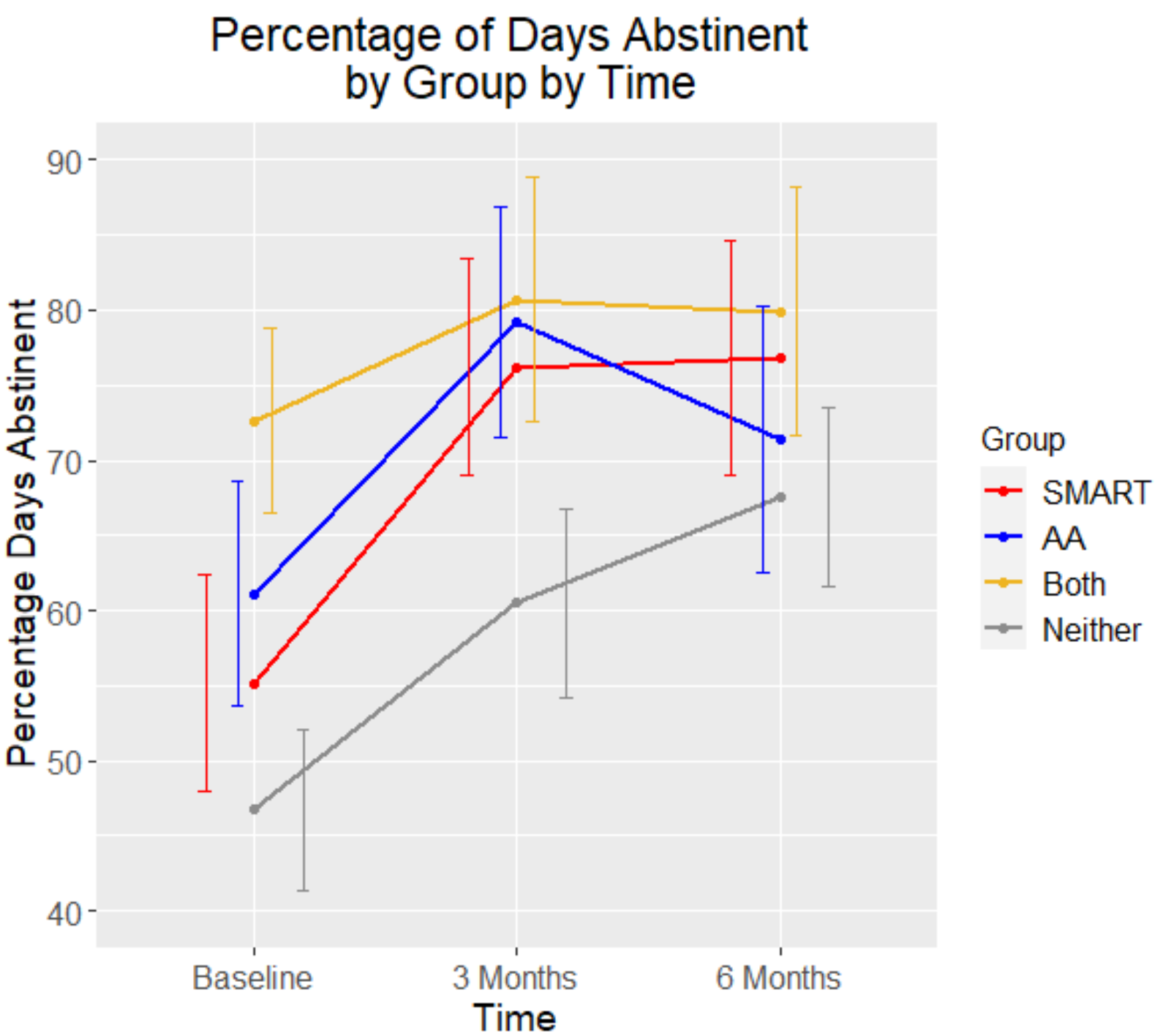
SMART vs. AA, $p < .05$
SMART vs. Both, $p < .05$



Significant Differences
SMART is the Reference Group

SMART vs AA, $p < .05$
SMART vs. Both, $p < .05$

Alcohol/drug use/symptoms/consequences

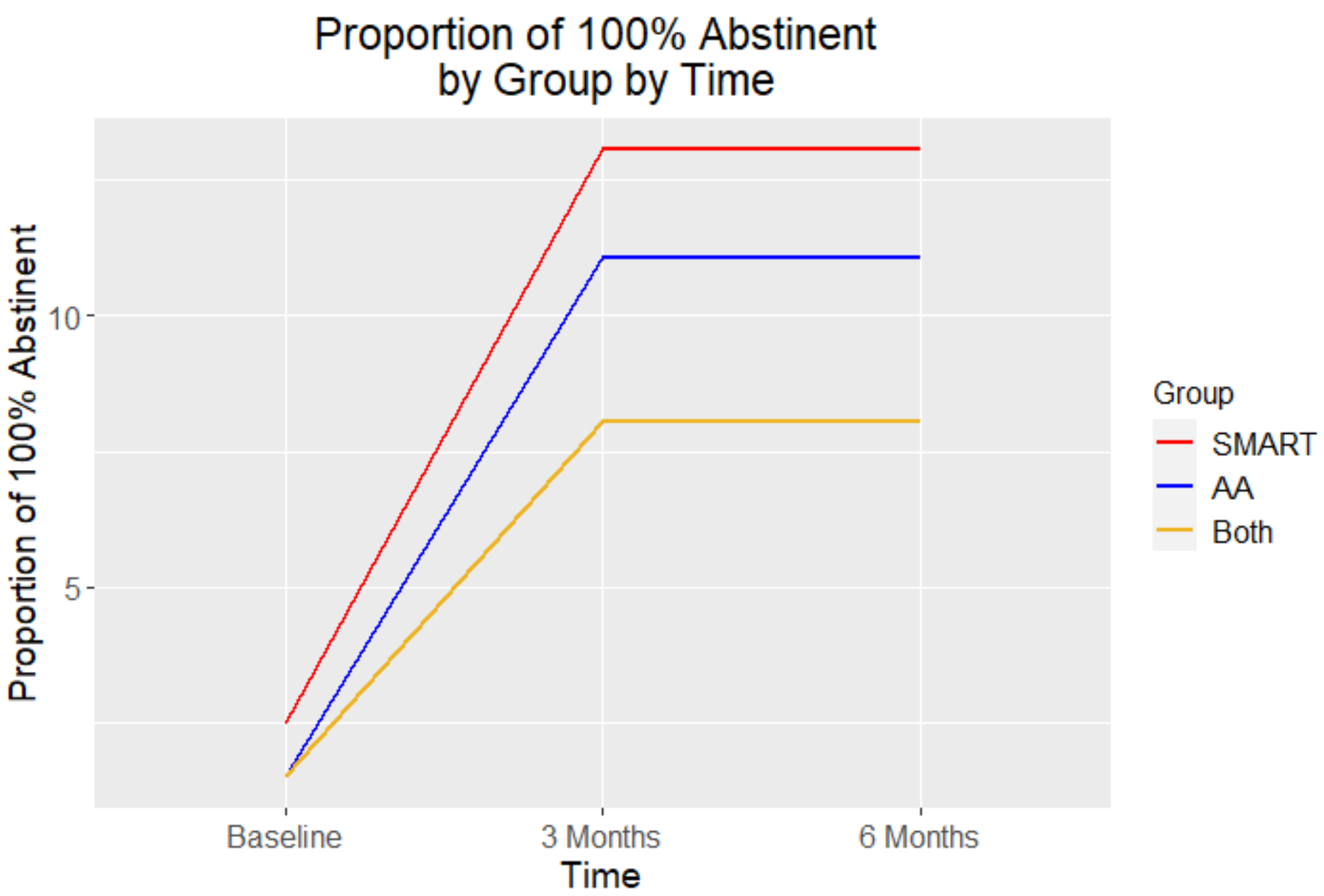


Significant Differences
SMART is the Reference Group

SMART vs. Both, $p < .05$

Time, $p < .001$

SMART vs. AA BY Time, $p < .05$



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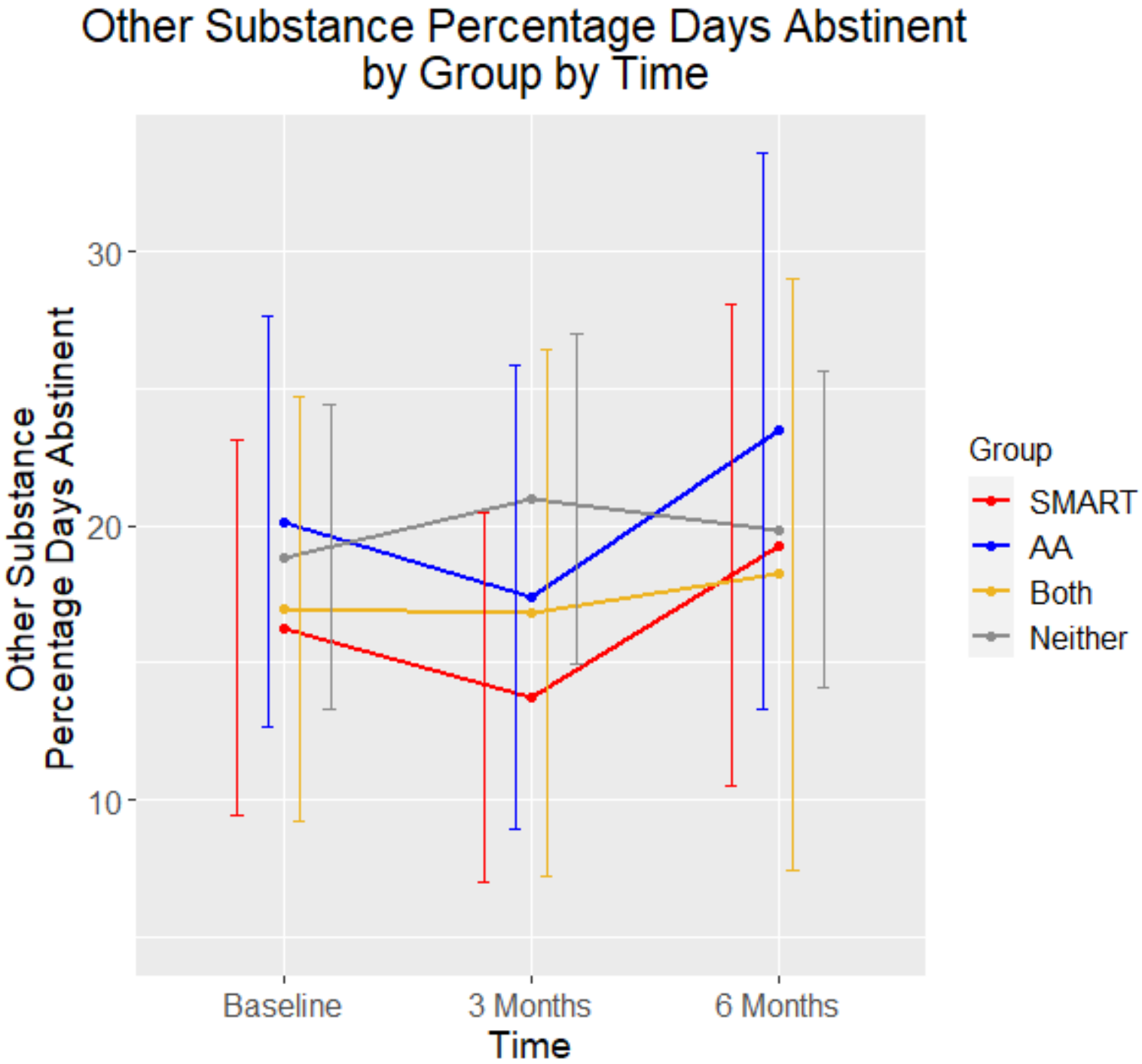

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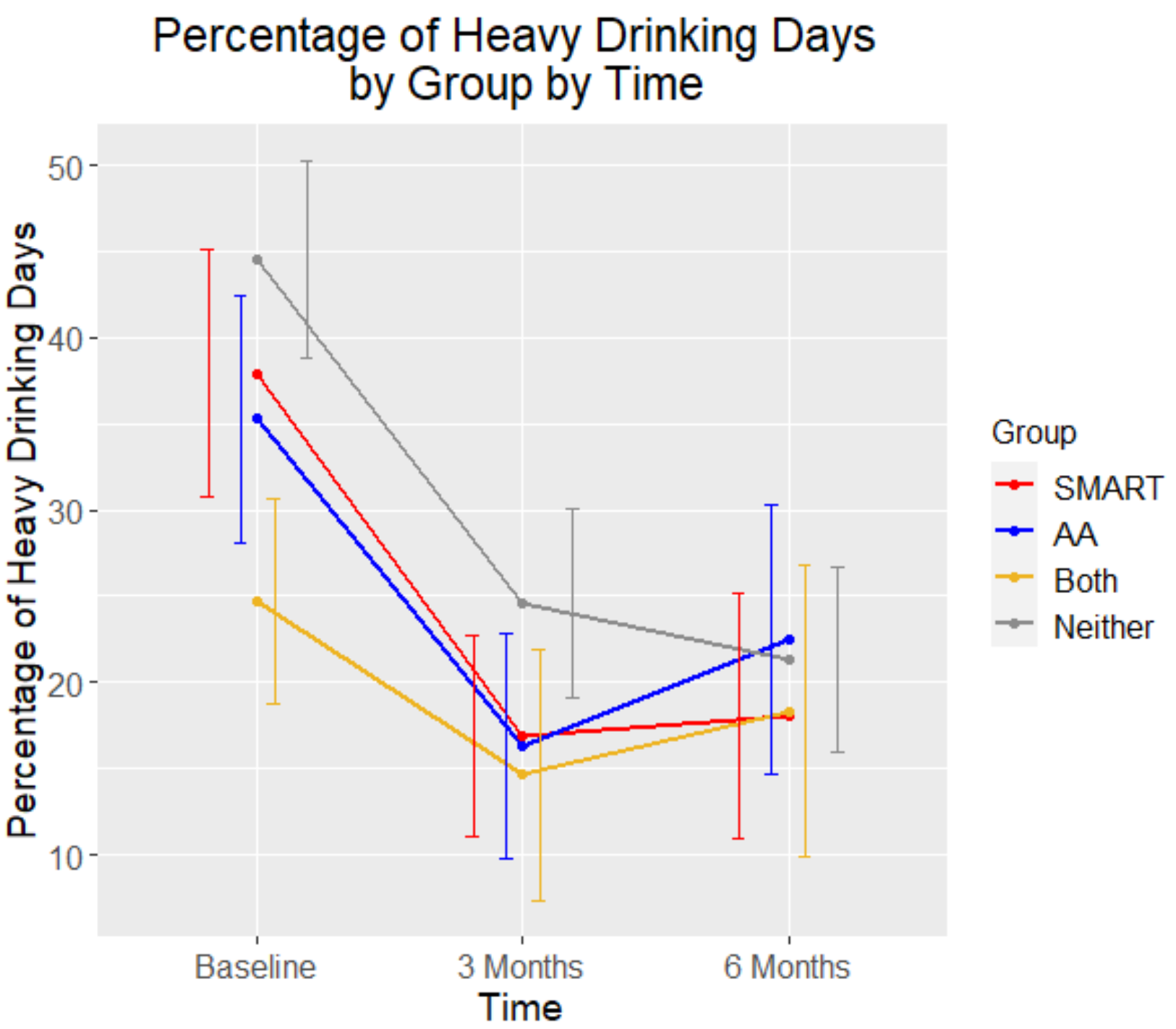

Significant Differences
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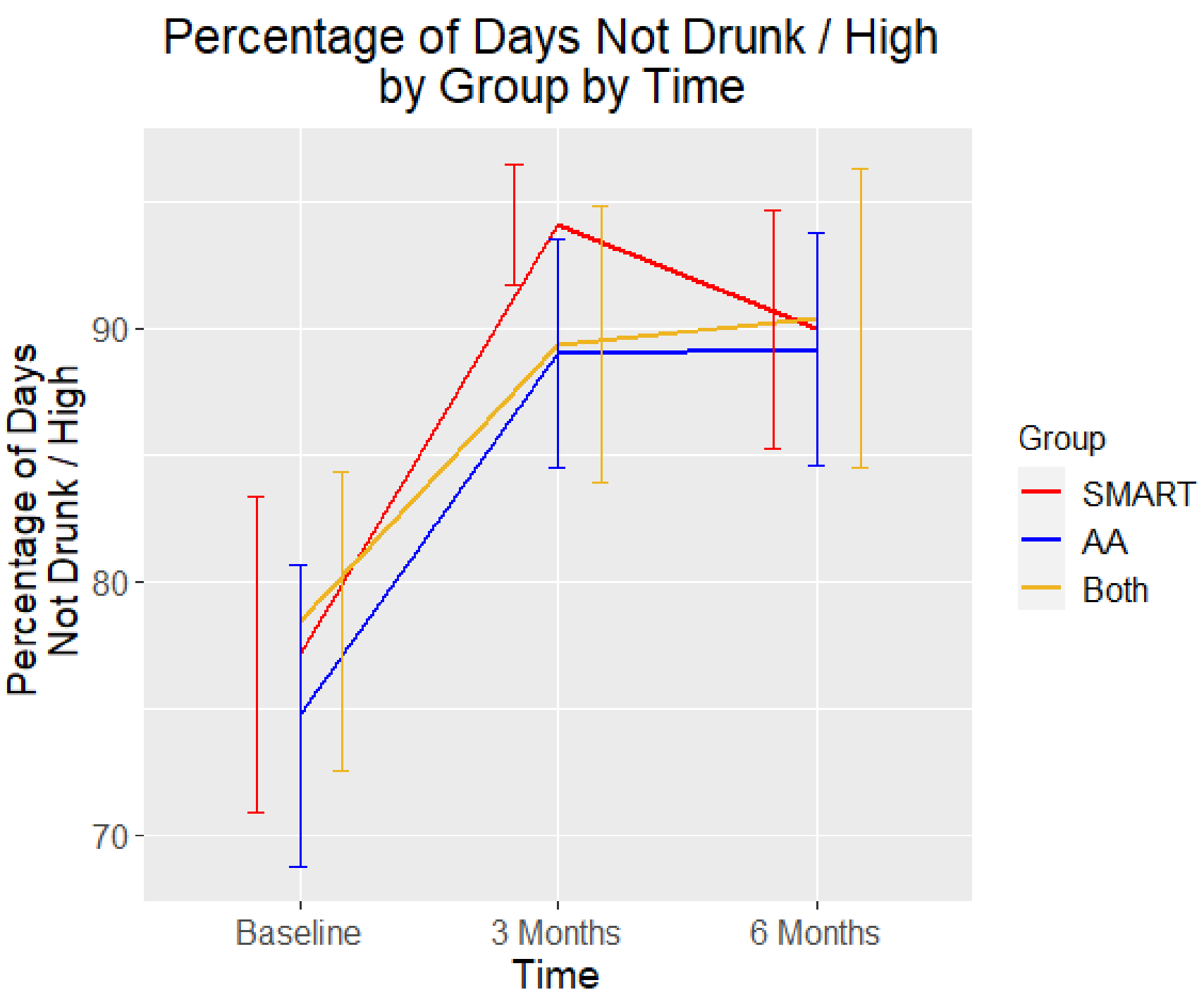
SMART vs. BOTH, $p < .05$

Time, $p < .001$

SMART vs. Both BY TIME, $p < .05$
- Baseline, $p < .05$



Significant Differences
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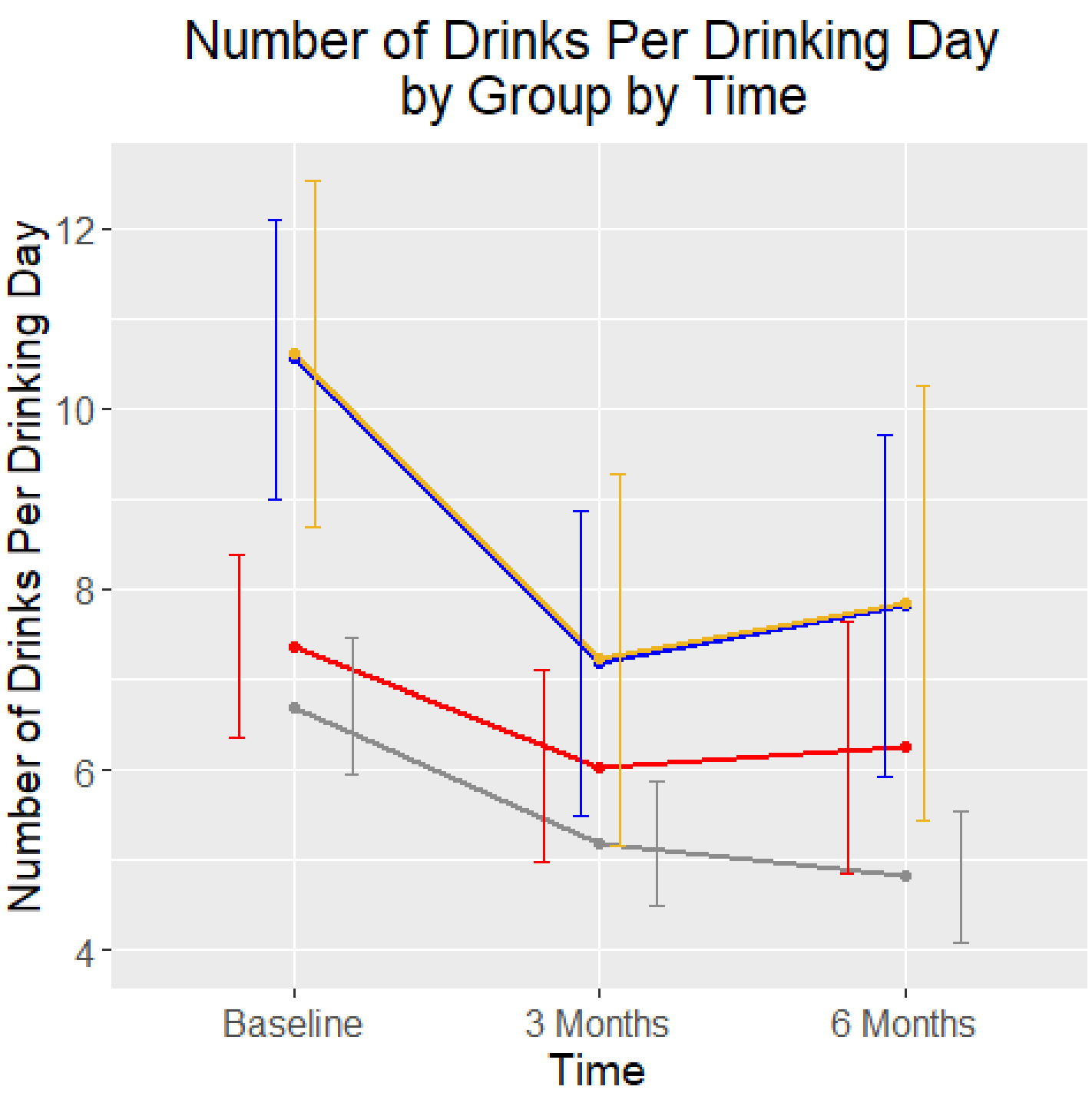
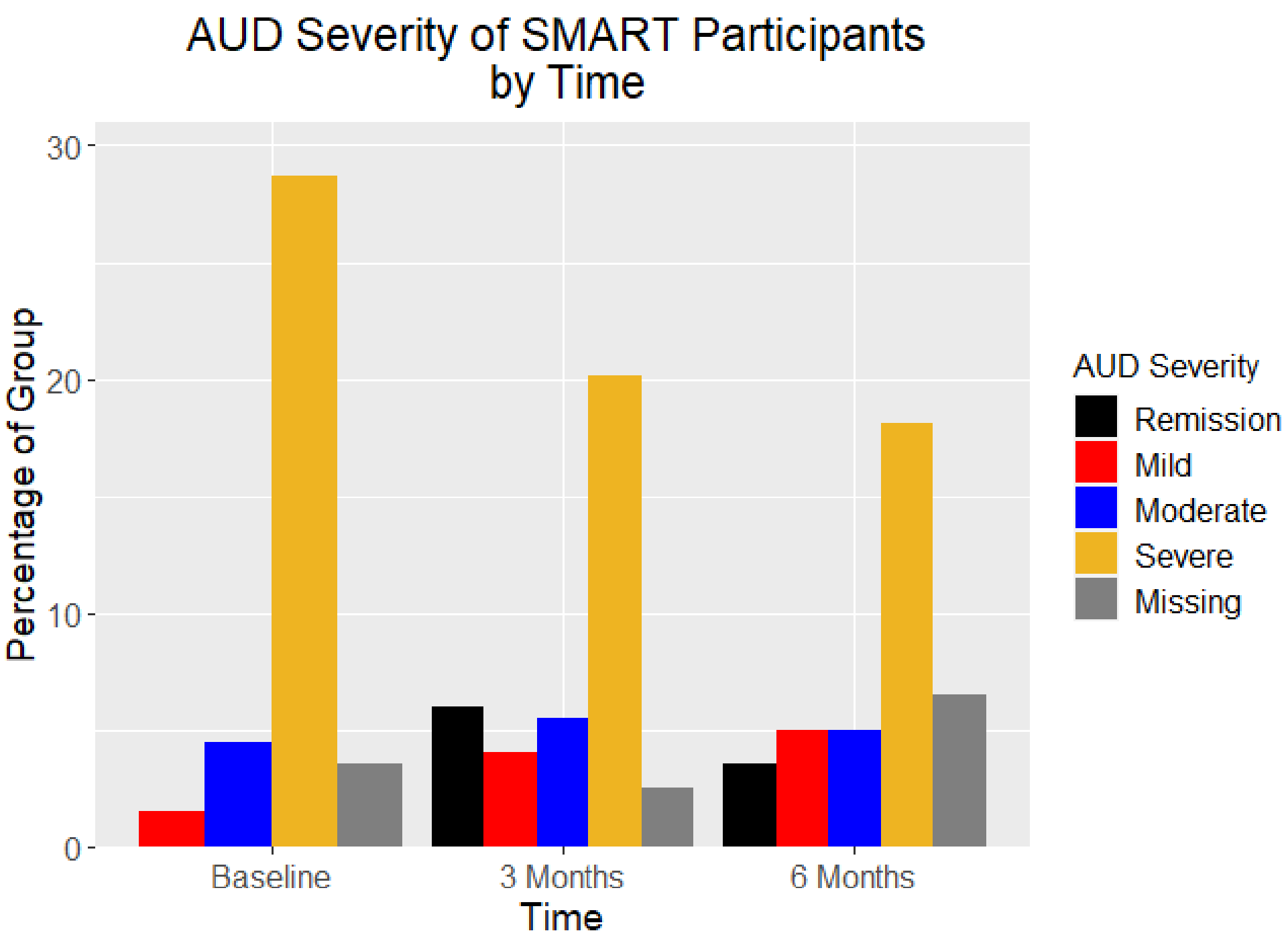
Time, $p < .001$



Significant Differences
SMART is the Reference Group

SMART vs. AA, $p < .05$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Percentage of Group
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Baseline
3 Months
6 Months
Time
AUD Severity
Remission
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Severe
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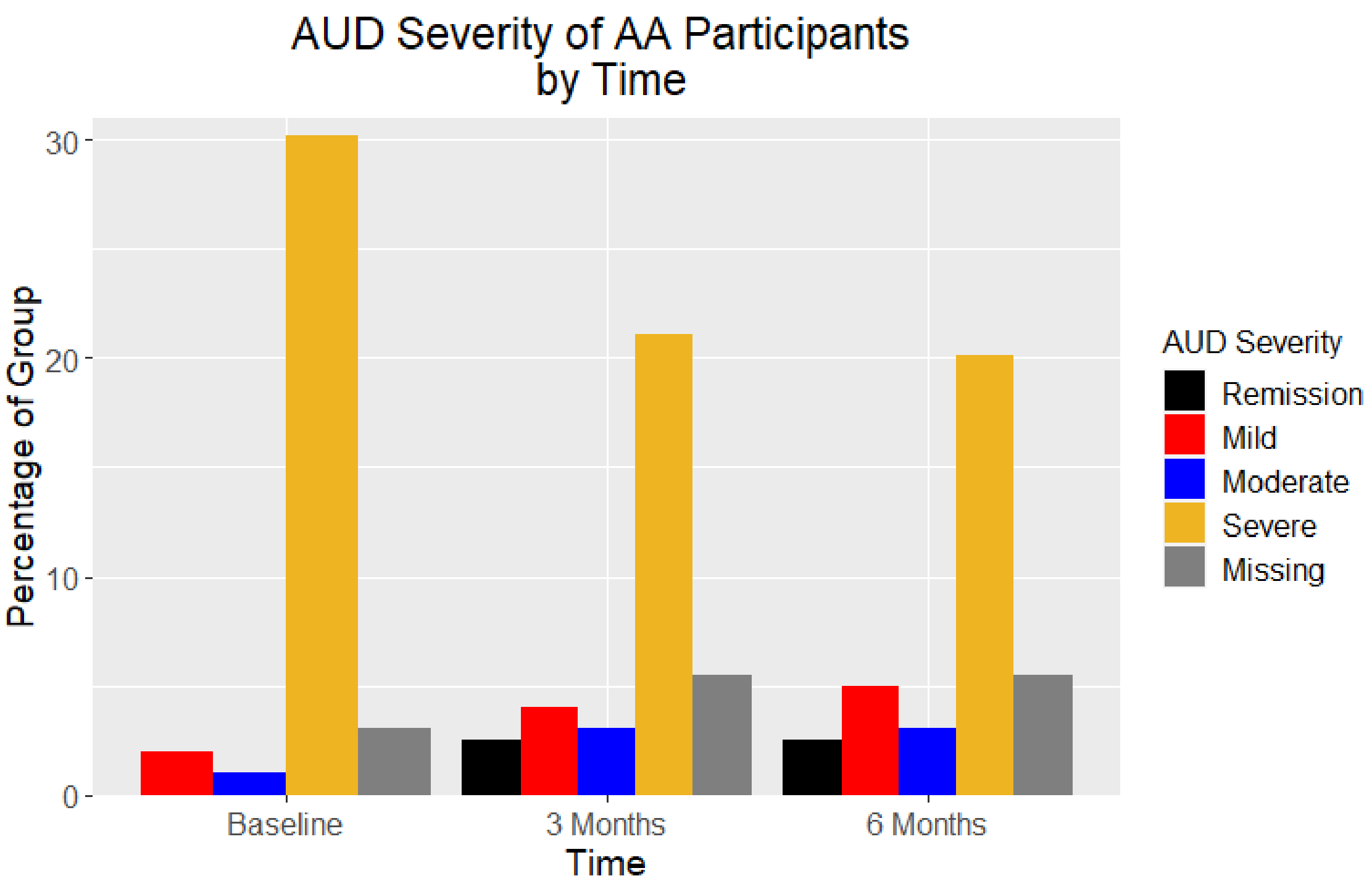
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Percentage of Group
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Baseline
3 Months
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AUD Severity
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Severe
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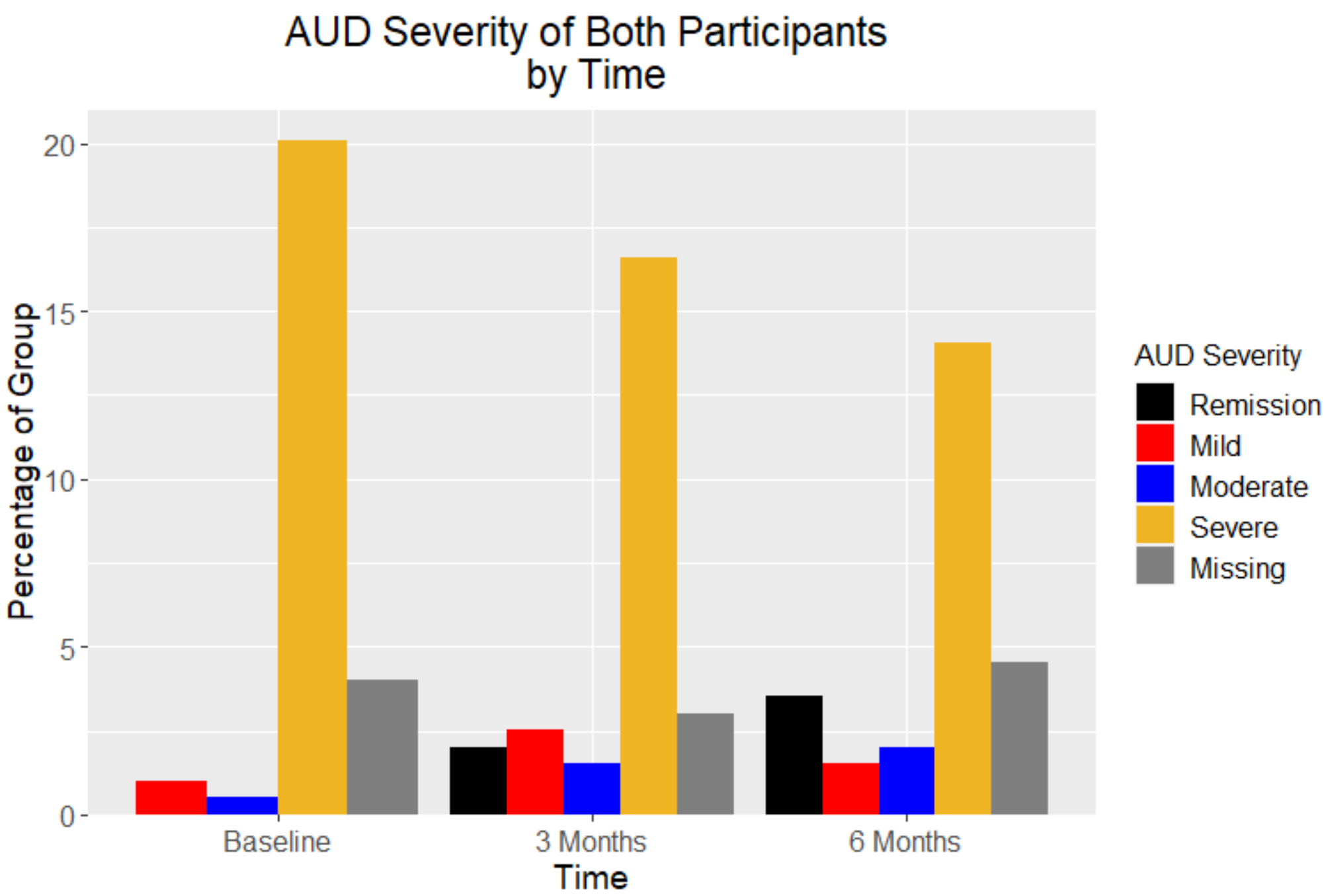
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6 Months
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AUD Severity
Remission
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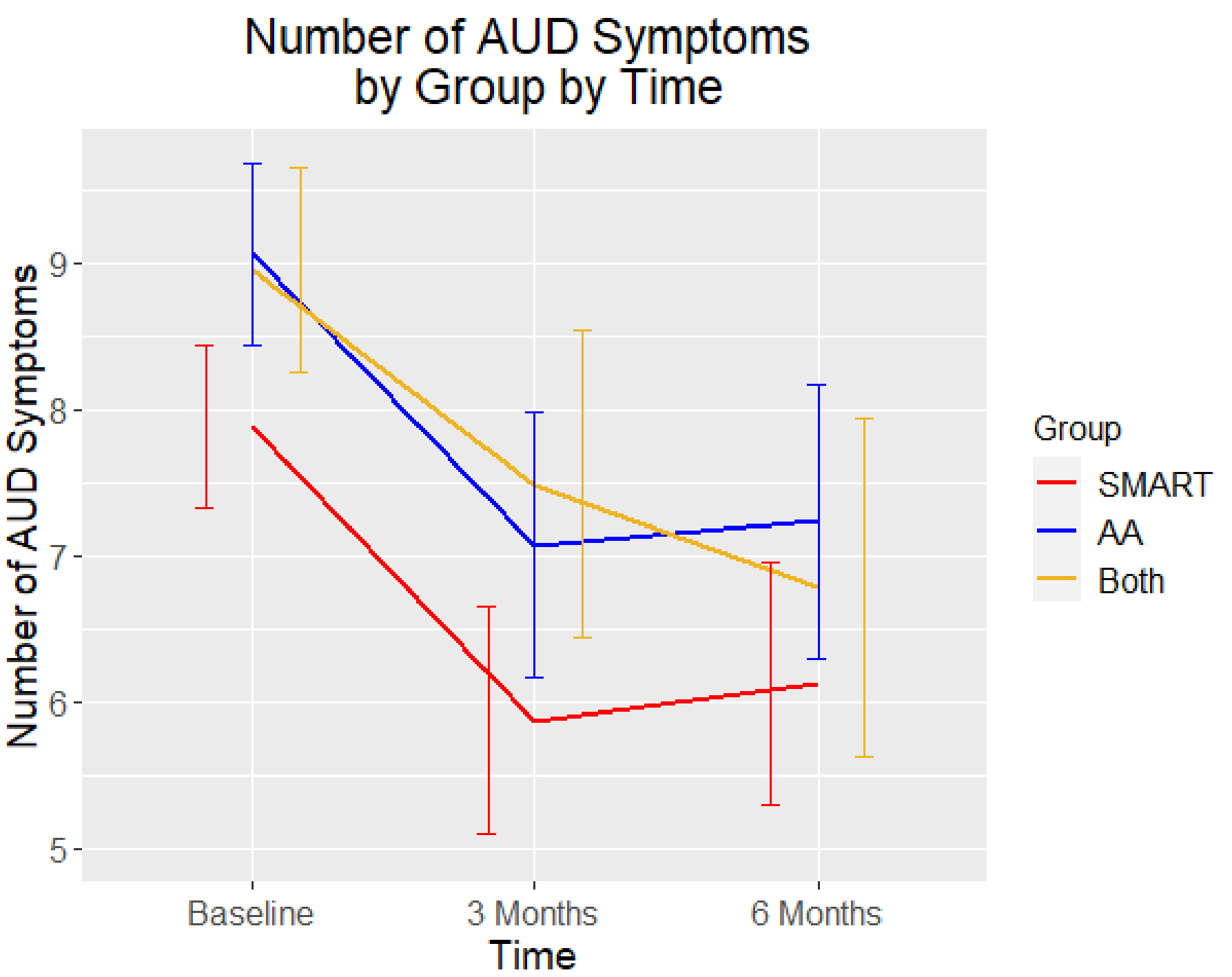
Moderate
Severe
Missing



Significant Differences
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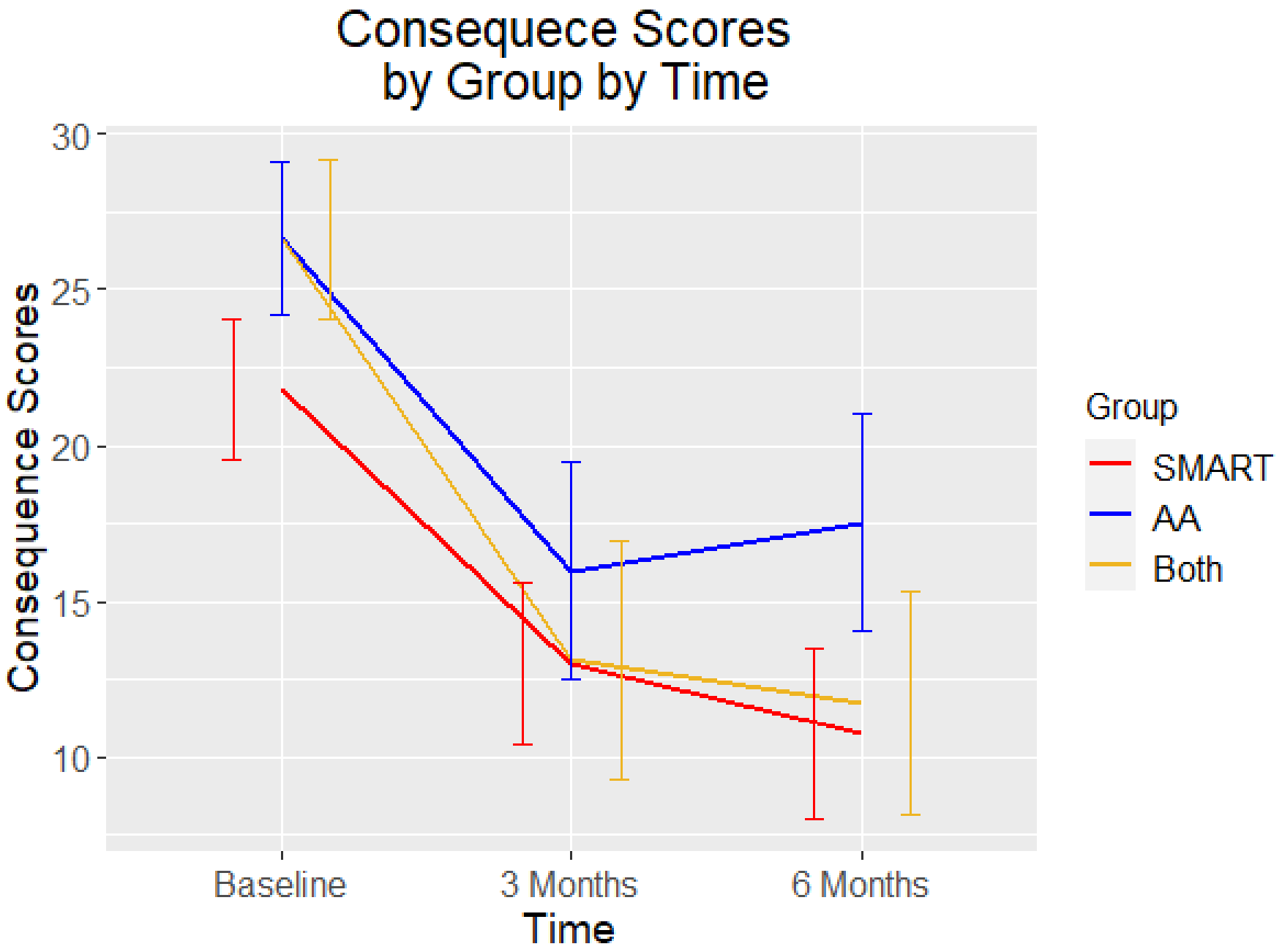
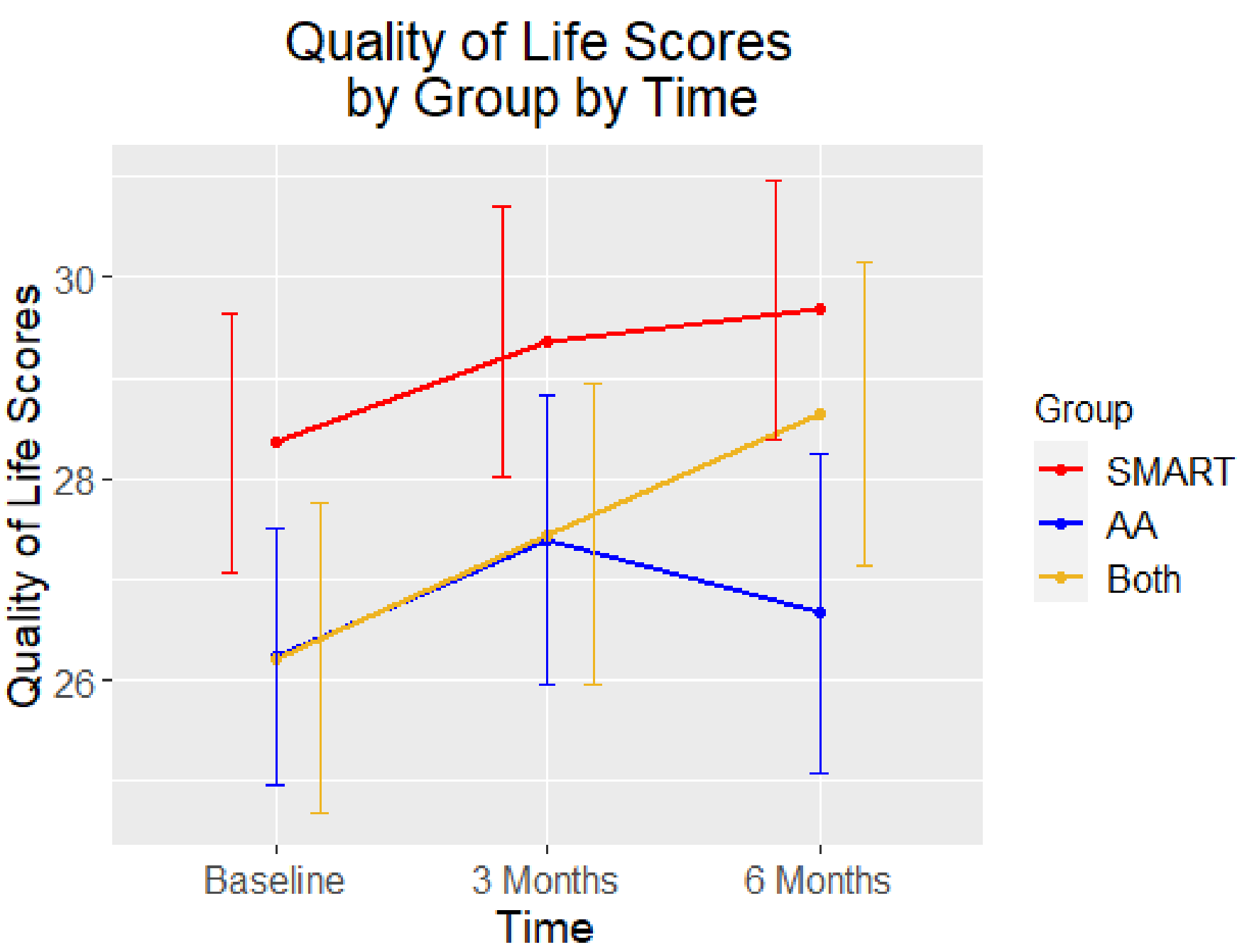
Time, $p < .001$



Significant Differences
SMART is the Reference Group

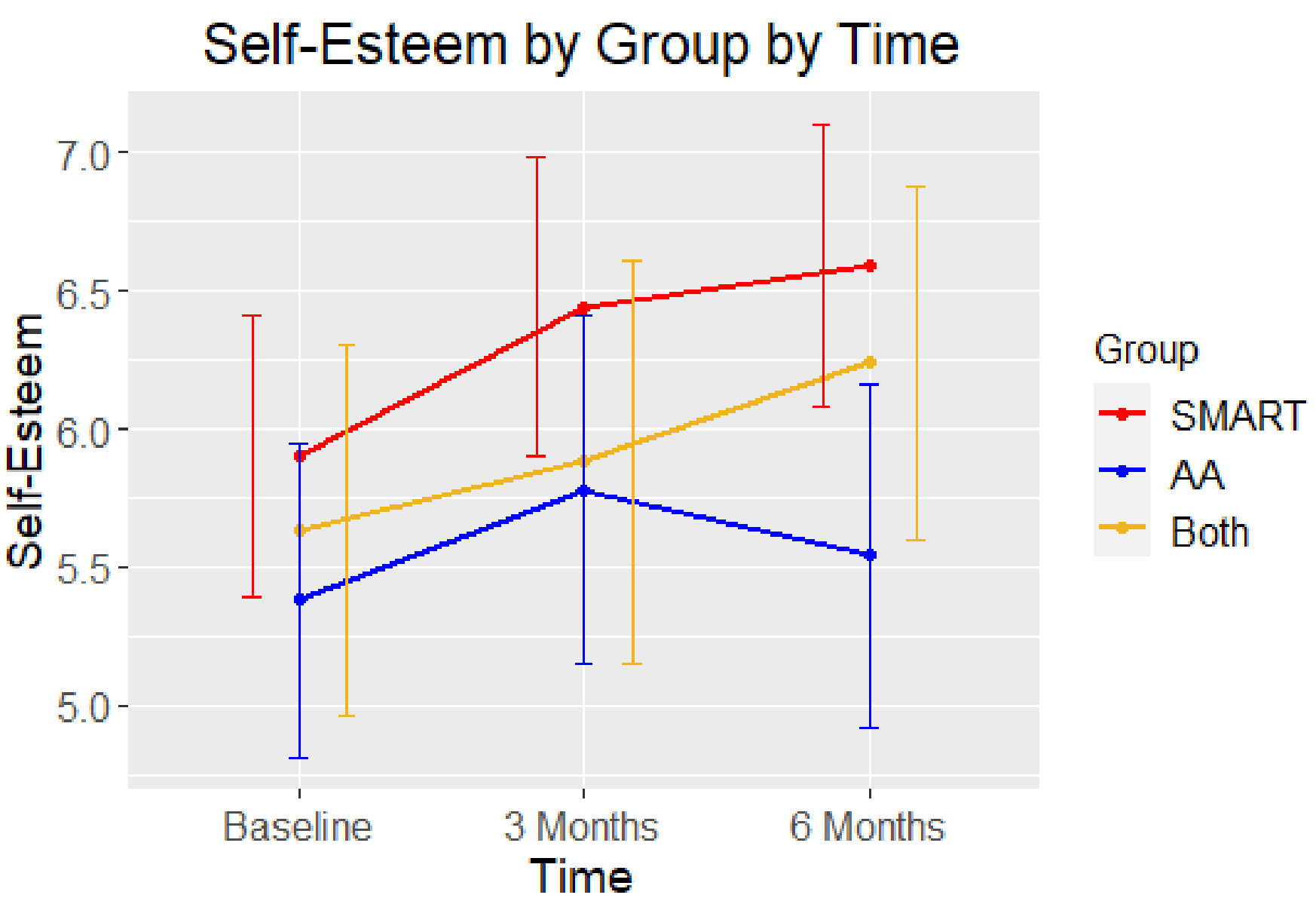
Time, $p < .001$

Quality of Life and Function and Psychological Well-Being Outcomes



Significant Differences
SMART is the Reference Group

Time, $p < .05$



Significant Differences
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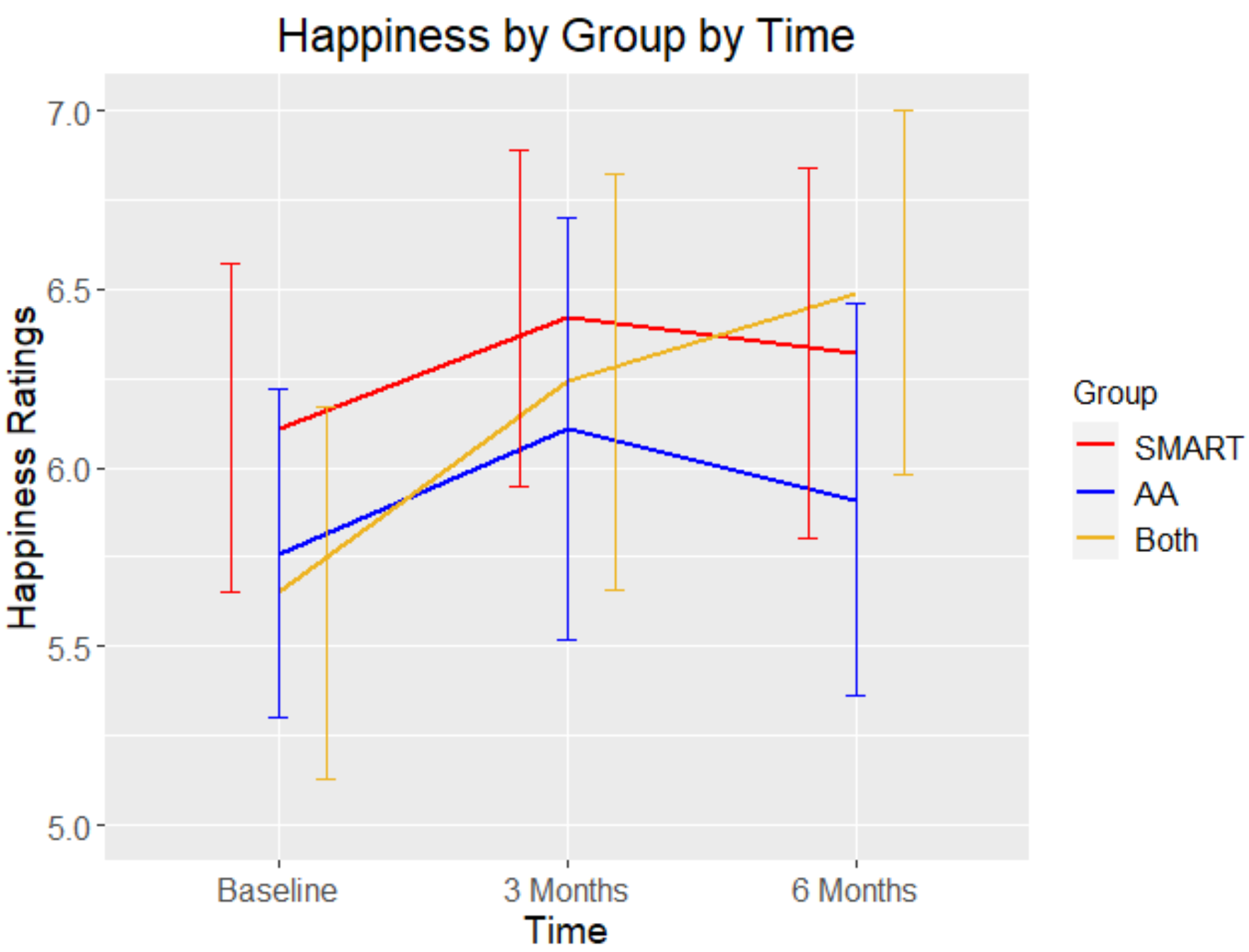
Time, $p < .01$



Significant Differences
SMART is the Reference Group

Time, $p < .10$

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A systematic qualitative study investigating why individuals attend, and what they like, dislike, and find most helpful about, smart recovery, alcoholics anonymous, both, or neither

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Substance use disorder
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Recovery

ABSTRACT

Background: Some individuals seeking recovery from alcohol use disorder (AUD) attend Alcoholics Anonymous (AA) while others choose newer alternatives such as Self-Management and Recovery Training ("SMART" Recovery). Some even attend both, while some choose not to attend either. Little is known about why people choose which pathway(s), and what they like, dislike, and find helpful. Greater knowledge could provide insights into the phenomenology of recovery experiences and enhance the efficiency of clinical linkage to these resources.

Methods: Cross-sectional, qualitative, investigation ($N = 80$; $n = 20$ per condition; 50%female) of individuals attending either AA-only, SMART-only, both, or neither. Participants were asked why they initially chose that pathway, what they like and dislike, and what helps. Responses were coded using an inductive grounded theory approach with utterances recorded and categorized into superordinate domains and rank-ordered in terms of frequency across each question and recovery pathway.

Results: AA participants reported attending due to, as well as liking and finding most helpful, the common socio-community aspects, whereas SMART attendees went initially due to, as well as found most helpful, the different format as well as the CBT/science-based approach. Similar to AA, however, SMART participants liked the socio-community aspects most. "Both" participants reported liking and finding helpful these perceived relative strengths of each organization. "Neither" participants reported reasons for non-attendance related to lower problem severity – perceiving no need to attend, and anxiety about privacy, but reported using recovery-related change strategies similar to those prescribed by AA, SMART and treatment (e.g., stimulus control, competing behaviors). Common dislikes for AA and SMART centered around irritation due to other members behaviors, a need for more SMART meetings, and negative experiences with SMART facilitators.

Conclusion: Common impressions exist among individuals selecting different recovery pathway choices, but also some differences in keeping with the group dynamics and distinct approaches inherent in AA and SMART. AA attendees appear to go initially for the recovery buoyancy derived from the social ethos and camaraderie of lived experience and may end up staying for the same reason; those choosing SMART, in contrast, appear to attend initially for the CBT/science-based content and different approach but, like AA participants, may end up staying due to the same camaraderie of lived experience. Those participating in both AA and SMART appear to capitalize on the strengths of each organization, suggesting that some can psychologically accommodate and make use of theoretically distinct, and sometimes opposing, philosophies and practices.

1. Introduction

Mutual help organizations are the most frequently sought source of help for people suffering from alcohol or other drug use disorders in many countries, including the US (Humphreys, 2004; Kelly et al., 2017; Makela, 1996; SAMHSA, 2022). Some of the reasons for this include their widespread availability and easy local accessibility (including increasingly online), as well as their flexibility and low or no cost to participants (Humphreys, 2004; Kelly & Yeterian, 2008, 2012; Kelly, 2022). Empirical evidence is also strong regarding the clinical and

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Available online 14 March 2024

Supplemental Qualitative Study

- Cross-sectional qualitative investigation
- N = 80 individuals enrolled in the NIH-NIAA funded 2-year prospective study
- 50% female
- Same pathways:


SMART Only (n=20)


AA Only (n=20)


Both SMART and AA (n=20)


Neither SMART or AA (n=20)

- Responses were coded using an inductive grounded theory approach with utterances recorded and categorized into superordinate domains
- Domains were rank-ordered in terms of frequency across each question and recovery pathway

Qualitative Interview Questions

- 1. Why did you choose to attend SMART/AA/AA+SMART/Neither?
- 2. What do you like about attending?
- 3. What do you find helpful about attending?
- 4. What don't you like about SMART/AA/AA+SMART?

Qualitative Codes

Extracted Category Themes Across All Questions, Operational Definition and Example Quotes

Theme	Definition	Example Quote
Universality/Recovery Community	Sense of shared addiction history and experiences which creates feelings of belonging, relief, social support, community	"And I needed more long-term daily help from people who had been there and done that and were willing to help me out kind of daily whenever I needed, and this is not to knock anybody, but not from clinicians who went to school from it, but from people who lived it."
Maintaining sobriety	Attendance of meetings provides motivation/support to not use alcohol or other drugs.	"It gives me a freedom from drugs and alcohol for one day. It's given me back my life."
Provides structure	Provides sober support and activities at specified times around which one's day/week is organized and prioritized.	"It's just it's part of my routine now. So I don't see things changing. I would kind of be at a loss if I didn't attend the meetings. So it's like a structure, it's a part of my day. That's the way it is."
12 Steps as vehicle for change	Working through the steps in AA helps members change their way of thinking and behaving, to reduce alcohol, and improve well-being and quality of life	"But I've read the book, I've done the steps, I've done a moral inventory, I've spilled my guts to someone. I've contemplated how I want to keep going, and now I'm doing the amendments part. And that was-- so through AA and through this program I was doing, I found out about who I am and what leads me to substance use."
Existential reflection	Deeper life contextualization, introspection; an attempt to explore underlying reasons one has for using substances.	"It changes who you are, it changes you inside. And it's not just about stopping drinking. I mean, I've done that in the past, and that doesn't last. It's changing your outlook, changing your attitude, changing-- it's essentially becoming a better person, not just a person who doesn't drink, but it's becoming a better person or the best version of yourself."
Recovery information	Provides access to more information about recovery (i.e., online resources, other groups, tips from other members).	"With the variety of information and resources that I received from either other members or the doctor, like different books to read, as I mentioned, different studies to check out, I like that there's a variety of sources for informing your recovery, as opposed to just one source."
Availability	Meetings are readily available in-person and/or online, at a variety of times and/or locations that makes access easier	"The convenience. They're all over the place."
Culture, approach, format	Differences in meeting culture and approach in SMART including allowing crosstalk, having trained facilitators, and SMART being perceived as less judgmental, having less focus on 'war-stories', and perceived as more forgiving of relapses.	"I mean, man, just the-- I guess just the knowledge of-- having this group of people where you can be truly authentic never any fear of that shaming that I've experienced in AA. That's been a huge thing, because I got a lot of humiliation and shaming when I was in it. And I've never experienced that in SMART. I love people take time out of their lives to learn to be facilitators and they're there every week no matter what, and it's warm and inviting and they don't just say, "We're not judgmental." It's actually legitimate. They walk the walk as well as talk the talk"
CBT/science-based	Discussion of SMART's overarching Cognitive Behavioral Therapy (CBT)/science-based model; e.g., learning new information and CBT tools for recovery, focus on empowerment, abstinence self-efficacy (conversely, perception of AA as old-fashioned, nonscientific, overly religious, and/or spiritual)	"But there was something about their principles made a lot of sense. It was research-based, it was scientific-- there was scientific research supporting the information that they were just sharing"

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Qualitative Codes

As acknowledgment of problem	Attends an MHO because they recognize problematic drinking behaviors and want to make a positive change, sometimes as a result of specific negative consequences of substance use.	"In the past few years, especially during COVID, my drinking got really out of control. And when I tried to stop, I didn't just have hangovers. Basically, I had withdrawal symptoms. And I didn't realize that that was like a thing that was happening to me. I didn't realize that my drinking was actually at like an alcoholic level. And when it got to that point and when I went to the hospital a couple of times, I realized that I had to actually do something about it and be proactive to-- I couldn't sit by. It was like my life on the line. People were worried about me. And I had lost things in my life. And I think that I had tried a few things, like going to the hospital. And they were all just bandaids."
Option for non-abstinent goals	SMART allows members to work towards moderation/moderate use of substances, as opposed to abstinence-based orientation and goals of most AA participants	"So I wasn't necessarily looking to quit 100%, but just learn how to-- I guess, manage it, but just to not be on that path, if that makes sense."
Desperation to stop; desire to engage with multiple pathways	Attends both SMART and AA because of desire for as much recovery support as possible, and/or are trying to find the ideal combination of recovery support	"I was going to try everything and anything possible to try to stop because I used to drink during lunch at work. So it was nonstop. I just could not be without a drink. I had to have a buzz on all the time. So I really wanted to stop so I was going to try everything. If somebody said, "Try sticking needles in this doll," I would have done it. Anything, I would have done it, so, any tool and any potion. So, that's why I did both."
Requirement to go to AA	Attends MHO meetings because of court mandate, or as part of a treatment program.	"But the years went on, and my substance use got worse and worse and worse. And eventually it just got so bad that I was like, "I guess this is it, right? This is what I've been told by every rehab and every court thing and every person, is that I have to do this."
No perceived need/low problem severity	Person does not attend MHO meetings because they have a lower problem severity, experienced fewer negative consequences, feel as though they can resolve their problem without an MHO.	"I don't feel like it's that serious to the point where I need help."
Anxiety about attending/concerns about privacy	Does not want to run into people they know or share name and numbers with others; anxious about social interactions at group meetings	"One main reason is that I'm pretty well known around town, and I wouldn't want anybody to know. And I'm sure somebody would know, and so they would say."
Previous negative experiences	Has attended MHOs in the past and found it was not a good fit and/or had bad experiences with it	"Well, I had done AA in the past and I felt like it was useful up to a point and I attended for several months. But after a while, it felt like there were kind of diminishing returns."
Has other methods of support	Engages with other recovery support services, structures, programs, or mental health treatment (i.e., therapy, clinician-led groups)	"But I have been able to stop drinking thanks to Dry January, which has been incredible. And when I have drank, I've only had like a glass of wine or two glasses of wine. I think I've had two occasions in the past seven months. But I think it's because of that."
Perceived AA as old-fashioned/non-scientific	AA's Big Book was written in the 1930s, believes AA's model should be updated to be more progressive and rooted in recent science	"Okay. Well, I feel like it was a product of its time. A lot of its axioms are pretty unscientific. And we've progressed quite a bit in psychological and addiction studies since Bill W was doing his thing in the '30s."

Kelly et al. (2024)

Qualitative Codes

Instillation of hope	Seeing other members' successes with resolving an alcohol or other drug problem provides hope and optimism that they too can be successful	"A lot of the people that are leading the meetings have been sober for so long, three years, five years and more. And to see that is encouraging."
Catharsis	Ability to express thoughts and feelings safely in the group setting, relieving emotional tension and aiding recovery	"Anything that's bothering me, I am able to to get it out. And sharing it sometimes just takes the power-- if I'm having a crave from something, sharing it takes the power away."
AA facilitating deeper connection with personal faith	The religious/spiritual aspect of AA meetings allows members to connect or reconnect with a personal faith or religious structures	"So it gives me-- it reintroduced spirituality into my life. I'm not religious at all. But it reintroduced that. It kind of rekindled my faith, is continuing to make me a better person, more honest, more accountable for my actions, more understanding about other people's actions."
Emotion regulation	Acceptance/normalization of negative emotions and increased ability to change or manage them	"It's learning how to live with feeling. It taught me to feel my emotions again. I mean, that's kind of, what I hear from half the people, which, me included, that you drink not to feel, and it works, except it ruins your life. So it helped me experience emotions again, deal with emotions, realize that, hey, it's okay. Sometimes you have to feel bad and that's okay. It's normal. Sometimes you're going to get depressed, sometimes your day is crap; that's normal, you just have to wade through it."
Accountability	Not wanting to let other peers/friends in meetings down by not attending when expected, or not meeting recovery goals, which maintains and enhances recovery motivation	"It gives me accountability because I go and I want to be clean when I go there. So it helps with accountability."
Reminder of negative alc/drug consequences	Hearing other members share their negative prior experiences with substances and/or bad events that have occurred because of substance use provides motivation to refrain from use	"Other people are in the hospital, waiting for a liver transplant or something like that. And it's just like, "Oh my god, if I don't make a change, is that where I'm headed?" Again, really respectfully - because these are real people going through real things - seeing where these actions might take me-- if I choose to make that mistake myself, how is it going to feed back to me? And it's like, "Wow. Okay. I mean, heck, I don't want to end up there. And if I don't, then I need to do it now." And so that repeated exposure to that helps remind me."
Feelings of usefulness, using own experience to help others	Being able to offer advice to other members to help them from one's own experience; altruism	"Because the important thing - and this is with everything in life - you really should give back. I mean, once an individual starts feeling better and so to speak see the light, it's nice to give back and help others. That's one of the most important things, is helping others."
Thematic coherence and consistency with other recovery resources	Finds that philosophy and methods of SMART fits well with other recovery resources, such as treatment	"A lot of the tools that they speak about, it makes sense. It's almost like--I learned a lot of the stuff that [SMART] talk about in therapy when I went to the IOP, and so it's reiterating things that I've learned -that make sense."
Competing activities, focus on healthy behaviors	Maintaining sobriety by engaging with other healthy non-substance related activities, such as working out, reading, walking, meditating, etc.	"Just having stuff to do that alcohol doesn't mix with. Like, I volunteered teaching a whole bunch of classes and I sing in four different choirs. So none of those things-- it's not conducive to be drunk when you're doing those things. And it's not an opportunity to drink either. It's not like, "Okay, well, now that we're done class, let's go out to the bar and hoist a few." It's nothing like that. There's absolutely no nexus with alcohol and these activities, which I like."

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Qualitative Codes

Use of other programs, online resources	Engages with other resources beyond AA and SMART, such as Smartphone apps, reading materials, podcasts, other MHO groups, etc.	"There's a forum on Reddit called stop drinking, and I find that really helpful, because I can relate to these people. The stories really resonate with me, and I find that organization offers a lot of support."
Avoiding triggers to drink	Reduced time spent with people or in situations that encourage alcohol/drug use (for example, avoiding bars, clubs, or other places centered around alcohol/ drug use)	"I think spending time not around alcohol, obviously. Spending time with people that aren't drinking, doing stuff like that."
Use of psychotropic and anti-craving/anti-relapse medications	Takes medication prescribed by a clinical or medical provider to prevent using alcohol and/or other substances, or to treat mental health conditions, which in turn can lead to reductions in craving/substance use	"The one thing that I did do is get a prescription to Naltrexone. The moment I take it, I lose 90% of the desire I had before to drink. So that's been huge. It doesn't matter whether I take it or not. But when I do take it, my drinking drops to 20% of what it used to. And I just don't have the cravings throughout the day. I'm far more productive. It's kind of odd, but the moment I literally put the pill in my mouth, and I swallow it, I get a little weird feeling that I'm almost safe. And I feel, again, the urges are just not there. And so that's been hugely beneficial."
Receive guidance from clinicians, mental health professionals, or therapy groups	Recovery support from medical or mental health professionals, or other groups that are not considered mutual-help	"Another thing - I talked to my primary care physician, and basically, I have nothing but respect for her. She's not only been an excellent physician, but she's kind to me, and that goes a hell of a far way for me. So she made me-- I asked her to make me promise. In other words, hold my feet to the fire by saying that I'll keep it to 2 drinks a day."
Religious/spiritual structures outside of MHOs	Finds recovery support within a personal faith and/or religion (i.e., mediation, praying, embracing spiritual philosophies)	"As I mentioned, Buddhism, and what that has helped me to do is orient my life around my values and what is important to me instead of kind of dispersing my energies and casting my bread upon the waters, so to speak. It help me to analyze myself and my behavior."
Having responsibilities that could be harmed by substance use	Substance use would conflict with important obligations, such as having a job, childcare, etc.	"I guess having a family factors into that as the biggest thing, having a career, etc., being responsible in general."
Social support from family and friends	Receives recovery support from loved ones.	"My friends have been a lot helpful, and my parents and people I meet in parties and all, and the ones who used to drink a lot and they have quit drinking and that kind of motivates me to that even I can do that. And people motivating me, like my friends and my family. So that has helped me a lot."
Other meeting participants' behaviors	Finding other members in meetings annoying; e.g., dislike people repeating themselves, interrupting, offering unsolicited advice, not taking meetings seriously, etc.	"Yeah. Some of the characters, it can be tough. I mentioned ego already. Dealing with people's egos can be troubling on both sides of the spectrum. When you get somebody in AA that's forced to be there or you can tell that they don't really want to be there or that they're still using, it can be frustrating, it can be irritating, it can be very distracting. But then on the other hand, when you get other people that have 25, 30, 40 years of sobriety that seemed to have it all figured out, kind of pushing you and putting their opinions on you."
Repetition	Participants can find too much repetition in content, format, and/or verbal contributions	"Sometimes its monotonous. It's just either the same thing over and over."

Kelly et al. (2024)

Qualitative Codes

Anxiety/apprehension about social interactions	Experiencing social anxiety; finding it intimidating or difficult to interact with other participants, particularly when attending first time.	"Going to in-person meetings, sometimes it can be daunting. You're walking to a room of people that-- they're not cliquish. And I don't mean to say it that way, but you see groups of people that know each other and they are all like, hi, how's it going? And it's like walking into a party where groups of people know each other and you don't know anybody. And it's just kind of, hi. You just feel awkward and that can be hard. … I'm shy, I'm introverted, so that's hard for me."
Negative attitudes toward other MHOs/recovery resources	Participants do not like when MHO meeting will discourage use of other MHO groups, resources, or programs (i.e., "AA-bashing.")	"I think sometimes that, and I don't know so much what SMART could do about it, but I've just noticed a lot of times people come into SMART angry at AA, NA, 12-Step program, and there can be a tendency for bashing."
Religious aspect in AA	Dislike of the use of a higher power in AA and specific references to Christian faith.	"On the other hand, I don't like the Christianity God aspect. The fact that it's from a white man in the 1930s, it's obsolete. Scare tactics. Seems very simplistic. Though I've never done all the steps, it seems just very much like a little bit cult-like, church-like."
Online not as good as in-person	Due to COVID, many MHO meetings transitioned from in-person to online, which some found less effective than face-to-face	"The Zoom is a little lacking."
Social hierarchy in AA	Newer members feel as though older members with "more days" look down on them, feeling out of place as new member early in recovery	"But then if you're a newcomer-- I had had a relapse after I had been sober for two and a half years. And I came back and was a newcomer, and so suddenly, suddenly, even though I was highly respected before, I was stupid, didn't know anything, should shut up. It's very gross and victim-blaming."
Meeting length/time commitment	Participants disliked having to take time to attend meetings, feel as though they are too busy to attend, or that meetings could be shorter in duration and/or more accessible	"And they tend to be an hour and a half, which is a little bit longer than I prefer, just because of time constraints."
Lack of availability of meetings	SMART has less access to in-person meetings and fewer options for online meetings	"I would like more meeting options."
Bad facilitators/bad experiences with facilitators	Discussion of bad experiences with facilitators; e.g., some facilitators not showing up to meetings, some not well trained, some not good at engaging all members in discussion	"They're over Zoom. Sometimes facilitators don't show up. It doesn't happen very often, once in a while because of communication problems or whatever, and because of Zoom."
No dislikes	Participants specifically verbalized they had no dislikes about specific MHO group when asked	"It's funny that you would mention that because my neighbor asked me that just this morning. And I couldn't think of anything that I don't like about attending SMART meetings except having to go, needing to go, whatever."
Lack of emphasis on social support	SMART does not encourage "meeting between meetings,"; participants report it can be hard to get to know others due to high meeting member turnover	"I wish that-- again, it's young, and so the social element is not nearly as there,"
Philosophy of AA	The central tenets of AA; things such as the expectation to attend meetings forever, not allowing crosstalk, feeling as though the framework of AA is misogynistic and outdated	"Well, you really weren't asked-- basically, the format was to have a speaker for the day. So you listen to their story and that was it. And there was no discussion. We didn't have a topic to talk about. You weren't encouraged to engage the speaker with questions. So it was kind

Kelly et al. (2024)

Qualitative Codes

		of like, "Just say no. Just listen to what we have to say. Follow the 12 steps and you won't drink." So they didn't have any room for-- it didn't foster personal growth or anything, I don't think."
Cliquey/judgmental in AA	Discussion of judgmental behaviors exhibited by other members; e.g., looking down on the use of medication to help prevent substance use, judging other members who do not attend consistently, the belief that AA is the sole recovery pathway.	"Yeah. Some people are very judgmental. A lot of people that weren't, but those some people are very judgmental that thought because you still drink that you're a bad guy."
Judgmental when someone relapses in AA	Having to start over counting days when one has a recurrence of use, feeling as though they are a newbie again and other members look down on them	"I just thought of another thing I don't like about AA. I don't like the counting of the days. Counting things makes me very anxious. And then there's also this sense of it's all or nothing, whereas SMART Recovery, it's like you just pick up again the next day. Like all right, today's going to be better. Moving on. It's not just like, Oh man, I've been sent back to square one. What's even the point? That would be my attitude if I was really married to the accumulating numbers."
Lack of accountability in SMART	Due to lack of emphasis on social support, less emphasis on making connections outside of meetings, and/or high turnover rate of meeting members, SMART members feel as though there is less accountability helping them maintain sobriety	"No accountability after the fact. There is no continuity. You attend a meeting and if you don't attend for a long time, there is nobody to hold you accountable. Whereas if you stop going to [AA] meetings, your sponsor will not just let you get away with it."
Lack of affinity group meetings in SMART	SMART does not offer enough meetings for specific demographic subgroups; e.g., "women's group," "young person's group", "LGBTQ+ group"	"The variety and frequency, unfortunately, I don't think, are quite enough, especially in terms of finding a more specific niche, like young people, women, etc."

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Question 1: "Why did you attend?"

Question 1: Why did you attend AA/SMART/Both?									
AA	AA % (n)	SMART	SMART % (n)	Both	Both Both % (n)	Both AA % (n)	Both SMART % (n)	Neither - Why do you not attend any MHO?	Neither % (n)
Universality/Recovery Community	43% (19)	Universality/Recovery Community	11% (5)	Universality/Recovery Community	14% (4)	33% (23)	-	No perceived need/low problem severity	32% (13)
Maintaining sobriety	16% (7)	Maintaining sobriety	5% (2)	Culture, approach, format	-	-	35% (30)	Anxiety about attending/concerns about privacy	20% (8)
Provides structure	5% (2)	Culture, approach, format	34% (15)	CBT/science-based	-	-	53% (45)	Previous negative experiences	7% (3)
12 Steps as vehicle for change	5% (2)	CBT/science-based	30% (13)	As acknowledgment of problem	-	10% (7)	-	Has other methods of support	7% (3)
Existential reflection	5% (2)	As acknowledgment of problem	9% (4)	Desperation to stop; desire to engage with multiple pathways	79% (23)	-	-	Perceived AA as old-fashioned/non-scientific	7% (3)
Recovery information	5% (2)	Option for non-abstinent goals	5% (2)	AA's availability	-	27% (19)	-	Other	27% (11)
Availability	5% (2)	Other	7% (3)	Requirement to go to AA	-	7% (5)	-		
Other	18% (8)			12 Steps as vehicle for change	-	6% (4)	-		
				Other	7% (2)	17% (12)	12% (10)		

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Exemplar Quotes

Universality/Recovery Community: Both Group

And I needed more long-term daily help from people who had been there and done that and were willing to help me out kind of daily whenever I needed, and this is not to knock anybody, but not from clinicians who went to school from it, but from people who lived it

Culture, Approach, Format: Both Group

…having this group of people where you can be truly authentic never any fear of that shaming that I've experienced in AA. That's been a huge thing, because I got a lot of humiliation and shaming when I was in it. And I've never experienced that in SMART. I love people take time out of their lives to learn to be facilitators and they're there every week no matter what, and it's warm and inviting and they don't just say, "We're not judgmental." It's actually legitimate. They walk the walk as well as talk the talk.

Maintaining Sobriety: AA Group

It gives me a freedom from drugs and alcohol for one day. It's given me back my life.

Desperation to stop; desire to engage with multiple pathways: Both Group

The reality is, none of these solutions work for every person and I believe it's actually more a question of finding the right blend of supports that you could use.

Kelly et al. (2024)

Question 2: "What do you like about attending?"

Question 2: What do you like about attending AA/SMART/Both meetings?						
AA	**AA % (n)**	**SMART**	**SMART % (n)**	**Both**	**Both AA % (n)**	**Both SMART % (n)**
Universality/Recovery Community	63% (26)	Universality/Recovery Community	32% (18)	Universality/Recovery Community	57% (26)	14% (9)
Provides structure	10% (4)	CBT/science-based	23% (13)	CBT/science-based	-	29% (18)
Instillation of hope	5% (2)	Culture, approach, format	16% (9)	Culture, approach, format	-	43% (27)
Recovery information	5% (2)	Recovery information	7% (4)	12 Steps as vehicle for change	9% (4)	-
Other	17% (7)	Other	21% (12)	AA's availability	7% (3)	-
				Instillation of hope	7% (3)	-
				Other	22% (10)	14% (9)

Kelly et al. (2024)

Exemplar Quotes

CBT/Science-Based: SMART Group

There was something about their principles made a lot of sense. It was research-based, it was scientific-- there was scientific research supporting the information that they were just sharing.

Provides Structure: AA Group

It's just it's part of my routine now. So I don't see things changing. I would kind of be at a loss if I didn't attend the mæetings. So it's like a structure, it's a part of my day. That's the way it is.

Universality/Recovery Community: SMART Group

...my favorite thing is the community, and just the opportunity to be open and honest, and just admit that we want to change something in our lives.

Instillation of Hope: Both Group

Basically, it gave me a little hope that I could do something about my drinking.

Kelly et al. (2024)

Question 3: "How does attending help you?"

Question 3: How does attending AA/SMART/Both meetings help you?								
AA	**AA % (n)**	**SMART**	**SMART % (n)**	**Both**	**Both AA % (n)**	**Both SMART % (n)**	**Neither - What do you do that's helpful in your recovery?**	**Neither % (n)**
Universality/Recovery Community	40% (16)	Universality/Recovery Community	23% (10)	Universality/Recovery Community	30% (13)	17% (6)	Competing activities, focus on healthy behaviors	27% (12)
Maintaining sobriety	13% (5)	CBT/science-based	28% (12)	CBT/science-based	-	31% (11)	Use of other programs, online resources	23% (10)
Catharsis	8% (3)	Accountability	7% (3)	Culture, approach, format	-	29% (10)	Avoiding triggers to drink	11% (5)
Provides structure	8% (3)	Provides structure	7% (3)	12 Steps as vehicle for change	11% (5)	-	Use of psychotropic and anti-craving/anti-relapse medications	9% (4)
AA facilitating deeper connection with personal faith	8% (3)	Reminder of negative alc/drug consequences	7% (3)	Accountability	7% (3)	-	Receive guidance from clinicians, mental health professionals, or therapy groups	7% (3)
Emotion regulation	8% (3)	Feelings of usefulness	5% (2)	Recovery information	7% (3)	6% (2)	Religious/spiritual structures outside of MHOs	7% (3)
Instillation of hope	5% (2)	Recovery information	5% (2)	Requirement to go to AA	7% (3)	-	Having responsibilities that could be harmed by substance use	7% (3)
12 Steps as vehicle for change	5% (2)	Thematic coherence and consistency with other recovery resources	5% (2)	AA's availability	7% (3)	-	Social support from family and friends	5% (2)
Other	8% (3)	Other	14% (6)	Reminder of negative alc/drug consequences	5% (2)	-	Other	5% (2)
				Existential reflection	5% (2)	-		
				Provides structure	5% (2)	-		
				Instillation of hope	-	6% (2)		
				Other	18% (8)	11% (4)		

Kelly et al. (2024)

Exemplar Quotes

Accountability: SMART Group

I think it gave me a lot of accountability, not that I had real deep or meaningful relationship with anyone in my SMART group, but the process of going to the meeting and then having to honestly sit there and say to the group members or whatnot, "Hey, I didn't drink this last week," I think that accountability was helpful.

Reminder of negative drug/alcohol consequences: SMART Group

The frequent meetings - the once a week, at least, for me, which is good - is enough exposure to remind myself that there are real consequences to drinking, and so don't forget it.

Catharsis: AA Group

Well, it gave me an outlet, I mean, to speak out. And instead of holding in all of my negative thoughts, it was just a way of expression and letting go, so to speak.

CBT/Science-Based: SMART Group

...I like the program itself. It's much more cognitive behavioral, and I like the fact that you are responsible for your behavior. They give you a lot of tools. They have a really great handout.

Kelly et al. (2024)

Question 4: "What do you dislike about attending?"

Question 4: What do you dislike about attending AA/SMART/Both meetings?						
AA	AA % (n)	SMART	SMART % (n)	Both	Both AA % (n)	Both SMART % (n)
Other meeting participants' behaviors	34% (13)	Other meeting participants' behaviors	8% (3)	Other meeting participants' behaviors	10% (6)	4% (1)
Repetition	11% (4)	Meeting length/time commitment	19% (7)	Repetition	6% (4)	11% (3)
Anxiety/apprehension about social interactions	11% (4)	Lack of availability of meetings	14% (5)	Lack of availability of meetings in SMART	-	15% (4)
Negative attitudes toward other MHOs/recovery resources	5% (2)	Bad facilitators/bad experiences with facilitators	11% (4)	No dislikes	-	15% (4)
Religious aspect in AA	5% (2)	No dislikes	11% (4)	Philosophy of AA	14% (9)	-
Online not as good as in-person	5% (2)	Lack of emphasis on social support	6% (2)	Religious aspect in AA	13% (8)	-
Social hierarchy in AA	5% (2)	Other	31% (11)	Cliquey/judgmental in AA	13% (8)	-
No dislikes	5% (2)			Lack of emphasis on social support in SMART	-	11% (3)
Other	18% (7)			Negative attitudes toward other MHOs/recovery resources	-	7% (2)
				Social hierarchy in AA	8% (5)	-
				Judgmental when someone relapses in AA	8% (5)	-
				Lack of accountability in SMART	-	7% (2)
				Bad facilitators/bad experiences with facilitators in SMART	-	7% (2)
				Lack of affinity group meetings in SMART	-	7% (2)
				Other	29% (18)	15% (4)

Kelly et al. (2024)

Exemplar Quotes

Other meeting participants' behaviors: SMART Group

Every now and then, there's somebody in the group who, maybe, is there in order to socialize. And sometimes, you could even tell that somebody has, maybe, had a drink. I'm not really sure. I attend Zoom meetings, so I don't really know. And there's no way to control that. And you also can't fault the person for that because you know that they're in recovery. They're struggling with a problem, an addiction perhaps. So every now and then, since it's so open, you can get a wild card every now and then.

Lack of availability of meetings: Both Group

I would say nothing other than the fact that there's not that many meetings that are at least logistically convenient to me and time wise convenient. If I wanted to continue to seek out a SMART Recovery group, I'd need to look online for meetings.

Meeting Length/Time Commitment: SMART Group

And they tend to be an hour and a half, which is a little bit longer than I prefer, just because of time constraints

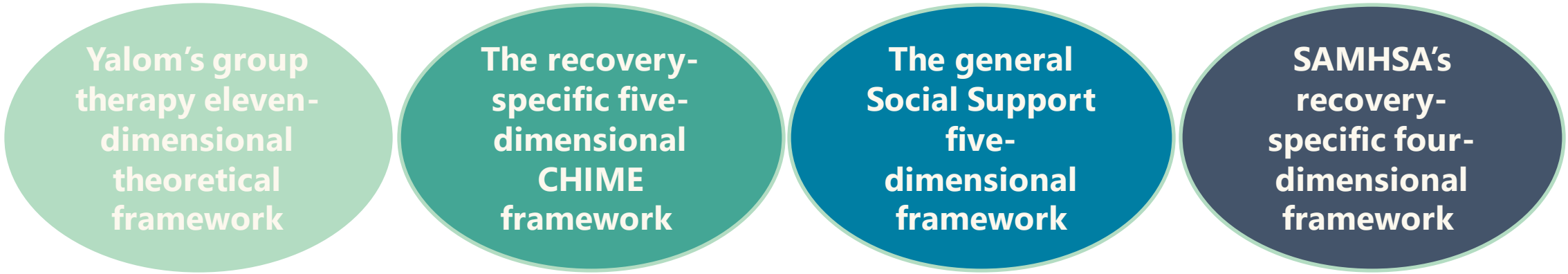
Anxiety/apprehension about social interactions: AA Group

…Going to in-person meetings, sometimes it can be daunting. … You just feel awkward and that can be hard.

Kelly et al. (2024)

Theoretical Framework

Findings from these qualitative analyses led to common themes emerging from what participants found most helpful that appeared to map onto several recovery-relevant conceptual frameworks:



Yalom, 1995; Cohen and Wills, 1985; Leamy et al, 2011; SAMHSA, 2012

Theoretical Framework

Comparative fit of study participants' expressed responses across four recovery relevant frameworks regarding what they found helpful about participating in AA or SMART

Group Therapy Theory Framework			Social Support Theory Framework			CHIME Framework			SAMHSA Framework		
	AA	SMART		AA	SMART		AA	SMART		AA	SMART
Universality	****	**	Social network	****	**	Community	****	**	Community	****	**
Instillation of Hope	*	*	Emotional	*	*	Hope	*	*	Purpose	*	-
Catharsis	*	-	Esteem	*	***	Identity	-	-	Health	*	-
Imparting Information	*	*	Informational	-	*	Meaning	*	*	Home	-	-
Altruism	*	*	Tangible	-	-	Empowerment	-	-			
Cohesion	-	-									
Existential	*	-									
Role modeling	*	*									
Socializing techniques	-	-									
Interpersonal learning	**	**									
Recapitulation of Family Group	-	-									

5-15%* 16-25%** 26-35%*** 36-45%**** of responses

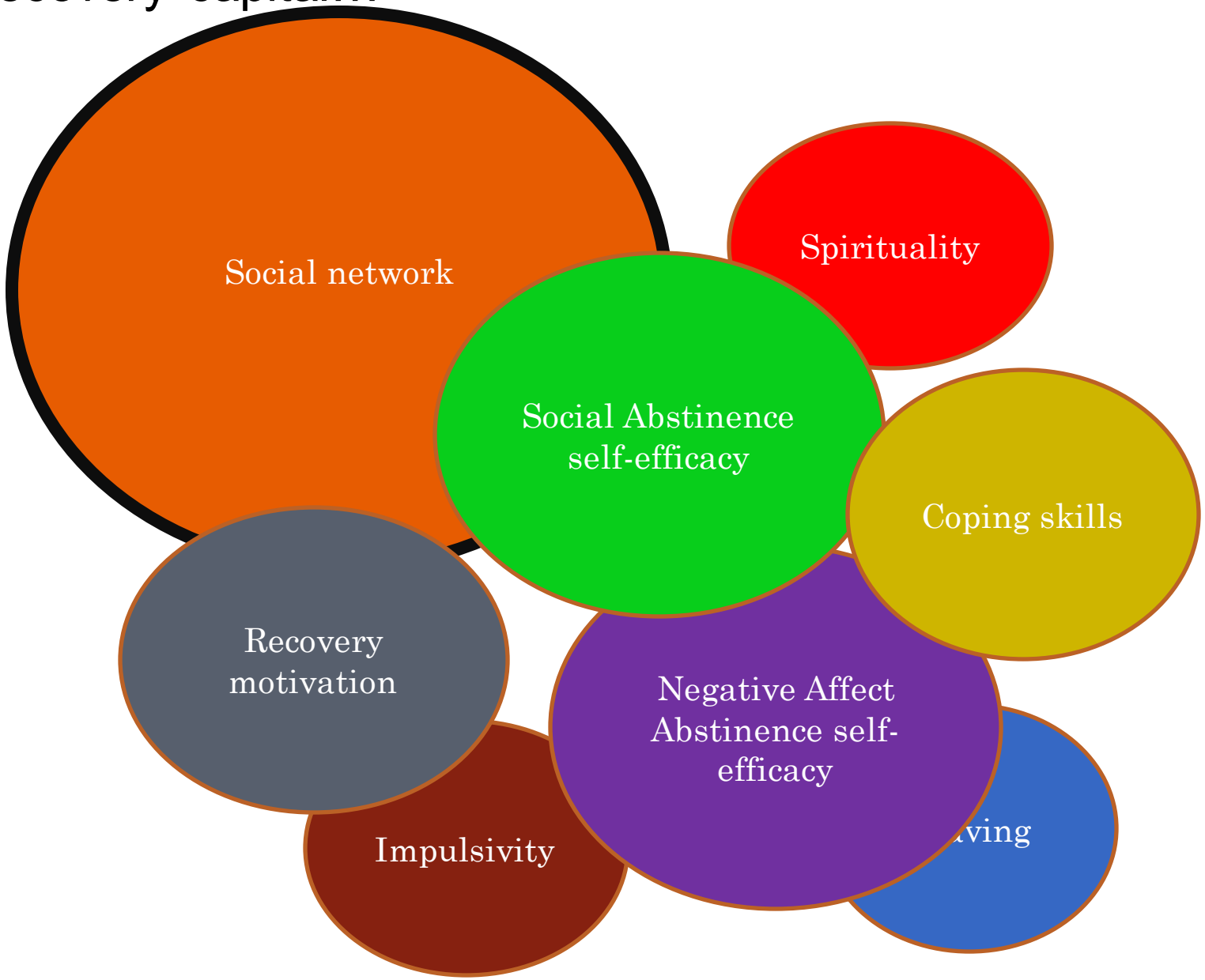
"Esteem support" is defined as "messages that help to promote skills, abilities, and intrinsic value"

Kelly et al. (2024)

How do Mutual-Help Organizations Confer Recovery-Related Benefit?

The Power of Peers

Empirically-supported MOBCs through which AA confers benefit: AA mobilizes social and personal recovery capital…



Adapted from: Kelly, 2017; Kelly, Magill, Stout, 2009

Summary – Systematic Qualitative Investigation of SMART, AA, Both, Neither

- Adults starting a new AUD recovery attempt who self-select into one of four initial recovery pathways report some similarities but also some distinct experiential differences…
- Many report being drawn to SMART or AA initially due to some explicit aspects associated with each group's approach… such as the different culture/CBT/science-based approach of SMART or the large socio-community features of AA (of note, despite the explicit spiritual focus of AA people rarely mention that as either something that attracted them to AA to begin with or what they liked about AA)
- AA participants may be attracted to AA due to its largescale socio-community/lived experience aspects and may stay for the same reason; SMART participants may go initially for the CBT/science based aspects but may stay for the same socio-community/lived experience aspects (which was the most commonly reported aspect they liked about SMART)
- Participants attending both SMART and AA appear to be able to tolerate and psychologically accommodate ostensibly distinct philosophies and approaches to capitalize on the strengths of each
- Ideally, clinicians might do well to facilitate and encourage exposure to both types (or other MHOs as well) so that patients can find which MHOs/combinations of MHOs may be most helpful…

Outline

- Broader Context of addiction, recovery, and treatment and recovery support services
- Landscape of Mutual help research
- New Findings on SMART Recovery
- Summary, Conclusions and Future Directions

Summary and Conclusions

- There are now a growing number of 12-step alternatives that have broadened the base of recovery service options (e.g., SMART, LifeRing, WFS, Dharma etc)
- There is strong and clear evidence of the clinical and public health utility of peer led mutual-help organizations (e.g., Kelly, Humphreys, Ferri, 2020)
- These are shown to be effective, cost-effective, and to work through mobilizing therapeutic mechanisms that are mobilized by formal treatments, but are able to do this over the long-term in the communities in which people live and work – a good match for the undulating and persistent risk associated with early years of recovery
- There is similar emerging evidence that groups such as SMART Recovery are providing a much needed and highly valuable alternative to 12-step that can attract and engage a potentially different addiction phenotype/profile to improve outcomes to a similar degree and which is likely to work through similar therapeutic mechanisms…
- Based on other recovery support services effectiveness and cost-effectiveness research, SMART Recovery is likely also to be similarly effective and highly cost-effective

….We should not forget in an increasingly high-tech world, at its core, a successful recovery process remains fundamentally a low-tech proposition, involving deep interpersonal caring, compassion, human connection, and patience...

Fast Car – Tracy Chapman

"… and your arm felt nice wrapped around my shoulder, and I felt like I belonged, and I felt like I could be someone…"

Massachusetts General Hospital
Founding Member, Mass General Brigham

Thank you!

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