

For Coordinators: What We Don't Know and What We Can't Promise

Unfortunately, it is not unusual for people with addictive problems to find themselves feeling and being uncomfortably socially isolated. The chances of being socially isolated are even greater for people who have addictive problems (especially involving substances) *plus* serious mental health problems, such as major depression, chronic "low-grade" depression (i.e. dysthymia), the bipolar disorders, panic disorder, obsessive-compulsive disorder, post traumatic stress disorder... among others. When we get a hint that a participant may have been diagnosed by a health-care professional with any mental health problem—for example when the person mentions that a physician prescribed a psychotropic medication like an antidepressant—there are some things coordinators might want to keep in mind about *health concerns* and *social concerns*.

HEALTH CONCERNS—What to Do about What We Don't Know

1. Do not take any position as to whether the physician's diagnosis or treatment prescription may be correct or incorrect; too much missing information! And we as coordinators are not in a position to diagnose, to confirm or disconfirm any diagnosis, or to evaluate any reported professional treatment or advice. Even if the coordinator is a health care professional, the coordinator-meeting participant relationship is not a professional one.
2. When a participant mentions that they are disregarding or not following medical advice, the coordinator might suggest that they re-visit that decision in a rational way, checking to see if the beliefs underlying it are iB's or rB's. Sometimes a person might not have put much thought into such an important decision, in which case they may like to consider doing a CBA about their options regarding professional health-care advice. For some people, and we as coordinators can never know to whom this applies, disregarding a physician's advice that they take an antidepressant (or other medication) could have very serious and harmful results. We cannot know whether or not an individual's addictive behaviors might be related to self-medicating for symptoms of a true mental health or other disorder. A wide variety of illnesses can cause severe depression or anxiety. Almost always, alcohol and other drug abuse or other addictive/compulsive behaviors are poor & dangerous substitutes for physician-guided use of antidepressants or other medications. When a participant brings this up in a meeting, we can at

least let them know that disregarding physician or other professional advice is a big decision worth thinking through rationally, or even getting a second or third professional opinion. (Repeat: it's a BIG decision, not a BAD or WRONG decision!)

3. Remember that participants may have attended some other type of group where they were inaccurately taught that "*an 'addict' or 'alcoholic' should NEVER take any psychotropic or mind-altering drug or medicine.*" This is one possible iB that may underlie a decision to disregard medical advice.

SOCIAL CONCERNS—What to Do about What We Can't Promise

1. The SMART Recovery® network of resources offers many sources of social support. However, there are limits to the social support SMART coordinators can 'promise' or offer to participants. Even individuals who maximize their use of the SMART resources ultimately will realize that successful change and lifestyle balance require learning and practicing many skills Out There -- in their every-day, "off-line" or "outside-the-SMART-meeting" world. Just as it is important to practice urge-resistance skills in "real-life" situations, it is important to practice *social skills* and *emotional management of self in relationships* outside the SMART Recovery® network. SMART never promises or implies that success can happen without practice!
2. When a participant indicates that they believe they need MORE social support than is available through existing SMART Recovery® meetings, Message Board, and SMARTREC, *they are probably right*. Rather than offering them extra email, phone, or other social contact, we might encourage them to brainstorm with the group about other ways that they might build up their social support network. Reducing social isolation in their everyday, "real" world is likely to be a challenging but reasonable, important, and achievable goal for many of our participants. In most cases, we serve our participants better by helping them take practical steps toward this goal than by trying to provide them directly with more social support.
3. If a participant continually comes across as somewhat "desperate" for interpersonal contact or social support beyond that already provided by SMART, it makes sense to see this as a "red flag." The wise coordinator will *validate* a participant's own perception that it may be in their best interest to *add* something to their use of available SMART resources. Options to consider in brainstorming with such a participant include:
 - a. Seeking professional guidance for development of social skills.

- b. **Seeking psychological or mental health counseling.**
- c. **Doing volunteer work in a social setting.**
- d. **Becoming involved with community groups that are oriented to a hobby, sport, community service interest -- or a political, musical, religious/spiritual, or other interest that is personally meaningful.**
- e. **Re-evaluating job or housing situation.**
- f. **Making specific efforts to enhance participation in family or friendship relationships.**
- g. **Getting professional help with those relationships.**
- h. **Arranging for medical detox.**
- i. **Seeking medical or psychiatric evaluation and services, outpatient or inpatient.**
- j. **Going to a hospital emergency room.**

When a participant expresses feelings of "urgency," brainstorming these types of options with them is much safer (and more realistic) than trying to meet their needs through offering out-of-the-ordinary online or face-to-face contact. SMART Recovery® coordinators and peer-participants cannot provide emergency or critical care, but we can point the way to possible sources of such care. We can help participants to identify options they might not have considered and to learn effective methods for weighing various options as they begin trying out new behaviors, selecting choices, and making decisions. Recovering SMARTly is a process that *mostly* happens in "real" life... *outside* the SMART meeting room.

~ from the desk of Kate Chadwick, MS, LPC, DAPA

SMART Recovery® Professional Advisor & Meeting Coordinator (Online Group)



Balance takes Effort

What is one persons "joke" is anothers "slander"....

and visa versa !

Who are we to judge which is right ?

Promote Personal Responsibility and Choice !

Promote Tolerance, Promote Acceptance, Promote Respect !

Be SMART !

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SUPPORT SELF-DETERMINATION OF PARTICIPANTS:

We respect and promote the right of participants to socially responsible self-