

White, W. L. (2012). The history of SMART Recovery: An interview with Tom Horvath, PhD. Posted at www.williamwhitepapers.com and www.facesandvoicesofrecovery.org

The History and Program of SMART Recovery: An Interview with Tom Horvath, PhD

William L. White

Introduction

Dr. Tom Horvath is one of the leading figures in the development and growth of SMART Recovery—an international, non-profit network of free support groups (face-to-face and online) for persons seeking an abstinence-based, self-empowering, and science-based approach to addiction recovery. He has served as the President of SMART Recovery almost continually since 1995 (1995-2008, 2009 to present).

By way of background, Dr. Horvath's formative years were spent in Youngstown, Ohio, and he went on to graduate from St. John's College in Annapolis, Maryland (1975) and obtain a PhD from the California School of Professional Psychology at San Diego (1981). After serving as a Navy Psychologist (1981-1984), Tom founded Practical Recovery—an approach he characterizes as a self-empowering alternative to 12-Step and disease-oriented addiction treatment. Practical Recovery offers outpatient treatment, residential rehabilitation, and a sober living home. Dr. Horvath is a Past President (1990) and Fellow (1993) of the San Diego Psychological Association and has served as Secretary-Treasurer (1995-1998) and President (1999-2000) of the American Psychological Association's Society of Addiction Psychology.

For many years, Dr. Horvath and I have corresponded about SMART Recovery and other secular alternatives to Alcoholics Anonymous and other 12-Step recovery mutual aid societies. I recently asked Dr. Horvath to share some of his reflections on the history and future of SMART Recovery.

Roots of SMART Recovery

Bill White: Tom, could you tell the story of the beginning of SMART Recovery as you experienced it?

Dr. Horvath: Here's how it began for me. I'm living in San Diego in 1990. I've been specializing in addiction for five years in my psychological practice. I have an ad in the Yellow Pages that offers a non-12-Step, non-disease alternative to addiction treatment. As a result of that ad, I get a call from a man named Wendell Rawlins, who has been affiliated with Rational Recovery (RR). He says that Jack Trimpey, founder of Rational Recovery, will soon be visiting San Diego and that perhaps I would like to meet him to talk about RR groups in San Diego. The subsequent meeting was with Jack and three or four others at the Hilton Hotel in Mission Bay in San Diego. I'd just gotten married a few

months before, and I remember thinking, “This could be two interesting chapters of my life starting in the same year.” Jack sold me a signed copy of his book.

For some years, I had thought about starting a support group for my clients. Frankly, I had kept away from the idea because it looked like a big project, but RR was something that was already going that seemed like it had potential. So, over the next couple months, I had additional communication with Jack and then in February 1991, about 20 of us flew to Dallas, Texas—all on our own dime because we wanted to support the development of this network. (Some of those people are involved today in SMART Recovery, including Joe Gerstein, Michler Bishop, Jonathon von Breton, Hank Robb, and Bob Muscala.) I think Lois Trimpey, Jack’s wife, took minutes at the meeting.

We agreed to move forward developing the network, and a second meeting was held in August of 1992. We incorporated in December 1992, as the Rational Recovery Self-Help Network and established an executive committee that included Trimpey, Joe Gerstein, and [Emmett] Velten. I did not go to the August ’92 meeting. I called Jack some time before the ’92 meeting, and I said, “Jack, before I come to a second meeting, I’d like to see the foundational documents of this organization.” I was assuming that the organization was non-profit, but it turns out at the time, we weren’t. Jack did not seem to understand what I was referring to. That response concerned me, so I stayed away from the ’92 meeting, and waited to see what would happen.

Bill White: Now what was going on locally in San Diego during this period?

Dr. Horvath: At the local level, I was gradually recruiting meeting coordinators—as they were called at that time—and we started having regular monthly Saturday meetings in my office to support one another. I never ran any RR meetings myself on a regular basis. That seemed like a way to get pulled into the operational level of the organization that would prevent me from building the network. So, I never did that, but I was able to recruit a number of people. At different points in those first few years, we were up to four, five, six, seven meetings a week, which seemed really good to us. And at one point, we even got some local funding to run a paid ad once a week in the local publication called *The San Diego Reader* that generated phone calls from people seeking recovery support.

Bill White: And then at a national level?

Dr. Horvath: Following the incorporation in December ’92, there was a follow-up meeting that I attended at Hampstead Hospital in Massachusetts or New Hampshire in the fall of ’93. That is where we elected the non-profit board. I did a lot of behind the scenes lobbying to get Joe Gerstein elected as president and myself as vice president because I did not want Trimpey as president. It was very clear to me that he viewed this non-profit as his property rather than an organization that he supported. Joe just seemed like the natural choice to me—a very strong presence and very successful. I think at that point, he had already served as president of other significant organizations. He was a man everybody could line up behind. Joe was very busy and as much as he loved the Rational Recovery self-help network, he would need a lot of support, and I was committed to offering that.

We had at the time an attorney, Tom Barse, who had been working for Trimpey. He actually ran the meeting and did a great job of it. The elections got taken care of in a businesslike manner, and those present also wanted to have a license in perpetuity to use the name Rational Recovery for a dollar or a dollar a year. We didn't want to build up this network and then have Jack in a moment of pique remove our authorization to use the name Rational Recovery. So, we pushed through this notion of a permanent license. This event foreshadowed the conflict that we were going to experience in the next year. The board came together around, roughly speaking, a cognitive behaviorally oriented support group. That's why we were all there. We liked Trimpey's book, *The Small Book*, because it seemed largely cognitive behavioral in addition to some of Jack's own ideas and packaging, but the latter weren't the big appeal to us.

The Split from Rational Recovery

Bill White: How did tensions then increase?

Dr. Horvath: Over the next year, Jack wanted to evolve Rational Recovery, which was certainly his, and he had every right to do that, but he kept moving it in the direction of his own idiosyncratic ideas—from my perspective. It gradually got to the point by summer '94 where the group we thought we had signed up to support just wasn't the group he wanted it to be. And then, at one point, there was a lawsuit that was faxed to us, the gist of which seemed to be Jack's accusation that the board was stealing his organization. Of course, we couldn't steal the non-profit because it was its own entity, but somehow he felt we were stealing his ideas. The lawsuit never made any sense and finally just went away.

In November 1994, we held a board meeting in San Diego in conjunction with the annual meeting of the Association for Advancement of Behavior Therapy (AABT), which had granted us use of a free room in the hotel. At that meeting, we voted to remove Jack from the board, to change the name of the organization, and to end the licensing agreement for use of the RR name. That plan wouldn't have worked unless Joe Gerstein's secretary hadn't somehow managed to get a list of all the meetings. We contacted each of the groups and said, "Well, you can stay with Rational Recovery or you can come with us." We continued to court many of the RR groups, understanding that it was difficult for them and that they did not understand what was happening. Many became part of SMART Recovery and some local leaders moved onto the SMART Recovery Board while other groups faded away. There were also local groups that remained loyal to RR and continued to meet as RR until January 1, 2000, when Jack Trimpey announced that Rational Recovery was no longer offering any support group meetings.

In August, we had tentatively changed the name to Alcohol and Drug Abuse Self-Help Network, Inc. In October 1994, after going round and round, we picked the name SMART Recovery, which had been suggested by a psychologist in Texas named Robert Sarmiento. It stood for **Self-Management and Recovery Training**. Then I think it was in November that we finally got together face-to-face and voted Trimpey off of the board. You couldn't do it according to the bylaws without a face-to-face meeting where he had a chance to talk. I remember that it wasn't clear going into that meeting how the vote

would go. I remember doing a lot of behind the scenes lobbying before that meeting but was still not sure of the outcome.

To summarize it, the split between RR and SMART Recovery made sense for everybody, even though there was much tension and high emotion at the time. Everybody who stayed with SMART Recovery wanted to move forward with our original vision of the organization, and not the direction Trimpey wanted to go. The SMART Recovery vision was a science-based support group. We have further refined that vision. Trimpey owned the name Rational Recovery and was entitled to define and change it however he wanted. As he moved farther and farther away from what the rest of us thought we were joining, everyone needed to make a choice, and that's what we did. Trimpey's *The Small Book*, which was the book that attracted us to Rational Recovery in the first place, remains on the SMART Recovery recommended reading list.

Building a New Organization

Bill White: How did the organization then stabilize itself?

Dr. Horvath: Joe was re-elected president and we hired Shari Allwood. She was originally an employee of a firm that we hired to do our administrative work, but Shari was the individual who actually did the work. I remember thinking, "This is craziness. We have no money. We have such a tiny organization. How are we going to persuade somebody to take on this job? This is not real." But we hired Shari, and it proved to be maybe the single best decision we ever made after leaving Trimpey. Shari quickly became the glue that's held the organization together ever since she came on board in '94.

In '95, we had the next board meeting again in conjunction with AABT. At this point, it was clear that Joe was having difficulty keeping up due to his very busy medical practice. Of course, this was a start-up organization, and there were a million things to do, and you couldn't even figure out what the priorities were because there were so many of them. I approached him and said "How about if you become treasurer or vice president and let me take over as president since I actually have more time available?" He was amenable to that change.

If Shari's hiring was the most important decision we made in personnel, I think Joe was the right decision for leadership (and financial support and wisdom). He's just been a rock. SMART Recovery would not exist if it hadn't been for Joe Gerstein's leadership in those years of '93 to '95. He had a vision that this organization would exist, and that it would be important, and he made it happen. It is as fine an example of leadership as I've ever seen. And then he graciously stepped aside from the role of president and continued to fully support the organization. His leadership on many different issues has continued to the present. Fortunately, the years that followed our stormy beginning increasingly were characterized by greater stability and less tension and drama.

Bill White: What were some of the other early SMART Recovery milestones?

Dr. Horvath: We got a grant for \$50,000 from the Robert Wood Johnson Foundation in 1996 that allowed us to do five face-to-face trainings in five cities around the United States, thanks to Joe Gerstein. (That grant really marked the beginning of our growth, which increased even more when we shifted our focus to online training of meeting facilitators.) The RWJF funding was our first outside funding; everything before then was supported by donations. Some of these were significant. For example, sometime in the later '90s, we received a \$40,000 contribution from John Boren, PhD. We might not have survived without that donation. We have kept his identity anonymous until recently. Now that he is retiring from the Board, he has allowed me to thank him by name. Such donations got us through a number of years when money was looking grim. In 2004, SMART Recovery received an anonymous donation of over \$500,000. We might have survived without that donation—it's hard to say. But that donation allowed us to set the stage for the rapid growth we are experiencing now. That donor enabled the development of SMART Recovery at a level we could have hardly imagined prior to the donation. We remain deeply grateful to this donor.

This is an extremely cost-effective organization. Everybody's a volunteer except for Shari and two assistants, as well as a few part-time contract workers. We operate out of a small office in Mentor, Ohio, near where Shari lives, where the office space is very inexpensive.

Bill White: Were there grants other than RWJF that helped create the infrastructure of SMART Recovery?

Dr. Horvath: In 1997, the InsideOut program got funded with an SBIR grant [Small Business Innovation Research] through NIDA [National Institute on Drug Abuse]. They first provided a few hundred thousand dollars to do a pilot and then around a million to develop InsideOut, which is a corrections-based recovery program. That's been available for a while but has been a disappointment in some ways. The contract with the developer required that we not have any other correctional program or authorize any other SMART Recovery correctional program, but they had no obligation to market or promote Inside Out. When they discovered that it wasn't selling very well, they basically stopped supporting the product. Fortunately, we recently acquired all rights to InsideOut, and are developing plans now to market it to jails, prisons, probation, and other correctional programs. Another milestone was pulling together an International Advisory Council in the late '90s, which now you and others are on. The International Advisory Council includes world-famous addiction professionals from around the world. This diversity reflects the fact that our Handbook is now in eight languages, with more languages on the way.

We made the change from coordinator to facilitator as the title of meeting leaders sometime in the '90s. In 2000, we launched an outreach effort to recruit non-recovering facilitators, making it more explicit that anybody could volunteer for SMART Recovery, although it had been that way in practice from the beginning in '94. That makes us different than a 12-Step group, which is for people in recovery only, although the AA board I think has people who are not in recovery on it. The evolution of the internet allowed for the establishment of online meetings, a thriving website, and online training. It's hard to imagine what we would look like without our internet component.

Strain over Professional/Peer Leadership

Bill White: How has the SMART Recovery board mix evolved in terms of the ratio of professionals and participants?

Dr. Horvath: Our board has been mixed from the beginning. With the gradual promotion of leadership from within the organization, our board is now about 50/50 participants and professionals. There has been some strain regarding this balance. Between 2008 and 2009, I rotated out of being president. There was a movement within SMART Recovery at that time to abandon the professional-participant partnership that we had had from the beginning and to move toward a participant-led organization. Tom Litwicki and Fraser Ross led the drive for SMART Recovery to become a pure participant model.

This tension came to a head at the summer 2008 board meeting. There's a listserv for the board, which is usually about 10 people. Tom Litwicki sent a post calling for a special board meeting to remove me as president and to install him. He said "Tom H. has previously said that if qualified leadership emerged, he would step aside." He argued that participant leadership had emerged and that SMART Recovery should move toward a participant-led organization. He was quoting you liberally—I don't know if you knew this—in calling for SMART Recovery to become more ROSC-oriented [recovery-oriented system of care].

So, I sent a long post back to the listserv, and I said "Well, among other things, we have established relationships with facilitators, with all kinds of people within the organization and outside the organization, including people who donate money, and if you remove a president mid-term after he's been in office 13 years, you better have an explanation for it. It just looks bad for me and for the organization. So, why don't we defer this discussion until the actual board meeting," and everybody seemed to agree that timeframe was more sensible.

So, we get to the board meeting with 10 of 11 board members present. Tom and I each made a presentation about what we'd do and where'd we go. We took a vote, and it's five to five. So, I said, "Well, let's take a 10-minute break and caucus with one another, and we'll come back and vote again." Again it was five to five. So, I said, "Let's take another break." I again talked with the people who voted for me. It's a private vote, but you know how many are voting. I was really only unsure about one or two votes. So, I went to the people who I knew had voted for me, and I said "Would you be upset if I withdrew from the election? I'm very concerned that we'll come out of this meeting deadlocked at 5-5 indefinitely." I didn't know that it could ever get resolved, and it was like protracted childbirth. Do you lose the mom for the sake of getting the kid? I said, "I think for the sake of the organization, I should withdraw." Nobody objected. They said, "Yeah, that might be sensible." So, I did, and Tom L. became president.

Bill White: How did this transition proceed?

Dr. Horvath: During the year that followed, I was not happy with the direction we were going. It was clear to me that SMART Recovery did not yet have the depth of volunteers

needed to turn over to them nearly all major aspects of running the organization. In particular, having a program that evolves as the science evolves requires having scientists and professionals involved in a substantial way.

I didn't do a lot of lobbying, which I have done in the past when I thought something was important. I said, "Let's just wait and see how this plays out." We did that for a year and then at the 2009 Board Meeting, Tom was voted out, and I was reinstated as President. I didn't even plan to stand for election at that meeting, but several board members came to me just before the meeting and asked if I would return to the job. I took that as a mandate to keep going in the direction we had previously been going in. Within a few months of the Board meeting, Tom and Fraser both resigned and the policy that anyone, regardless of recovery status, can volunteer for SMART Recovery became even more well-established.

The SMART Recovery Program

Bill White: What distinguishes SMART Recovery from other recovery support groups?

Dr. Horvath: The core ideas are expressed in the Purposes and Methods statement that remains the fundamental document of SMART Recovery. It was adopted in 1996. Our stated purpose is: To support individuals who have chosen to abstain, or are considering abstinence from any type of addictive behaviors (substances or activities), by teaching how to change self-defeating thinking, emotions, and actions; and to work towards long-term satisfactions and quality of life. Our approach:

- Teaches self-empowerment and self-reliance.
- Encourages individuals to recover and live satisfying lives.
- Teaches tools and techniques for self-directed change.
- Welcomes anyone to our open discussion meetings.
- Supports the scientifically informed use of psychological treatments and legally prescribed psychiatric and addiction medications.
- Evolves as scientific knowledge about addiction and recovery evolves.

The SMART Recovery® 4-Point Program® of recovery offers specific tools and techniques for: 1) building and maintaining motivation; 2) coping with urges; 3) managing thoughts, feelings, and behaviors; and 4) living a balanced life. A number of people contributed to that document although it often gets attributed to me. I'm sure it will be revised at some point, but it's been there now roughly 14 years. Its foundation is science-based, so it will evolve in tandem with new knowledge. I'd say the big evolution so far has been a greater emphasis on motivational enhancement techniques. In practice, we have shifted away from the Trimpey and Ellis focus on confronting irrational beliefs, which when done in the hands of an inadequately trained person, can start to look exactly like confronting a person as opposed to confronting a belief. Our view now is that it's more important for somebody to come out of a meeting and think that they had a good time and felt understood and appreciated than that they had confronted an irrational belief.

All along, we have been friendly to both theists and non-theists. We view both stances as personal beliefs that are irrelevant to our program of recovery. We're happy to have you either way. In the last year or two, we've also finalized a similar stand about addiction as a disease—a debate that is similarly irrelevant to our program. You can believe it's a disease or not; these techniques will help you either way. The data we have on that from our own participants is that roughly a third believe it's a disease; a third believe it isn't; and a third don't know and maybe don't care.

At the meeting level, moving to being a warmer, fuzzier, kinder, and gentler experience has been an ongoing transition. Organizationally, we are also trying to put more support and resources behind existing facilitators. Once a month, I run an online facilitator support group. We have a second monthly support group in which we talk about being an authoritative facilitator. This is a theme I've been wanting to develop in the last few years, partly out of my interest in leadership studies. I have been an adjunct faculty member at the University of San Diego's School of Leadership and Educational Sciences, and I'm utterly convinced of the importance of keeping the room feeling contained, structured, and safe even though it can look kind of loose. In a well-run meeting, you know there's somebody in charge and if something did happen, that person would take charge, which I would call being authoritative. So, in these meetings on authoritative facilitating once a month—online so everybody can participate—we talk about incidents that can arise in meetings and how to handle them from an authoritative perspective.

I keep pushing the idea that if you only knew one thing—how to run the meeting authoritatively or knowing the SMART Recovery program well—you'd be better off relying on the knowledge of the participants about SMART and making sure you ran a safe, authoritative meeting. You need both, of course. People in SMART Recovery are starting to get that being authoritative is at least as important as being knowledgeable.

At one point, I coined the term “a SMARTalogue” as opposed to drunkalogue. So, a new member walks into the meeting, and you feel like you've got to give them a 15-minute lecture on SMART Recovery. Don't do that! Let them see SMART Recovery in action.

Future of SMART Recovery

Bill White: What do you see as the future growth pattern of SMART Recovery face-to-face and online meetings?

Dr. Horvath: If we think of “market share” in terms of those seeking recovery support, I don't think that we're going to significantly decrease 12-Step membership. We might drop it five or ten percent as people who were going there discover they'd rather go to a SMART Recovery meeting. On the other hand, you're going to have people who come to SMART Recovery, stay there for awhile, and realize they'd rather be in a 12-Step group. I know of two programs where people got a good introduction to both 12-Step and SMART Recovery or 12-Step and CBT and then got to choose. People split about 50-50. So, I think if we get to a tipping point where there are enough SMART Recovery meetings available—where it's about as easy to go to one of them as it is to a 12-Step meeting—we're going to see dramatic growth of SMART Recovery. We'll be left with

the problem we always have, which is the training of facilitators because the facilitating job in a SMART Recovery meeting is more demanding than leading a 12-Step meeting. I think we could have tens of thousands of meetings eventually. I'm excited for the time when people in recovery truly have a choice about recovery meetings to attend. I think everyone will benefit. People recover more easily when they have chosen their own approach.

Bill White: What do you see as the future of online SMART Recovery meetings?

Dr. Horvath: Online SMART Recovery has really grown based on the efforts of many long-time volunteers committed to its growth. A few years ago, the leadership that had emerged within the organization for online meetings had become dictatorial and very problematic. We eventually hired Jonathan von Breton, who manages SMART Recovery Online, and created an Online Leadership Committee in an effort to ensure that the volunteers work in collaboration with the organization. Since then, the growth and stability of SROL [SMART Recovery Online] has improved immensely.

From what I've seen in all kinds of online environments, not just SMART Recovery, the lack of face-to-face feedback offers people the opportunity to behave more badly than they would in person. The online environment just requires a firmer hand, and it's become an ongoing expense for us to provide that. SROL—SMART Recovery Online—seems to be thriving; there are always 50+ people online at any one time with the message board, the meetings, and the chat room. You can just drop in—it's not an official meeting, but somebody is monitoring the chat room 24/7, so you can just pop in and start talking and ask questions. That's all by text, but we have voice meetings as well. It is interesting to me that these online folks often eventually end up meeting each other face-to-face because they want that connection. They develop substantial relationships before that happens. It's quite a community.

Bill White: Do you have any idea what percentage of SMART Recovery members are also concurrently participating in either a 12-Step or another recovery mutual aid group?

Dr. Horvath: I think we always have had a significant number who co-participate. Some folks consider one group primary, like "I'm really a SMART Recovery member, but I go to AA because I like social support" or "I'm really an AA member, but I come to SMART Recovery because I like the tools." And occasionally, folks take the stance, "I don't know. I get different things from both groups. I don't really pick between them."

According to our 2011 survey, 46% of our participants attend no other program, while 30% attend SMART and AA, and 11% attend SMART and either Women for Sobriety, LifeRing, or SOS meetings. Almost 7% combine SMART and church- or other faith-based programs, and 10% also attend inpatient or outpatient treatment in addition to SMART meetings.

I think that we keep becoming gentler and friendlier about the differences between SMART and 12-Step. As we become more well-established, we're coming from a less defensive position. I can certainly say that such a transition has occurred in myself. I'm not perfect, and there are still times I want to fight, but not as often as the early days.

My latest version of this approach is to take the Serenity Prayer and say that in every recovery, you need to balance courage and serenity because if you really try to do it on either one alone, it doesn't work. SMART Recovery is more focused on the courage side, and 12-Step is more focused on the serenity side, although that may not do justice to how individuals do it. But everybody needs some balance, and which direction you take is one way to characterize the differences between SMART Recovery and AA. The technical psychology term is locus of control. SMART Recovery appeals more to individuals with an internal locus of control. As they look forward in time, they expect life to be more about what they do, rather than what happens to them. AA appeals more to individuals with an external locus of control. As they look forward in time, they expect life to be more about what happens to them, rather than what they do. Obviously, both perspectives are true, but internals and externals have different expectations.

The SMART groups are really like seminars or workshops, where people are grappling together with ideas, not unlike the college seminars I had at St. John's College. Jack Trimpey actually started that seminar approach. I certainly resonated to it when I first got involved.

Bill White: What do you see as the challenges and opportunities that lie ahead for SMART Recovery?

Dr. Horvath: The big challenge is always recruiting and supporting facilitators and weeding out the ones who behave inappropriately—and you always have to be aware of that possibility. They run a bad meeting or are violating appropriate boundaries with members. We also want to strike a balance between being proud that we're different, but not being aggressive or arrogant about that. I'd like to see SMART Recovery incorporated into the public language and public discourse. I'd like to have people say, "This person could go to treatment, or they could go to a support group meeting" rather than "This person could go to treatment or go to a 12-Step meeting." I want people to understand that there's a range of support groups. My hope is that the federal government will change its language as a beginning step in this change process.

Beyond that, I think we just need to bide our time and gradually increase our membership in meetings so that SMART Recovery and what it has to offer becomes common knowledge. I expect to be doing this work for several decades more. It's going to take at least that long. Keeping up with the scientific literature about addiction and recovery has not seemed especially challenging. It doesn't change so rapidly that we must have an annual conference about "How do we change the SMART Recovery program?" However, we are probably moving in the direction of having an annual review of the SMART Recovery program by a select group of scientists.

For me, one interesting development is the growing connection between psychotherapy in general and addiction psychotherapy specifically. Addiction therapists are now discovering that there were psychotherapy researchers who were decades ahead of them, who discovered such principles as "the relationship is at least as important as the technique" and "client characteristics may be more important than the relationship and the technique combined," when it comes to predicting success in treatment. I don't think there are going to be radically new therapy techniques that emerge in the next year or five years that will force dramatic changes in SMART Recovery. Nor do I think there are

going to be any breakthrough medications. Suboxone was certainly a big change, but it's not fundamentally different from methadone, other than how you get it. If medication was going to solve addiction problems, Antabuse would have done that 60 years ago. Antabuse would actually solve most of our alcohol problems if people actually took it, but they won't. Addiction is fundamentally a motivational problem, and medications won't change that situation.

Inside the organization, money is a big issue. One of the decisions we made in the last two years was at the bottom of the SMART Recovery homepage. We have six sponsors who each pay \$1,000 per month. That money has made the difference between whether SMART can function as it does, or have a much smaller operation. (As a point of disclosure, my program, Practical Recovery, is one of the sponsors on the SMART Recovery homepage. At one time, I was also affiliated with two of the other sponsors.) We made the decision when we received the half million dollar donation that we would spend this money on the development of SMART Recovery rather than keep it as an endowment that would provide us income on an annual basis. As we got closer and closer to the end of that large donation, the recession hit, and it has been challenging to raise additional money. (Though our personal donations have continued to expand every year, regardless of the recession, and we expect that to continue.)

We've been pushing for years to increase meeting donations, and the one place it has been successful has been in San Diego where groups send 30, 40, or 50 dollars per meeting per month. These are meetings that are drawing maybe 10 people on average. If every meeting in the country did that, we would be very successful. We'd be financially stable. If there's any shortcoming in my leadership nationally, it's that I have not figured out how to get people to do what we have figured out to do in San Diego.

Coming back to your original question, about challenges and opportunities, I think that the biggest opportunity that has emerged over the course of 2012 is that SMART Recovery appears to have reached a new level of growth. Until this year, we grew at about 10% per year. This year, we are growing at about 25% per year. I hope that, with this level of growth, which might even increase, we can have 5,000 US meetings by about 2020. When we have approximately that number, it will be nearly as easy to attend a SMART Recovery meeting as it is to attend a 12-Step meeting. At that point, individuals seeking a mutual aid group will truly have a choice. It will be fascinating to see how they choose to participate in mutual aid groups at that time.

My personal prediction is that ultimately, we will see nearly half of those who attend mutual aid groups attending SMART Recovery, nearly half attending 12-Step groups, small but significant percentages attending other groups, and a lot of multiple group attendance. SMART Recovery may have much shorter average lengths of attendance, but still about the same number of new participants each month, as 12-Step groups. What I'm particularly curious to see is how participants of multiple groups influence the culture of each group. For instance, I suspect that criticizing other approaches might actually go away!

Bill White: When we first met over dinner many years ago, we talked about the challenge of leadership development over time in an organization where there's not an expectation for enduring participation. Have the views on that changed at all? My

understanding was early on, for membership, the expectation was to participate as long as you need and benefit. Is that accurate?

Dr. Horvath: Right. At times, I have thought that decision might have been a strategic mistake, but in the last few years, I'm feeling confident about it. We do have the fourth numbered item in the Purposes and Methods statement stating that you're welcome to stay on to give back, so we encourage volunteering, but everyone knows we do not "require" it.

Volunteering for SMART Recovery has become a very important part of life for many of our volunteers, and in the last few years, we seem to have created a critical mass of volunteers. Now, new volunteers can see that they're really joining an extended, active, vibrant community. We continue to look for ways to enhance the experience of our volunteer community. Meeting participants come and go a fair amount, but our volunteers are the organization. Currently, we have nearly 1,000 volunteers, and the number grows almost daily.

I keep slowly working on getting affirmative action money from the federal government for alternative support groups. If that were to happen, I would hire a director of networks management or director of volunteer services who'd stay in touch with all of our volunteers and maybe eventually have regional directors of this type so that these people know that they really belong to a community, and the community pays attention to them. It's gradually happening through our own self-funding, but it would certainly happen more easily if we had some outside funding. You just can't count on outside funding these days. If we keep at it a few more years, we will likely provide all these functions with our own volunteers.

One of the comments that Mark Sobell made to me over 20 years ago has stuck with me. He said, "Moderators won't usually support an organization or movement because when they get it, they want to move on." Staying involved with the organization after that change is not something they are interested in. I think Mark was right; the primary continuity you see in Moderation Management [MM] is the board members and the therapists listed on the website. I'm actually on the board of MM, but I'm not a highly active member. So, to me, it's just logical that professionals would get involved in helping manage mutual aid groups because we know about treatment, and much of that knowledge also relates to recovery and mutual aid groups.

As to my involvement with SMART Recovery, I'm not going anywhere. I've done SMART Recovery for 22 years, and addiction for 27 years. I probably won't hit retirement for a lot of years yet, if I ever do. I would be delighted to serve as President of SMART Recovery, or in other capacities, as long as I am able to.

Bill White: Tom, thank you for taking this time to explore the history of SMART Recovery.