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## **SMART Recovery: An Interview with Tom Litwicki**

### **Introduction**

I have explored the history of SMART Recovery in earlier postings, including chronologies of SMART Recovery in the [United States](#) and the [United Kingdom](#) and through interviews with [Dr. Joe Gerstein](#), [Dr. Tom Horvath](#), and [Richard Phillips](#). Those source documents allude to periodic tensions within SMART Recovery over the question of the degree to which SMART leadership should be drawn from the professional community or drawn from SMART membership. This tension between professional and experiential knowledge is a pervasive theme within the history of recovery mutual aid (See Thomasina Borkman's classic discussion of this [here](#)). In the U.S., this tension within SMART Recovery was most evident during the years 2008-2010. To add to the discussions of this period that have appeared in the earlier interviews, I recently interviewed Tom Litwicki, who served as President of the Board of SMART Recovery in 2009. Tom currently serves as Chief Executive Officer for Old Pueblo Community Services, a non-profit network of community facilities that serve persons challenged by homelessness and mental health concerns. He also serves as a Project Manager with the Center for Applied Behavioral Health Policy, Arizona State University. Please join us in this conversation.

### **Early Involvement in SMART Recovery**

**Bill White:** Tom, could we start with your history of involvement with SMART Recovery?

**Tom Litwicki:** I first became involved with SMART Recovery around 1996—about a year after it was started. I was introduced to SMART Recovery through my initial affiliation with Rational Recovery. I was working as a counselor at the Arizona State Prison in Douglas, and was approached by inmates who wanted to start Rational Recovery (RR) meetings. At the time, we only supported AA and NA groups, and I had not been exposed to alternative recovery groups. My first read through that book was shocking. But I gravitated toward the mutual aid message that was in RR at the time, and I felt drawn to the overarching message of accepting diversity and supporting a person's right to choose their own recovery method. So these two inmates started the first RR meetings in an Arizona state prison. A year or so later, I found out that RR had split, forming a new organization called SMART Recovery. Around this same time, Joe Gerstein, President of SMART Recovery, contacted me and asked if we could meet and discuss our groups continuing as SMART Recovery. He told me he was traveling through Tucson to meet with RR meeting leaders and would like to talk with me. After I

met Joe, I was convinced that the prison should also start a SMART Recovery meeting, and immediately started putting together materials for these meetings. (At the time, SMART Recovery did not have a Member's Manual.) During this time, I received a call from Gail Rittenhouse, who at the time was serving as the Administrator for the Corrections Office of Substance Abuse Services, requesting that I lead a team tasked with writing a non-12 step substance abuse education program for the prisons. It seemed that the Department was aware of inmates filing religious freedom lawsuits in other states, and Gail wanted to have something in place in Arizona before a suit could be filed here. I knew of two other champions of alternative recovery groups, Fred Markussen, who at that time was working as a case manager at the Tucson prison, and Mike Snyder, a psychology associate who was working with me in Douglas, Arizona. Over a period of about nine months, we wrote a program called Thinking Straight. It was designed to introduce inmates to the SMART Recovery and RR programs, and promote the formation of SMART and RR groups in the prisons; however, when we sent it to Jack Trimpey for review, he sent us a letter stating that he would file a lawsuit against the Department unless we paid him for the use of the RR name, and paid him to monitor the groups. This resulted in the removal of all references to RR from the Thinking Straight manual. Once the Department approved the program, I started training new facilitators throughout the state, resulting in the Thinking Straight program operating in about 40 institutions. I continued providing training and technical support for the Thinking Straight program until about 2003 when the Department gained interest in other models of treatment and began to provide less support for the Thinking Straight program. By the time I retired in 2007, there were only a handful of Thinking Straight meetings in the prison and SMART Recovery groups. In 2007, at Joe Gerstein's urging, I joined the SMART Board of Directors, serving as President of the Board in 2009. I resigned from the board in 2010 over issues I would be happy to review with you.

**Bill White:** Let me first take you back to your early work with the corrections system in Arizona. I'm assuming there were pretty well established AA and NA groups inside the institutions you were working with. How was SMART Recovery received by the population and also by the staff of those institutions?

**Tom Litwicki:** Most of the prison facilitators had a difficult time accepting SMART Recovery as a viable recovery method or mutual aid group. Like me, they had only been exposed to one way of recovery and mutual aid – the 12 Steps way. In addition, some of the staff had recovered from addiction by using the 12 Steps, resulting in a strong bias to that method. So it was a challenge. Sometimes they were confrontational during training sessions, and at times, it seemed like some of the facilitators were stalling new group implementation.

I felt that I understood their reaction because I had my own recovery in a 12-Step program. And I had the same reaction when I read the Rational Recovery Small Book. I started questioning my own recovery—if there are other ways, maybe my way isn't so great, which means maybe my recovery is in jeopardy. So I encouraged them to be professional, and separate their own recovery from other people's recovery. In essence, we tried to be compassionate and allow them to struggle with the idea that there may be more than one way to get clean and sober, and tried to roll with the resistance.

We also emphasized the practicality of offering an alternative group on their prison yard. At this time in Arizona, inmates still had parole hearings every six months. Invariably, the Board of Pardons and Paroles would consider attendance at addiction recovery services as a factor for early release; however, many inmates were stating that they could not go to the groups because of their objections to the religious nature of these groups. This resulted in pressure from the board to introduce non-spiritual programs. When a prison unit started the Thinking Straight program, this pressure was relieved.

Ironically, over a three-year period, the Thinking Straight program became the preferred method among the counseling staff.

**Bill White:** How would you describe the influence of Albert Ellis on the development of SMART Recovery?

**Tom Litwicki:** First, all of the interactions I had with Albert Ellis, which was a few in writing correspondence and calls back and forth when we were developing the program in the prison, were extremely positive. He was always saying, “This is great. REBT [rational emotive behavior therapy] can help a lot of people, and I’m glad that you’re doing it. REBT is a formula; it’s in the public domain. Use it any way you want.” So he was very open in his support of SMART Recovery and anyone who wanted to use the ABCs of REBT. The key board members thought very highly of REBT and Albert Ellis, and had much more interaction with him than I. They would probably be in a better position to answer this question.

**Bill White:** I’m wondering if some of the populations you were working with at that time were co-attending AA or NA and SMART Recovery meetings.

**Tom Litwicki:** Yes. When I met Joe Gerstein for that first time, he presented a very inclusive schematic to explain why people are attracted to a specific recovery program. He suggested that some people are naturally drawn to scientific thinking (deductive reasoning), and as such, they will be more attracted to a program like SMART Recovery. Additionally, there are people who are naturally drawn toward the spiritual experience, and as such, they may be more drawn to a spiritually based recovery program like Alcoholics Anonymous. He also noted there were people in the middle ground who seemed happy to pick and choose either and potentially benefit from both. Since this time, SMART recovery surveys have documented this split, with most SMART members falling in the middle ground, attending SMART meetings and some other group. One hypothesis for this dual participation is the limited availability of SMART meetings, and the need for more support, especially during early recovery. Another is that persons in recovery may desire more social interaction than is currently promoted within the SMART groups.

**Bill White:** I’m intrigued by the idea that we may have ideologues on the poles of these different recovery camps arguing with one another while the mass of people are dabbling across these boundaries and using multiple concepts and tools to support their recovery.

**Tom Litwicki:** There are these different poles, but the majority of people are in the middle, and they're just trying to recover as best they can and they will take hold of whatever they find helpful. They're not in the least interested in these ideological arguments. We found this to be accurate based on the SMART Recovery Member Surveys. When I was first on the board, probably half of our Board of Directors if not more identified themselves as humanist or atheist, and said that they became involved in the organization in an effort to support secular thought within the recovery culture. In addition, the more vocal persons within the organization (at that time represented on the SMARTCAL Listserv) regularly stated their attraction to SMART because of their atheistic or humanistic viewpoint. So it was surprising when we surveyed members in 2008 and found that 73% believed in God or a Higher Power. For me, this confirmed that members were attracted to the organization for different reasons than the leadership. These surveys awakened in me a curiosity to engage more with SMART Members, and the more I did, the more I became concerned that we as the governing authority (board, director, and staff) were not in touch with the interests of our members.

### **The SMART Recovery Board**

**Bill White:** Talk about your SMART Recovery Board experience and how the Board functioned over the course of your involvement in it.

**Tom Litwicki:** I joined the board in 2007 at the suggestion of Joe Gerstein. I had not served on a non-profit board prior to this, so I spent the first few meetings observing the process and trying to learn as much as possible about the operational structure. Having spent the previous twenty years working in a large government agency, I expected a higher degree of planning and accountability than was present at that time. I had befriended Fraser Ross, who at that time was leading SMART Recovery in the U.K., and he also expressed concern over the lack of strategic planning. Motivated by this concern, Fraser pushed for the development of a strategic plan, and as a result, the board hired a consultant to gather some historical data on the organization and assist with a one-day retreat focused on this plan. The retreat was held in 2008 in Newark, New Jersey. It was a difficult meeting. Fraser had previously introduced the concept of "Founders Trap," a point at which the founder of an organization becomes entrenched and is unwilling to let control of the organization diffuse among managers and staff, resulting in stunted growth of the organization. This idea certainly seemed to be a threat to the status quo, and as such, a threat to some of the board leadership. I myself was feeling strongly that the organization needed to better engage the membership, and as such, I volunteered to conduct a survey of SMART Recovery members. After this meeting, it was clear that Fraser and I shared a desire to turn the organization into a member run entity.

The next board meeting was quite contentious, with Fraser and I pushing for more member governance. The meeting ended with Tom Horvath stating that if anyone else was interested in being president of the board, he would be willing to step aside. About an hour after the meeting, I received a call from one of the executive board members asking me if I would be interested in running for the office of president. We talked for about an hour, and we seemed to share the same vision for the future of SMART Recovery. At that time, I agreed to run and started calling other board members (with the

exception of Joe Gerstein, who as I recall was out of the country at that time). I found that I had enough support with two possible swing votes. Shortly thereafter I sent an email suggesting we have a special meeting to have a vote on the issue. This email ignited months of turmoil on the board and regrettable name calling between the candidates. In the end, we met again in Newark, New Jersey, for our annual meeting. The evening I arrived, Joe Gerstein met with me and offered an opportunity to start a member run organization in Tucson, Arizona, along with a \$5,000 annual budget to promote the organization. I told him I was not interested. The next day, we held our meeting, beginning with the vote for president. The first two votes were tied. At that time, the Vice President moved that we take a break from the meeting. On that break, the same executive board member who encouraged me to apply informed me that he had talked with Tom Horvath and that he thought that Tom would withdraw from the election, resulting in my installment as president. We reconvened and Tom graciously withdrew his name from consideration, stating he did not want to lead a divided board.

I immediately wrote an article for the SMART News and Views newsletter outlining my agenda for the year with a focus on increasing access to SMART Recovery meetings by growing at least 100 community-based groups, increasing member voice and local governance by holding elections for regional leaders, and reducing our recurring annual budget deficit. As a result, the members were active in meeting growth, resulting in 208 new meetings in the U.S. This was the first time that SMART Recovery witnessed significant growth in the U.S. Prior to this point, and since this time, the only significant growth for SMART Recovery has been among institutional settings, such as prison or treatment centers. In addition, most of the regional positions were filled and operational, and budget deficit had been reduced significantly. I intended for the board to conduct another one-day retreat at the 2010 annual board meeting in an effort to promote better working alliance among the members; however, this was cut short when Tom Horvath stated he would like to challenge my presidency with a vote at that meeting. Throughout the year, I had struggled to engage those board members who expressed an interest in making SMART Recovery a member run organization, and this was demonstrated by their lack of attendance at the annual board meeting. (Based on Tom's board nominations throughout the year, I assumed he was planning to regain the presidency, but as well as the other board members, I assumed the president appointment was for two years, not one.) As a result, Tom Horvath was easily reinstated as president of the board of directors. One of his first motions at that meeting was to allow his for-profit treatment center to advertise on the SMART Recovery website. This issue had come up in prior meetings, and I had always voted against this measure. I felt then, and still do, that this sort of relationship violates the ethical and legal bounds of a non-profit organization. I was the only board member to vote against the measure, and as such, it passed. To this day, SMART Recovery continues to promote for-profit treatment centers on their website.

### **SMART Recovery Financing**

**Bill White:** Tom, during your tenure with the Board, how did the financing of SMART Recovery differ from how other recovery mutual aid groups are supported?

**Tom Litwicki:** SMART Recovery is not funded by its members. Although member donations have increased, they still account for maybe 4-6 percent of the overall revenue. SMART Recovery received a \$500,000 donation during startup, and the organization used this money to meet annual operational expenses. This funding supported a number of conferences that were intended to spark an interest in SMART Recovery; however, these efforts did not result in meeting growth. So with the money dwindling, the board decided to end these conferences. Now SMART offers facilitator training online. There is a cost for the training, and a cost for the facilitator and member manuals; however, these efforts also do not provide enough funding to sustain the organization. The organization did not show a net revenue margin until they started advertising for-profit treatment centers on the U.S. website, and started licensing the SMART Recovery name within for-profit treatment centers within the U.K.

**Bill White:** From your vantage point, could SMART survive if it ran out of money?

**Tom Litwicki:** The SMART governance structure could survive with very limited funds, but the Executive Director and administrative staff would no longer be supported. I think that SMART Recovery meetings that are integrated within treatment centers would survive as long as the center wants the meetings, without any support from the board or central office. Then there are probably some deeply rooted community-based groups that would continue fairly oblivious to the lack of central governance.

**Bill White:** So you'd have SMART clusters of services, but no central service structure like you have with other fellowships.

**Tom Litwicki:** Correct. There are SMART Recovery groups that are thriving with almost no interaction with the main organization. Many of those would continue regardless of what happened with SMART as a national organization.

### **Peer/Professional Models of Recovery Support**

**Bill White:** Talk a little bit about peer versus professional models of recovery support in terms of your experience with SMART Recovery.

**Tom Litwicki:** Well, SMART is a bit confusing because it is promoting the notion that you can fully integrate professional and peer recovery support, but it denies members the ability to act autonomously within the organization or present an organized voice toward governance. So in my view, SMART Recovery is a professional organization that employs volunteer meeting leaders, some of whom are peers. I come to this conclusion based on SMART Recovery meeting emphasis on professionally grounded helping methods (requirement that meeting leaders attend a training led by a SMART expert, and utilize the materials written and developed by professionals), the reliance on professional leadership within the governance of SMART Recovery (also observed by the reliance on an entirely professional board of advisors), and its financial reliance on contractual relationships with professional treatment entities. All of this ensures that the status of the professional is higher than that of the peer member. This is illustrated by the SMART

Recovery organizational chart, which requires all member controlled committees and workgroups to report directly to the Board of Directors, while the directors have no similar requirement to the membership, either in writing or practice. This is in contrast to traditional mutual aid groups like Alcoholics Anonymous, and contemporary secular groups like LifeRing, which both convene member congresses and committees designed to guide changes to literature and organizational planning. So in my experience, SMART Recovery is not a peer or mutual aid society, but rather a professional treatment entity, currently acting outside the normal professional bounds applied to such entities.

**Bill White:** Can what would seem to be an inevitable tension between professionals and participants in SMART be overcome?

**Tom Litwicky:** That question has yet to be answered within SMART Recovery. Currently it is promoted as a professional-peer partnership, but certainly the professionals maintain full governance of the organization. So unless the reins are loosened a bit, there is little hope that members will have a governing voice in SMART Recovery. Although there is limited scientific study on the impact of professionals on organizations like SMART Recovery, what is out there consistently finds that professional involvement can provide significant initial growth, through access to resources such as administrative staff and facilities, but once the organization is established, this relationship promotes stagnation, with group meetings reducing throughout the network.

It must be noted that it is difficult to envision an organization where professionals and peers have equal status. Even the alternative member run model I proposed for SMART Recovery was predicated on the notion that peers should have higher status in organizational governance than professionals. In my mind, a good start would be to bring both the professionals and members to the table with equal voice and voting power. This would be the first step towards a truly professional-peer organization.

**Bill White:** What are some of the key issues that have permeated SMART Recovery since its inception?

**Tom Litwicky:** SMART Recovery has been challenged by three key issues since its inception: (1) the inability to meaningfully engage its members in the support of the organization, (2) the lack of a financial margin that would allow the organization to invest in growth of membership, and (3) the ethical dilemma posed by funding the organization with for-profit treatment entities, especially those with financial ties to members of the organization's governing board. As a result of these three factors, SMART Recovery is growing slowly and is consistently unable to reach those persons most in need of help, resulting in a small and privileged membership. A recent member survey highlighted this privileged membership, with 92% of members identified as Caucasian (compared to .06% African American, and 1.7% Hispanic) and 73.5% identified as college graduates. As a non-profit organization with a mission of providing a charitable service to those in need, SMART Recovery would get pretty low marks; however, it may be reaching those persons most able to afford to enroll in the for-profit treatment centers advertised on the SMART Recovery web pages and newsletters, resulting in the previously noted ethical dilemma.

## Personal Lessons

**Bill White:** How has your past involvement with SMART Recovery positively informed your present work?

**Tom Litwicki:** My involvement with SMART Recovery has positively influenced my present work in two ways: first in the area of research into professional and peer or mutual based recovery methods, and second in my efforts to utilize this knowledge to better manage a publicly funded behavioral health agency. The conflict between peer versus professional governance within SMART Recovery encouraged me to further investigate the similarities and differences between professional, peer, and mutual aid recovery perspectives, to include our collaborative investigation into the intentional mixing of these models, or the “hybrid” mutual aid model, and creation of the underlying theoretically based rubric utilized to investigate these models. In the United States, mutual aid has historically been the most utilized method of recovery from addictions, with more people selecting this method than all other professional treatment interventions combined; however, funders and professional treatment entities have historically imagined mutual aid as merely an adjunct to professional addiction treatment, resulting in mutual aid being the most utilized but least studied method of recovery.

At the same time, the evidence that peer and/or mutual aid methods promote sustained addiction recovery, coupled with the need for a larger recovery workforce to serve a rapidly growing patient base (created by wider eligibility within the Affordable Care Act), almost ensures that publicly funded behavioral health agencies will need to increase their use of non-professional helpers. So essentially we have a method in great demand coupled with a limited understanding of how to promote the emergence, management, or sustenance of that method. Within this framework, it can be predicted that many new “peer” or “mutual aid” organizations may emerge (in some cases supported by public funding) without reliable measures of fidelity to the method. Groups may lay claim to a method with no burden to demonstrate adherence to the method. If it makes a difference whether a purported intervention is actually “peer-based” or “mutual aid based,” then it seems critical that we find ways to objectively identify organizations that are adhering to a peer or mutual aid model versus those that are simply claiming to follow these models. In this way, it is my hope that our work will have a positive impact on the professional, peer, and mutual aid recovery communities.

I also have the joy of applying the limited knowledge that has already emerged from this work to the creation and management of sustainable helping services in my own community. As CEO of a mid-sized behavioral health agency, Old Pueblo Community Services, I am able to directly apply these lessons towards creation of an effective and sustainable recovery community. On an average day, OPCS provides the opportunity for approximately 300 people who were formerly homeless, and without a voice in our community, to reach their potential and live the life of their dreams. To do this, we provide street and prison outreach, counseling, employment assistance, housing, and most importantly membership within a community of peers who have overcome the same obstacles that they now face. It is this membership that continues beyond the professional reach, and promotes long-term wellness within our larger community. This



peer membership is not an adjunct to our treatment services; rather our treatment services are an adjunct to the peer community. At OPCS, we are in the initial steps toward the embracement of a truly recovery-based model, and as a leader, I still have much more to learn. My involvement with SMART Recovery and my many conversations with you and our mutual colleague Fraser Ross have ignited this passion for understanding and promoting the growth of peer-based services and mutual aid communities. For that, I am most grateful.

**Bill White:** Tom, thank you for taking this time to share your experience within SMART Recovery and your thoughts about the future of recovery mutual aid models.

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