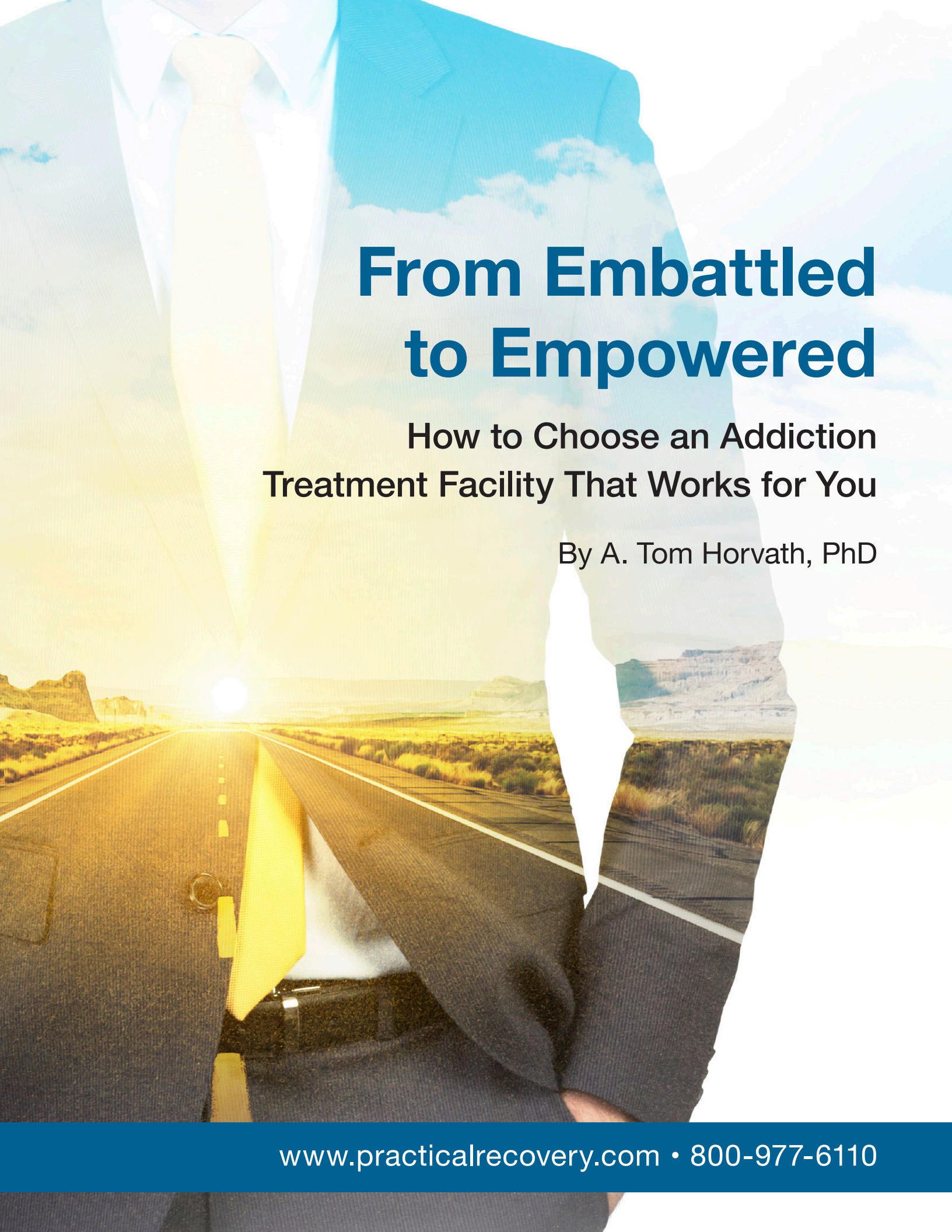

# From Embattled to Empowered

## How to Choose an Addiction Treatment Facility That Works for You

By A. Tom Horvath, PhD

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# Is This Ebook for You?

If you are reading this ebook, you probably never thought you'd be seeking addiction treatment for yourself or a loved one. Some of you might feel great pressure to "get it right." To complicate matters, if you are successful, affluent, or otherwise well known in your industry or community, you may feel the added pressure of securing confidential treatment and recovery resources in order to protect your family name, business reputation, or both.

We've designed this ebook to support you as you move as quickly and effectively as possible through arguably one of the most challenging events in a person's lifetime. On the pages that follow, you'll learn everything you need to know to make solid decisions about your or your loved one's addiction treatment. Specifically, you'll find:

- An overview of addiction treatment: what to look for, how to compare facilities, and the most important differences between traditional and self-empowering treatment approaches.
- Insider tips to ensure that you and your loved ones are not misled by marketing hype or other pressure tactics.
- Critical questions to ask in the procurement of treatment and recovery services.
- A layperson's glossary of terms used by addiction treatment providers and other professionals.

Most facilities hesitate to share what is potentially the most important piece of treatment information for clients like yourself: For affluent individuals and families, traditional addiction treatment may not be helpful. In fact, traditional addiction treatment often *increases* the risk of loss of privacy and family disconnection. For this and other reasons, traditional treatment models may even be harmful.

- **Loss of privacy** can occur at so-called confidential mutual help groups that are open to the public and often a required aspect of traditional treatment. Treatment facilities with low staff standards and large facilities with unmanageable numbers of residents and staff can also result in painful exposure. Tiger Woods, Rush Limbaugh, and Lindsay Lohan are just a few of the high-profile individuals who have had their personal information shared with the public. The impact of this kind of betrayal on a person's professional standing and, most important, their ability to successfully progress through recovery can be devastating.
- **Family disconnection** can result from overly close relationships within traditional mutual help groups, such as Alcoholics Anonymous and Narcotics Anonymous. Whether they are between members or with a sponsor (a nonprofessional mentor), inappropriately close recovery relationships run the risk of diminishing healthy family connections. For example, individuals using a traditional recovery model may develop recovery identities in which they abdicate their wills to the group. They may say things like, "I am in recovery," "My higher power/sponsor/group guides my life," or "I am powerless." And while such an identity is helpful to some, it can be highly disruptive to families like yours. Do you want your loved one turning to family and trusted family advisors for help with private, family-relevant decisions, or to a sponsor? Unlike sponsors, trusted family advisors are typically high-level professionals, who have been trained to help individuals and families understand the issues they face and make informed decisions, rather than simply telling individuals and families what to do. Family disconnection can have serious negative consequences when it comes to multigenerational wealth transfer, business succession planning, and unwanted publicity.

- **The inaccessibility of high-quality psychological support** is another way traditional treatment models can do more harm than good. Do you need to create a spendthrift trust for your loved one? Is reliable psychological guidance available as you make your decisions? Only if high-level professionals have been involved with your loved one's care from the start.

**Whether you inherited your wealth or created it, this ebook will provide you with the information you need to assess your unique needs and decide if Practical Recovery, a self-empowering approach to addiction treatment, is better suited to you or your loved one than a traditional approach.**

In short, traditional addiction treatment models are not well-suited to everyone. Most are rigidly structured and generically designed for the masses. This one-size-fits-all approach doesn't always serve affluent individuals. But there are options. Excellent treatment via highly flexible and personalized services is available. And it doesn't require that you abandon the values and expectations that presently serve you, such as privacy, self-determination, respect, and high-quality professional service.

My name is Dr. Tom Horvath. I have more than 30 years of experience providing effective addiction treatments that are personalized to work within each individual's goals, values, personality, and situation. I've written this ebook to share what I know with you, to support you as you embark on the life-changing journey before you, and to ensure you have all the tools you need to succeed.

*Tom Horvath, PhD*

**Note:** The term *addiction* includes both substances and activities (also sometimes described as behaviors or processes), such as sex, gambling, Internet gaming, shopping, and pornography.

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**Are you choosing a facility today? See "Questions to Ask" (page 29) and Practical Recovery's answers to those questions (page 21).**

# Chapter I. About Addiction Treatment

You are not alone. According to *Defining the Addiction Treatment Gap,* a review of the annual National Survey on Drug Use and Health released by the United States Substance Abuse and Mental Health Services Administration and other national data sources, addiction significantly impacts every segment of American society. The authors note that drug use is on the rise in this country and that 23.5 million Americans are addicted to alcohol and drugs. That's approximately one in every 10 Americans over the age of 12—roughly equal to the entire population of Texas.

As with some other disorders, ongoing management of an up-and-down course of recovery may be needed. However, over time most individuals with addiction problems overcome them. Although the popular press portrays addiction as a chronic, relapsing disease like diabetes, asthma, or heart disease, life-long addiction care is typically not required (although months to years of care may be). It is crucial to maintain a long-term perspective: success is likely, even in the middle of a setback. Small setbacks are often termed lapses, and larger setbacks are often termed relapses. The important point is that many problems in life are not solved in a smooth fashion, addiction included. A setback does not equal treatment failure. Multiple setbacks, on the other hand, may indicate the need for changes in the recovery plan.

**A setback does not equal treatment failure.**

Although American addiction treatment was once limited in scope, today a number of options exist. How do you know which ones are right for you? In this chapter you'll learn pitfalls to avoid, sales tactics to watch out for, and the significant differences between traditional and empowering treatment approaches.

## If This Is the First Addiction Treatment Experience for Yourself or a Loved One

There are as many roads to recovery as there are individuals. Finding a good treatment experience for you or your loved one is critical. Beyond the money and time invested, addiction treatment that doesn't work for you or your loved one can mean the difference between returning to a healthy and successful personal and professional life, and a seemingly unending series of set-ups, disappointment, and shame.

Traditional addiction treatment providers typically do not mention the potential downsides of their treatment models, such as exacerbating addiction and high rates of recidivism. Because forewarned is forearmed, on the following pages we share information about traditional treatment facilities you likely won't find anywhere else. Our goal is to help you be as educated, as prepared, and as empowered as possible to identify the treatment facility that works for you or your loved one.

**Pitfalls to avoid**

- **Confrontational drug counselors**
  It's not necessary to put yourself in the firing line of a confrontational drug counselor (or any confrontational person, for that matter). Scientifically informed professionals agree that (1) confrontation makes people worse, not better and (2) change starts with the recognition that your or your loved one's addictive behavior is actually an adaptive effort.

- **Drug counselors who are unwilling or unable to help with deeper issues**
  Know which resources will serve you best. It's unlikely you'd approach a paralegal for legal advice or a nursing assistant for a medical consult. Addictive behavior is serious and often life-threatening; it requires the attention of higher-degree-level professionals. Drug counselors are versed about drugs and alcohol, and their knowledge should not be discounted. However, if you desire a wider focus, say to address what is called comorbidity (having multiple issues, including anxiety, depression, or relationship issues), your professionals of choice are psychologists, psychiatrists, licensed marriage and family therapists, and licensed (not just certified) counselors.

- **One-size-fits-all thinking**
  Effective treatment for you will be personalized for you. Period. Be cautious of treatment facilities that offer a one-size-fits-all program of recovery or many groups, but few individual sessions.

- **Rigid demands about the notion of addiction as a disease or the labels "addict" and "alcoholic"**
  How you approach your behavior and your treatment is up to you. Being browbeaten into an identity that doesn't fit results in significantly less motivation than an individualized and self-empowering approach.

**Studies suggest that most individuals who seek treatment ultimately resolve their problems.**

**The results of poor addiction treatment**

Where you attend treatment matters. Like any complicated problem, there are variables to consider. The time you take making an informed, thoughtful decision can make the difference between one treatment experience and repeated failed attempts.

The downward spiral of poor addiction treatment can result in:

- Learning more about using than changing.
- Unwillingness to seek better treatment. If the first attempt was so bad, why go back for more?
- A deteriorating cycle of treatment and setback, leading to exhaustion, depression, and the enormous expense of many repetitions of treatment, plus lost income, lost business opportunities, and lost reputation.

**Sales tactics to watch out for**

When you call an addiction treatment facility, pay attention. If it feels like you are speaking with a high-pressure salesperson rather than a competent professional, you might be. Following are some of the tactics the most unsavory facilities use to exploit you or your loved one in this most vulnerable period.

- **"If your child needed a life-saving surgery you'd pay for it, right?"** Of course you would. But addiction treatment is more complex than that. You are right to explore different forms of treatment and to move ahead in your own time.
- **"Our success rate is 80%."** Many facilities tout "80%," but the number is meaningless. Scientific studies that assess the efficacy of specific treatments present outcomes on a continuum (e.g., worse, unchanged, slightly better, significantly better) and track them over months or years. Over the long run, most individuals resolve their addictive behavior; but 80% after any one particular effort is not realistic. It is common to need multiple or an extended sequence of treatment from residential to outpatient; but there should be a clear sense that progress is occurring. It also should be clear that setbacks are more manageable (and perhaps were due to circumstances unforeseen during treatment) and that returning to treatment is not just "hoping for a miracle."
- **"Treatment needs to last at least 90 days."** Some individuals would benefit from 90 days of residential treatment. But it is not possible for admission staff to know that until a full evaluation has been conducted and a response to initial treatment (the first few days and weeks) has been observed.
- **"The 12-step approach is tried-and-true. Other approaches don't have the same track record."** Fact is, most evidence-based treatments for addiction are self-empowering rather than powerlessness-based (12-step). From a scientific perspective, the effectiveness of AA and other 12-step groups is unknown.
- **"A harm-reduction approach is just fooling yourself. In time, people fall back into their addiction. You need real recovery."** No approach to recovery is guaranteed to prevent setbacks, but studies show that people are more likely to follow through on plans they create themselves.

**The time you take making an informed, thoughtful decision can make the difference between one treatment experience and one of many.**

## If You or Your Loved One Have Attended Treatment Before

Was your previous treatment experience helpful enough to justify the time and expense? Does it justify returning to the facility? Continuity of care suggests that it would be sensible to return to a facility that knows you. But many do not return to a previous facility for the simple reason that the treatment was not helpful.

A return to addiction problems can occur after any treatment. Despite everyone's best efforts, recovery for some involves several treatment episodes. Typically, the more additional problems someone has and the more challenging the environment he or she returns to, the longer the recovery process. And the recovery process doesn't end with rehab. A major component of a good treatment experience is a continuing care plan to help you continue the work you started at the facility.

If you or your loved one has returned to addictive problems, you have an opportunity to gain valuable information about any shortcomings in your previous plan. Consider using that information at a facility that offers self-empowering treatment experiences.

## The Two Main Addiction Treatment Approaches: Traditional and Self-Empowering

**Traditional**

The 12-step (AA) model was once nearly the only treatment option available. Despite the many alternatives now in existence, most American addiction treatment facilities present only the original 12-step process of recovery as it was founded in 1935:

- Attending Alcoholics Anonymous or other relevant 12-step group (e.g., Narcotics Anonymous, Cocaine Anonymous, etc.), perhaps for a lifetime.
- Working the 12 steps, including turning your will over to a higher power, your sponsor, and your group.
- Viewing addiction as a disease.
- Calling yourself an "addict" or "alcoholic."
- Viewing yourself as forever powerless over the addictive behavior.
- Abstaining from "everything," meaning all significantly intoxicating substances, but typically not including nicotine, overeating, gambling, and other activities.

*The 12 steps of Alcoholics Anonymous*

1. We admitted we were powerless over alcohol, that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.

**According to one 12-step-oriented author, the primary task of 12-step-oriented therapists is to persuade clients that "individual willpower is insufficient to sustain sobriety."**

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

**Self-Empowering**

The difference between the newer self-empowering approaches and traditional powerlessness approaches, like AA, is the locus of control, the connection an individual makes between their efforts and their future.

The self-empowering approach has an internal locus of control. Although you or your loved one may not be making good decisions at the moment, in a self-empowering approach you are viewed as having the capacity to make better decisions. Observing the discrepancy between our addictive behavior and our true values and beliefs is the ultimate motivational method. Once this discrepancy is clearly seen, most people choose to change their addictive behavior rather than abandon a deeply held value or belief. Once the discrepancy is understood and motivation to change is deepened, a realistic change plan can be established.

In powerlessness-based treatment, the search for deeper motivation is often replaced by a counselor, therapist, sponsor, or group giving the client a set of action steps. But no one can create motivation to change for another. We all set our own standards for success and modify them as we wish. Self-empowering treatment is for individuals and families who can discern its value.

Some who use a self-empowering recovery approach also attend 12-step meetings. They typically report that they like the participants and the socializing of 12-step groups, even if they don't "follow the program." If you are interested in a mutual help group with a self-empowering orientation, consider exploring SMART Recovery, Women for Sobriety, LifeRing Secular Recovery, Moderation Management, or the HAMS Network.

**If I believe I have a large influence on what happens in my future, then I have an internal locus of control. If I believe my future is largely influenced by events outside of myself, then I have an external locus of control.**

# Chapter 2. Finding the Treatment That Works for You

All treatment is not created equal. High-quality, self-empowering treatment can speed the recovery process, maximize your time and effort, and, most important, does not cause harm. Simply put, finding good treatment for you or your loved one significantly increases the odds of a successful treatment outcome. This chapter outlines five features to look for in a productive treatment experience: flexible length of stay, personalized treatment, high-level professionals, medication availability, and a comprehensive and professional treatment plan.

## Flexible Length of Stay

**For full-grown adults with multiple responsibilities and engagements**
Ideally, a facility will accommodate any length of stay. If you can only carve two weeks from your professional calendar or personal schedule of responsibilities and obligations for intensive treatment (residential or intensive outpatient), inquire if that length is acceptable, or if the facility rigidly requires that you stay for 28 to 30 days.

**A week of treatment is better than none at all. More treatment can be obtained later, if needed.**

There are several advantages to a flexible length of stay.

- **Increased accessibility.** It can be difficult to find the time to attend treatment. A week of treatment is better than none at all. More treatment can be obtained later, if needed.
- **Ability to attend important events.** Events happen: board meetings, weddings, investor relations events, and the like. Make sure that if one should occur during the time you've set aside for residential treatment, you can leave treatment for 2–3 days and then return.

  If you do choose to attend an event, a responsible facility will ensure that you (and they) are aware of a variety of factors, including potential risks, availability of alcohol or other substances, and the presence of those you used or drank with. You should also have the opportunity to put safeguards in place, such as accompaniment by a family member, friend, or an unobtrusive professional coach. Be aware that if you are keeping a bed for yourself at the facility, most facilities will charge for it.
- **Personalized treatment schedule.** Some attend treatment for varying lengths of time over many months. For example, an initial stay (including detoxification under medical supervision), might be followed by additional shorter stays of a few days. Professional efforts should focus solely around what works for you.

- **Ability to terminate ineffective treatment.** A primary advantage of a flexible length of stay is that you can leave at any time. Despite everyone's best efforts, sometimes the approach or the timing is not right for you. You are free to leave most facilities at any time; not all will give you a refund for unused services. Make sure you know how much notice of discharge is required, and if the refund and notice of discharge policy is in writing in your admission agreement.

**For younger adults**

Younger adults are typically available for longer stays. But remember that a facility that has a "program of recovery" that recycles every 28 to 30 days becomes redundant on day 29 or 31.

Some facilities suggest 90-day or longer stays. Costs at such facilities are often much lower, but the consequence of lower cost is lower therapeutic intensity. Many younger adults are hesitant to commit to 90 days or longer. If you're a parent negotiating treatment with your adult child, shorter treatment stays are likely to elicit less resistance.

At a facility that truly engages clients, the typical change in length of stay is to lengthen it. As clients experience the value of the work, staying longer becomes a priority. If you are negotiating treatment with someone, you needn't focus on getting a full commitment up front for the length of stay you think is appropriate. At the right facility, an initial agreement of a month can quickly turn into a longer stay.

## Personalized Treatment

There's nothing cookie-cutter about you or your situation. Find a facility that identifies your needs and concerns and addresses them. A facility that offers a "program of recovery" is telling you that personalization is minimal to nonexistent. Their treatment services may do little more than waste your time.

Be careful of assuming that you or your loved one can diagnose and therefore select a prescribed "program of recovery." Addiction can cloud otherwise astute thinking, underlying trauma may lay unrecognized or manifest in subtle ways, and anxiety or depression may be so normalized that it is under you or your loved one's radar. A reliable assessment can only be done by a professional. And only then can a relevant, on-target treatment plan be formulated.

**A reliable assessment can only be done by a professional. And only then can a relevant, on-target treatment plan be formulated.**

A thorough (and ongoing) assessment of your internal and external situation can, in turn, give rise to treatment that addresses your specific issues. Programs of recovery typically rely almost entirely on group sessions that are educational in nature and taught by counselors who are not highly trained. For most educated professionals, these kinds of group educational sessions are an inefficient use of time.

## Highly Professional Staff

Truly personalized care is implemented by highly professional staff, who spend a significant amount of individual time with you. A well-balanced staff is almost entirely composed of professionals with Masters and Doctoral degrees.

**Contact with staff**

For residential treatment, ten individual sessions per week is a reasonable number. If you choose, some of these individual sessions might be holistic services. If you attend individualized intensive outpatient services, you could have even more sessions per day. For most individuals, three individual outpatient sessions per day is as much as they can benefit from. In residential treatment, two hours of group and two individual sessions per day appears to be the point of diminishing returns for most.

Unless a facility is quite large, it probably does not have in-house all the professionals you might benefit from working with. Ask if there are additional providers with whom you can consult, if needed.

**Staff communication**

If core staff provides most of the treatment, ask how often the core staff meets to discuss the evolution of your treatment plan. Daily is best in residential treatment. Outpatient treatment typically develops more slowly, so less frequent communication is usually sufficient. In either setting, communication is enhanced if most of your treatment is provided by full-time staff, because all day long they are only a few feet away from each other.

**Staff diversity**

What is needed with staff is balance: mostly core staff, mostly high-level professionals, but still diversity because the diversity can contribute to better treatment.

Does a high-level professional guarantee a better therapist? No. Possibly a drug counselor turns out to be the most helpful person for you. However, if problems arise, as can happen in any course of treatment, counselors don't have the training and background to resolve them. Drug counselors also tend to use confrontational methods and adhere to mostly 12-step approaches. Consider if this is the most helpful treatment for you. A diverse, mostly high-level professional staff offers you or your loved one the greatest chance of a personally positive and successful recovery experience.

**It is better to recover more slowly (but surely) with medication, than to move too quickly and then collapse.**

## Change Plan and Medication Availability

During detox you might use a variety of medications. Some will make you more comfortable during detox, others are essential for your safety. During detox you will be guided by your physician. Once detox is complete, prepare to use your own judgment, guided by the advice of experienced professionals, to construct your change plan. Take whatever steps you believe you need to be successful, including various medications. Some medications have their own addiction potential, so work with an addiction medicine specialist, who is aware of the potential risks and rewards of various medications.

Whether to use psychiatric or addiction medication when overcoming a problematic addictive behavior is central to what makes self-empowering treatment different from traditional treatment. Rather than taking an all-or-nothing approach ("real" recovery), self-empowering treatment focuses on the concept of "ideal" recovery, recovery as defined by you or your loved one and with sensible steps toward achieving it.

Ideal recovery encourages each individual to identify what "success" means to him or her and then to move toward it in a manner that promotes success. Over time, normal human development takes place and our concepts of ideal recovery, success, and maturity change. In recognition of this fact, self-empowering treatment focuses on transitioning clients to as much self-reliance and self-management as possible *at that time,* at a speed unlikely to increase the risk of backsliding.

**Psychiatric and addiction medications**

In the beginning stages of change, reliance on external support is often highly useful, including reliance on various medications. There are psychiatric medications to address anxiety, sleep, inattention, depression, disordered thinking, mania, and other conditions. These medications can keep negative emotion from being too intense, so that you can engage in psychotherapeutic work.

Using psychiatric and addiction medication as a substitute for another, problematic medication is often frowned upon in traditional treatment. However, numerous scientific studies suggest that use of medications to support change is associated with a successful recovery over the long term.

**Other medications**

While some maintenance medications may be valuable indefinitely, use medications only as long as they are helpful. In time it may make sense to move on to a higher level of internalized self-control.

**Don't be fooled! A "program of recovery" will have virtually the same treatment plan for each client.**

## A Comprehensive and Professional Treatment Plan

How a treatment facility constructs treatment plans might be difficult to determine in advance of admission, but knowing how a treatment plan should be constructed can guide your facility search. You can get a sense of how much serious treatment planning occurs in an opening phone call with the admissions coordinator.

The first item on the problem list of a comprehensive and professional treatment plan will likely be something like: Alcohol Use Disorder (mild, moderate, or severe) or some other substance use disorder. You will merit a substance-use disorder diagnosis if you have enough problems from substance use to cross the threshold established by *DSM–5.* Where you fall on the continuum (mild, moderate, or severe) may not be a crucial issue. The important issue is to make a realistic change plan.

**Don't be fooled!** A "program of recovery" will have virtually the same treatment plan for each client. It looks similar to what a drug counselor might tell you. For example:

1. Overcome denial, accept the diagnosis of the disease of addiction and the need for lifelong recovery.

2. Create an initial aftercare plan including 90 mutual help meetings in 90 days.
3. Obtain a sponsor.
4. Work the first three steps of AA.
5. Read AA's Big Book (the first 164 pages, which was written in the 1930s).

The simplicity of such a program may be appealing, but the issues you need to address are likely complex.

**Significant problems beyond substance problems**

Individuals who enter treatment tend to have significant problems in addition to substance problems. These problems should be identified on the treatment plan, immediately after substance problems. The majority of time in treatment (but not all) typically needs to focus on these issues, which can include depression, anxiety, trauma, bipolar disorder, relationship problems, life circumstances, and others.

While addiction issues can be substantial, most people have less to say about them than the related issues. One of the advantages of residential treatment is creating a period of time in which substance problems are not an immediate issue, so that related issues can be addressed without interference.

This is another reason to insist on a facility with mostly high-level professionals—they know how to address these related problems, rather than telling you to "work your program" or not be concerned about other issues "until your recovery is solid." Your recovery may never become solid unless these issues are resolved.

**Many people who might benefit from treatment never enter it. While they may improve anyway over time, the damage done until improvement occurs could be substantial.**

**Domains of functioning**

Consciously or not, all human beings deal with the following domains of functioning. Those in treatment need to pay extra attention to them. A good treatment plan will address the following broad domains:

- What motivates you to change?
- How do you cope with craving?
- What other problems do you have and how do you address them?
- How balanced is your lifestyle?
- How harmonious are your relationships?
- How meaningful and purposeful is your life?

The first domain, *motivation,* can be especially challenging for highly successful individuals. The financial effects of heavy substance use can be disastrous for other people—they can lose their jobs, their assets, and their social worlds. The potential for such losses motivates the average person to change. But when a $1,000/day cocaine habit is not a career, financial, or social problem because of social or other status, other motivators must be identified. Finding the motivations of highly successful individuals requires professionals who are skilled at doing so.

## Other Available Tools and Techniques

Between your initial diagnosis and your ultimate recovery there may be times that you could benefit from specialized support. These supports may not be available in traditional addiction treatment.

**Psychological support**

A variety of proven professional tools and techniques can offer individuals more information about themselves and their ability to successfully progress through recovery. Some of the most effective tools include psychological and neuropsychological testing, motivational interviewing (to identify your deeper motivations), group therapy (to observe how you interact with others), family and couples sessions (to observe how you interact with loved ones), medications (for addiction and other problems), exposure therapy (in which you desensitize to anxiety provoking or craving provoking situations), behavior modification (in which rewards and punishments are restructured in your life), cognitive behavior therapy (in which beliefs are identified and modified), and a number of newer techniques that expand on these ideas, including dialectical behavior therapy (DBT), eye movement desensitization and reprocessing (EMDR), and acceptance and commitment therapy (ACT).

**Holistic services**

Although holistic services typically do not have scientific evidence of effectiveness, for many people they may be useful adjuncts to psychotherapy. Examples of holistic services include yoga, meditation, mindfulness, acupuncture, massage and bodywork, and Reiki. Optional holistic services can be a useful component of treatment.

## Continuing Care Plan

The final phase of a treatment plan is called a continuing care plan. This plan is particularly important if the problematic addictive behavior has been substantial or severe. In substantial or severe cases, so many changes need to be addressed that 30 or even 90 days of treatment will likely be insufficient if no other care follows.

Continuing care plans may include professional services, mutual help groups, avoidance of old activities and friends, and the introduction of a wide range of new activities and friends to help guide an individual through a transition period that may last from one to several years.

Depending on the initial level of severity, after the first days or weeks the process of recovery typically does not require full-time focus, but rather intermittent focus (some time each day) for months to years, plus the development of new, positive habits. In many cases “stepping down” (transitioning) one or more times to a lower level of care (e.g., from residential treatment to intensive outpatient to outpatient to mutual help) helps provide sufficient focus. Each individual is different. A good continuing care plan considers a person’s situation. If mutual help groups are not part of the plan, outpatient sessions with decreasing frequency over years might be appropriate.

It is important that continuing care is fully implemented and does not end too quickly. The primary work of recovery is accomplished after rehab, in the world you live in—or, if needed, the world you created anew because the previous one was problematic.

**A continuing care plan is particularly important if the problematic addictive behavior has been substantial or severe.**

# Chapter 3. For Families

Approaching a loved one about their problematic addictive behavior can result in a confrontational discussion, but it doesn't have to.

## How to Approach a Loved One Who Needs Care

When questioned, your loved one will likely say (using alcohol as an example), "I can take care of this myself… You are exaggerating… I may drink too much, but I'm no alcoholic… I'm not going to attend those meetings for the rest of my life..."

Before responding, remember that addictive behavior is your loved one's best effort to cope with life. That effort—their struggle—needs to be acknowledged. This means acknowledging that the addictive behavior is successful on some level, however maladaptive, and that the stresses their behavior is helping them to address are real. This addiction-as-adaptive-effort perspective will help to keep the conversation from devolving into confrontation and defensiveness.

If a confrontational conversation has already occurred, you still have options. If this is the case, turn to page 16, "Moving forward without a successful conversation."

**Don't be afraid to sound like a broken record. It is OK to repeat your questions.**

**Sample nonconfrontational conversation**

The best person to have the conversation with your loved one is the person with the best relationship with him or her. Begin the conversation with a simple but powerful question: What do you like about [the addictive behavior]? You may need to calmly repeat the question to keep the conversation on track. Don't be afraid to sound like a broken record.

Following is a sample conversation between a loved one (an individual exhibiting problematic addictive behavior) and a concerned significant other (for example, a parent, partner, relative, close friend, or trusted professional advisor).

**Significant other:** *I'd like to talk to you about your drinking. Is this a good time?*

**Loved one:** *What? My drinking? What do you mean?*

**Significant other:** *I'd like to talk about your drinking. Is this a good time?*

**Loved one:** *OK, I guess so.*

**Significant other:** *I'm curious about what you like about it.*

**Loved one:** *Huh? What I like about it?*

**Significant other:** *Yes, I'm curious about what you like about it.*

**Loved one:** *I don't know. I never thought about it.*

**Significant other:** *I'm asking because you have other activities in your life, drinking is just one of them. I know what you like about the other activities, but I don't know what you like about drinking.*

**Loved one:** *It relaxes me I guess.*

**Significant other:** *Oh, that's a great answer. Thank you. Can you explain to me how it relaxes you?*

The discussion might last a long time—as long as it takes for you to ask more about what your loved one finds desirable about drinking and to really listen to your loved one's answers. To keep the conversation moving, do not be aggressive or condescending. Instead, respond by summarizing what you are hearing in a nonjudgmental way. This can help advance the conversation and help your loved one identify both the benefits of and the problems with their addictive behavior. At some point, consider turning the discussion toward contrasting the benefits and problems; perhaps even share your own observations and personal experiences.

**Wait until after an addictive episode to speak with your loved one. Conversations with a high or intoxicated loved one are not productive!**

**Significant other:** *So you've shared some of the reasons you like to drink and we've talked about some of the problems it causes. I'd like to compare the reasons to drink and the problems it causes—what do you think? Does it serve you in the bigger picture?*

If the problems do, in fact, exceed the benefits, and you are able to keep the conversation nonconfrontational and nonjudgmental, your loved one might well conclude that change benefits him or her. This is an ideal time to move toward making plans to initiate change. However, there are also variety of ways this conversation can go awry. Consider having a backup plan should it not go as desired.

**Moving forward without a successful conversation**

Despite your best efforts, even if you are nonconfrontational and nonjudgmental, conversations about addictive behavior can be challenging. In some cases, the presence of an experienced mental health professional or interventionist may be crucial for success. Look for an interventionist who is "invitational" (or a similar term) and not confrontational or explore the following options:

- **Meet with an addiction specialist for a family session.** If your loved one is willing to make a change, an assessment with a specialist might be the next step (ideally followed by family sessions later). A backup plan to the family session is to hire an interventionist.

**Significant other:** *We are going to have a family session with a psychologist who specializes in addiction. You are invited to attend. And I really hope you do. But whether you do or don't, we are all meeting with the doctor next week. We want to figure out how we can support you in making positive changes in your life. We can't tell if you realize how much your drinking is hurting you—and hurting us. We want to help you understand the situation.*

*I hope you attend.*

- **SMART Recovery Family and Friends mutual help groups and the book, *Get Your Loved One Sober,* by Robert Meyers and Brenda Wolfe.** The underlying approach of both these resources is Community Reinforcement and Family Training (CRAFT), developed by Robert Meyers, PhD. In scientific studies, the CRAFT approach has been shown to be much more effective than traditional intervention in getting loved ones to enter treatment. See http://robertjmeyersphd.com/download/CertifiedTherapists.pdf for a list of CRAFT certified clinicians in the United States.

## How to Support Healthy Change

**Enabling**

We've all heard the classic advice offered to families of loved ones with addictive behaviors, perhaps we've even said it ourselves: Stop enabling. Enabling is defined as "preventing the natural consequences of addictive behavior." When consequences are negative, motivation to change increases. When negative consequences are prevented, there is little motivation to change. For example, if mommy and daddy pay all my bills because I'm too loaded to keep a job, why should I change?

Significant others, specifically parents, are frequently reluctant to allow their loved ones to face negative consequences. For this reason, it is easy for a pattern of enabling or rescuing to develop and sustain. At this point, if a professional advises an extreme response (for example, "kick him out and stop giving him money"), the stakes may be too high. How many parents—or any significant others—are willing to let a child or other loved one become homeless? On the following pages, we'll use parents and children as examples, but the principles apply to all significant others and loved ones.

In some situations, such as if the enabling has lasted a long time, parents usually should NOT immediately stop it—even if it is the advice of professionals. If you force your child into homelessness or other dire circumstances, are you prepared to deal with the possibility of injury, illness, or death from overdose? There is nothing more heartbreaking than hearing from families who blindly followed the advice to stop enabling and lost a loved one.

**To find the right mental health professional to assist your family, seek a provider who uses a self-empowering or harm-reduction approach. See "Additional Resources" (page 34) for websites to start your search.**

**Unwinding enabling**

With some careful planning you can gradually unwind enabling behavior and instead promote alternative satisfactions in your loved one's life. The CRAFT approach provides general guidance on what to do (see http://robertjmeyersphd.com/craft.html for more information). Professional consultation also may be useful.

Everyone knows what their loved one needs to do: Stop using or doing. If other problems remain (such as, anxiety, depression, or trauma) these can be addressed either concurrently or later. However, behind this simple idea, potential complications may arise.

In some cases, some enabling may be valuable. For example, you might want to pay your loved one's cell phone bill so that they can stay in touch with you or provide a place to live so you know he or she is safe. This may also apply to health insurance, treatment, or medication even if your loved one is not yet fully committed to change. Every situation is unique. Keeping your loved one alive, reasonably healthy, and safe may be a way to allow the opportunity for future change. For this reason, some enabling may be a reasonable course of action.

**Communication**

Maintaining communication with your loved one is usually desirable. Individuals in recovery list relationships as one of the strongest reasons to recover. When an individual has lost connection to his or her family and significant others or has doubts about the relationship sustaining, his or her motivation to change is vastly diminished. If necessary, communicate through an intermediary.

## How to Support Treatment

If your loved one has willingly entered treatment, your proactive support can maximize their success.

**Self-empowering decision making**

In the beginning of this chapter, we presented the value of both slowly undoing enabling and sustaining a minimal amount of enabling. In a strictly traditional treatment setting, these ideas may not be welcome. At a self-empowering facility, on the other hand, the staff will encourage your loved to one make his or her own decisions about their course of treatment and life circumstances; staff also will encourage you to make your own decisions about your participation.

You might ask: Why should my love one be allowed to make his or her own decisions after such a poor history of decision making? In the "real" world, there is no such thing as a truly alcohol- or drug-free environment. It is critical that your loved one learn to make choices about his or her addictive behavior.

While following orders may provide initial compliance, especially during rehab, it is only a short-term solution. The most optimal time to practice making healthy life decisions is while still in treatment. This way, when treatment ends, decision-making about change is not new or so overwhelming. The course of change may still be rough; your loved one may initially make some bad decisions. But in the long run,

**After treatment, are you sending your loved one to the international space station or for a tour of duty on a military submarine? If not, your loved one must learn to make healthy decisions around their addictive behavior.**

a healthy decision-making process will get stronger and stronger, and the odds of you recovering a positive relationship with your loved one are significantly increased.

**Family/significant other participation**

Ideally, during your loved one's treatment, you will be invited to attend sessions solely devoted to your loved one and his or her family/significant others. Traditional rehab facilities offer a "family week" or "family weekend," during which a large group of families learns about "the disease of addiction." Your loved one's specific issues will likely only be addressed minimally, typically in a multifamily group. While such groups can be valuable, they should not be the only way to approach family change. Seek a facility in which your loved one's family/significant others are an integral part of his or her personalized, dedicated treatment.

When you engage in family treatment, expect to be changed by it. Although your loved one is "the one with the problem," there are likely ways it would be valuable to change your own behavior. This does not mean that you or your actions are responsible for your loved one's problematic addictive behavior. But you can choose to do your part to help your loved one overcome those problems.

**Seek a facility in which your loved one's family/ significant others are an integral part of his or her completely personalized treatment.**

## Burn out

Some parents and significant others reach a point where they say, "I've done all that I can do. I'm out of patience. I'm not willing to ruin my life because of his or her poor decisions. I'm done. If death is the result, I can accept it."

The book, *Dealing with an Addict: What you need to know if someone you care for has a drug or alcohol problem,* by Peter Ferentzy, presents an apt analogy of this situation:

> "The Red Cross proposes that when attempting to rescue someone from drowning, attempt to do all you can do, unless you both are going down. Then it's time to back away. Only you can decide when that time has arrived."

Some will decide that the Red Cross rule does not apply to them. They will do all they can, including losing themselves in the process. This decision is your right. Know that one of the natural consequences of such a decision is that others close to you may back away from you.

# Chapter 4. Practical Recovery

You or your loved one might not yet have the self-control you desire; at Practical Recovery, it can be learned. And when a person's level of self-control is significantly higher, relationships to self, friends, family, lovers, colleagues, and the world at large are dramatically improved.

## About the Practical Recovery Model

The Practical Recovery model is based on a philosophy of self-empowerment and personal sovereignty. Since 1985 we've seen it happen thousands of times—everyone is capable of increasing their self control. That includes you or your loved one.

**What do we mean when we say *self control?***

When we talk about self control, we mean the ability to have an impulse, an emotion, or a passing thought, but not be ruled by it. For example, a person with healthy self control can:

- Have an impulse or craving, but evaluate possible short- and long-term repercussions before acting on it.
- Feel anger, but express it appropriately instead of exploding or acting out.
- Feel anxious, but move forward anyway with both caution and curiosity.
- Feel sad without needing to escape the feeling.
- Feel any emotion without having it impair action.
- Have a thought, but not act on it until it has been evaluated in a larger context for accuracy and helpfulness.

Our philosophy of self-control leads us to a firm commitment to personal sovereignty. Your treatment plan is created specifically for you—from the treatment planning process to the establishment of treatment goals to the delivery of treatment itself.

Furthermore, at Practical Recovery facilities:

- We don't view our clients as helpless.
- We don't let unsophisticated, untrained drug counselors take charge of our clients' lives.
- We don't require that clients give up their cell phones, laptops, or other personal devices while in residential treatment.

**At Practical Recovery facilities, we don't view our clients as helpless.**

## Practical Recovery Facilities

Practical Recovery is located in San Diego, California. We provide fully personalized addiction treatment at four locations: one outpatient facility (the Practical Recovery Psychology Group), one coed residential facility, and two sober-living homes.

On the following pages, you'll learn more about what sets Practical Recovery apart from other treatment models and facilities. The information answers the "Questions to Ask" on page 29. (Not all information is relevant for outpatient treatment.)

**While at the facility**

❒ *May potential clients visit the facility before checking in?*

Yes. We welcome visitors and questions. A client's buy-in to both our approach and the specific facility is an important aspect of a successful treatment experience.

❒ *What amenities are provided?*

Amenities vary by facility. Ask about them when you call. Homes primarily offer private bedrooms outfitted with Sleep Number queen or full-size beds. In residential facilities, a professional chef prepares fresh, healthy meals and accommodates most dietary requirements. Homes are very comfortable, although not ultra luxurious. Additional off-site amenities are available as appropriate.

We don't charge treatment monies for amenities that, while pleasant, don't contribute to healthy, positive change—including self control. We believe that treatment is about facing problems, not running away from them. The majority of our fees is devoted to providing highly skilled staff to ensure that your treatment experience is healthy, productive, and effective.

**It is our experience that as residents live and grow together, daily group sessions improve the collective treatment experience.**

❒ *What happens to cell phones, laptops, and other electronic devices during a stay?*

We understand that successful and prominent individuals are understandably reluctant to part with cell phones, laptops, and other electronic devices. Unless use of these devices interferes with treatment or other residents, you or your loved one are welcome to use them. All of our homes offer wireless access.

**Approach to treatment and recovery**

❒ *How is Practical Recovery treatment different from other treatment?*

Practical Recovery is customized to accommodate your or your loved one's specific needs. We work with each client in the creation of a fully personalized treatment plan. Our core service is individual sessions. Clients in residential facilities are offered two individual sessions and one two-hour group session each weekday. For those seeking a higher level of privacy, the outpatient office, among other services, offers an individualized intensive outpatient program that is comparable in intensity to residential treatment. For nearly 20 years we have used the individualized intensive outpatient approach as a substitute for rehab for selected individuals. Individuals seeking completely private treatment may obtain that option by special arrangement.

❒ ***If a client stays longer than 30 days, what will be repeated?***

Almost nothing will be repeated. Occasionally there is a topical group in a residential facility that you are free not to attend.

❒ ***Is the Practical Recovery approach self-empowering (non-12-step), 12-step, or something else?***

Practical Recovery uses a self-empowering approach. There is increasing emphasis over time on the use of internal resources, rather than external resources, to address concerns and problems. Our staff's role is to help clients improve their internal resources. We teach self-control.

❒ ***Are clients required to view themselves as addicts or alcoholics, believe they have a disease, or believe that they are powerless?***

No, no, and no. Practical Recovery is self-empowering. We view each client with respect and with honor (versus "you're just a drug addict."). Most important, we help clients to see themselves that way, too.

❒ ***What percentage of treatment is focused on addiction itself and what percentage on related issues, such as anxiety, depression, trauma, or other issues related to addiction?***

At Practical Recovery, the majority of our professional time is focused on related issues. It is our experience that individuals who choose professional treatment have other significant problems, in addition to addiction problems that contribute to addictive behavior. Those who resolve their addictions on their own, on the other hand, typically have fewer contributing issues. For this reason, the majority of time in treatment (although not all of it) typically focuses on the often underlying issues, including depression, anxiety, emotional or physical trauma, bipolar disorder, relationship problems, and other life circumstances.

While it is undeniable that addiction issues can be substantial, most clients have less to say about their addiction than they do their related issues. A key advantage of residential treatment is that it creates a dedicated period of time in which substance problems are not an immediate issue, and core, contributing issues can be addressed without interference.

**A key advantage of residential treatment is that it creates a dedicated period of time in which substance problems are not an immediate issue, and core, contributing issues can be addressed without interference.**

❒ ***Is attendance at mutual-help groups required? Are groups offered off-site or on-site? What if I don't want to attend?***

Clients are not required to attend any mutual-help groups. For those who choose to participate, Practical Recovery offers SMART Recovery meetings on-site in some facilities. Most clients attend SMART rather than 12-step, but some elect to attend 12-step groups instead or in addition. The choice is entirely up to the individual.

❒ ***Is it necessary to believe in a higher power that is directly involved in recovery?***

No. Most of our clients believe in a higher power, but there is no requirement that a client base their recovery on this belief or that it be involved in any way in the recovery process.

❒ *What kind of abstinence is required during treatment? What is expected after treatment?*

Abstinence from alcohol, illicit drugs, and nonprescribed medications is required in the Practical Recovery residential facility and sober living homes; nonextreme uses of nicotine and caffeine are acceptable. What you do after these residential experiences is up to you (as it is after any treatment experience). The difference with Practical Recovery is that we will discuss harm reduction approaches during treatment and realistic strategies to employ after treatment.

❒ *How do you motivate or increase the motivation of your clients?*

We do not motivate anyone. Rather, we employ motivational interviewing tools to help clients identify their own motivations to change.

❒ *What is your program of recovery?*

We do not subscribe to a rigid program of recovery. Instead, we continuously evaluate and monitor clients for six broad domains of functioning. These domains comprehensively address someone's life and where they are in the recovery process:

1. What motivates you to change?
2. How do you cope with craving?
3. What other problems do you have and how do you address them?
4. How balanced is your lifestyle?
5. How harmonious are your relationships?
6. How meaningful and purposeful is your life?

**We employ motivational interviewing tools to help clients identify their own motivations to change.**

❒ *How is a treatment plan constructed?*

The treatment plan is an evolving and collaborative process. It is changed as needed on the basis of session-by-session progress and discussions between a client and the members of his or her treatment team.

❒ *How do you prepare a continuing care plan for me?*

The continuing care plan begins soon after arrival. It is constructed primarily by a lead clinician, in collaboration with the client.

**The schedule**

❒ *How is my day scheduled?*

Each weekday, the residential facility offers two hours of group (10 hours per week), two individual sessions (10 sessions per week), all three meals, time for physical exercise, time for personal activities and projects (including "homework"), and time to relax. Evenings might include a mutual-help group, an outing to a movie, or another low-key, enjoyable activity. The clinical day is demanding and time for relaxation each day (and more on the weekend) is important. Although infrequently requested, if you desire more intensive scheduling, we can provide it.

In our outpatient facility, there is almost complete flexibility around the number of and timing of individual sessions. It is limited only by the hours the office is open and the availability of providers—advance scheduling is best. Typically, however, three sessions per day (15 to 18 per week), is the maximum number of requested sessions.

❒ ***How often are family sessions and/or couples sessions included in treatment? At what point do these sessions begin?***

Family and couples sessions begin as soon as possible, depending on the clinical needs of each case. These sessions can occur as frequently as they can be arranged. Distant family can be included by phone or other means. There is no preset limit on the number of these sessions.

**Staff**

❒ ***What are the credentials of Practical Recovery providers? How much time will I get with each one?***

Psychologists (experienced professionals who have earned a PhD or PsyD) provide most sessions; we also have psychiatrists, licensed masters-level therapists, and counselors, interns and post-docs. This wide range of staff experience, variety of backgrounds, and mix of therapeutic styles increases the chances that you or your loved one will find one or more staff with whom you or your loved one can establish a close working relationship. Sessions normally last 50 minutes; longer sessions are available.

**Family and couples sessions begin as soon as possible, depending on the clinical needs of each case.**

❒ ***Who are your core, full-time staff? Who are the contracted staff?***

Core staff (Clinical Staff) and contracted staff (Consulting Staff) are listed on our website at www.practicalrecovery.com. Many facilities do not list staff, nor do they have such breadth and depth of expertise. In addition to regular Consulting Staff, additional outside consultants are available as needed.

❒ ***If I don't connect well with a specific therapist or counselor, what are my options?***

Express your concerns and request another staff member. Unless these requests are excessive, they will be honored.

❒ ***Is your facility stand-alone, or part of a larger system? Can I work with staff from other parts of the system?***

Practical Recovery has four locations, all within a few miles of one another: an outpatient office, two sober living homes, and one residential treatment facility (rehab). Professional staff work in multiple facilities so you can continue working in your next location with the professionals best suited to you. For example, a client who transfers from rehab to outpatient may still work with one or more rehab staff that they worked well with. This is called continuity of care, and it greatly improves the treatment experience.

**Medications and psychiatric services**

❒ *How available are psychiatric and addiction medications?*

Fully available. Our psychiatrists can prescribe any legal medication (including off-label uses) if, in the psychiatrist's medical opinion, it is suitable and optimal for a client's condition and recovery. Collaborative conversations around which medications, what dosages, and the lengths of time to use them are some of the most important conversations you will have while with us.

❒ *Can I stay on a maintenance medication, such as Suboxone?*

Maintenance medications are fully and indefinitely supported.

**Length of stay**

❒ *What length of stay may I have? How much notice of discharge is required? If I have money on deposit, then leave with adequate notice, how hard is it to get a refund? Is your refund policy in writing?*

Length of stay is flexible. In our residential facility, stays thus far have ranged from three days to three months. We require two days notice of discharge for financial purposes, but you may walk out the door at anytime. You are not locked in! Monies for unused services are returned to you. The refund policy is in the admissions agreement.

❒ *Can I come back for multiple shorter visits? How short?*

Multiple visits of any length are welcome. It can be challenging to identify every difficulty that might arise upon your return home. Returning for a short stay can get you back on track quickly.

❒ *Can I depart treatment for an important event and then return?*

Yes.

**Outcomes**

❒ *How effective is your treatment?*

Practical Recovery does not publish a success rate. "Success" is very much based on your own goals and your efforts to achieve them. Our job is to provide you with truly personalized care, so that your efforts can achieve maximum results.

❒ *Do you cure people?*

Problematic addictive behavior is not a condition to cure. The change process may be rapid or long, depending on the level of other life issues and the challenges of the home environment. By the time someone enters addiction treatment, particularly residential treatment, the entire change process is likely to be long (months to even years). However, attending treatment may be only a short time period in that longer process. The final set of habits needed for recovery can only be developed in the real world, after residential treatment. To announce someone as "cured" after residential treatment alone ignores the important additional work that must be accomplished.

**"Success" is very much based on your own goals and your efforts to achieve them. Our job is to provide you with truly personalized care, so that your efforts can achieve maximum results.**

# About the Author

**TOM HORVATH, PHD,** is founder and president of Practical Recovery in San Diego, California. He is a California-licensed psychologist (PSY7732) and board-certified clinical psychologist (American Board of Professional Psychology). Through hands-on and board service, professional and popular writing, media interviews, and presentations to professionals and the public worldwide, Dr. Horvath advances the understanding of problematic addictive behavior and ways to overcome it via flexible, self-empowering approaches designed to honor the sovereignty of each individual.

Dr. Horvath earned a Bachelor of Arts from St. John's College in Annapolis, Maryland, and a PhD from the California School of Professional Psychology at San Diego. From 1981 to 1984 he served as an active-duty Navy psychologist, and in 1985 he established Practical Recovery.

## Present Positions

- Adjunct faculty, Alliant International University (2010–present)
- Volunteer president, SMART Recovery (1995–2008, 2009 to present)

## Past Positions

- Member, Board of Directors, Moderation Management (2009–13)
- Pacific southwest regional representative, Board of Directors, Faces and Voices of Recovery (2013–14)
- Adjunct faculty, Leadership Studies Program, School of Education, University of San Diego (2000–10)
- President, American Psychological Association's Society of Addiction Psychology, Division 50 (1999–2000)
- Member, California Controlled Substances Prescription Advisory Council (1992–93)
- President, San Diego Psychological Association (1990)
- Fellow, San Diego Psychological Association (1993)
- President, San Diego Phobia Foundation (1988–90)

**"I created Practical Recovery because I realized that traditional addiction treatment would not help most people. I studied addiction, treatment and recovery intensively, in order to combine the best available treatments into a highly flexible and personalized set of treatment services."**

## Publications

- *Sex, Drugs, Gambling & Chocolate: A Workbook for Overcoming Addictions* (2nd ed.; Impact, 2003), recognized in 2010 by the Association of Behavioral and Cognitive Therapies as a "Self-Help Book of Merit."
- Five peer-reviewed papers (two with coauthors) in the *Journal of Groups in Addiction Recovery, the Journal of Rational-Emotive and Cognitive-Behavior Therapy, the International Journal of Self-Help and Self-Care, Cognitive and Behavioral Practice* and *Psychotherapy.*
- Five book chapters (three with coauthors) in *Healthy Living with Bipolar Disorder, Substance Abuse: A Comprehensive Textbook, Alcoholism and Substance Abuse in Diverse Populations, The Handbook of Alcoholism Treatment Approaches: Effective Alternatives,* and *Treatment Strategies for Patients with Psychiatric Co-morbidity.*

Additional writings can be found at www.PracticalRecovery.com.

# Appendix A. Before Choosing Treatment

You've likely gathered a good deal of information from brochures, websites, family, and other confidants. Consult the following "Aspects to Consider" to start your assessment process. When you are ready to take your selections to the next level, conduct your phone interviews using the targeted questions listed under "Questions to Ask" (page 29).

## Aspects to Consider

**The facility**

Focus your attention first on the actual facility: Is it rustic or luxurious? Does it include athletic activities? What about amenities? Second, examine its overall approach to recovery: Is it self-empowered? 12-step? Does it consider issues beyond addiction? Think about which approach is the right fit for you or your loved one and where you or your loved one will be the most comfortable when it comes time for the hard work of self-exploration and change.

**You can obtain completely private addiction treatment. Consider the extra expense if privacy is a priority.**

**Evidenced-based treatment**

You'll see references to "evidence-based treatment." Evidence-based treatment is informed by the sound clinical judgment of qualified and experienced providers. A wide range of treatment models fall under this category, among them treatments focusing on motivation, behavior, beliefs, relationships, medications, and those that combine focuses.

Note that it may be nearly impossible to determine what treatment a facility actually provides based on phone interviews and its website. Most facilities say they provide evidence-based treatment, but not nearly as many actually do. Fortunately, it may not be crucial for you to address this issue. What is important, are the credentials of the staff—a quality staff is much more likely to provide quality treatment.

**Privacy**

Facility size is measured in beds. If the facility is large (has many beds), you likely will be interacting with—or at least seen by—many other residents and a variety of staff. The biggest risks to your privacy are nonprofessional staff and other residents or clients.

**Cost**

Genuinely excellent treatment is not inexpensive. But don't assume that high cost always means high quality. As in any industry, big names do not necessarily offer the best value. Among the well-known facilities, some are better than others. Thorough research and your awareness of yourself or your loved one are your best guides.

## Questions to Ask

You're now ready to find out more about the facilities that interest you the most. Use the following questions over the phone to obtain objective facts and better identify the treatment facilities that are right for you or your loved one. Not all questions are relevant for outpatient treatment.

**While at the facility**

- ❒ May potential clients visit the facility before checking in?
- ❒ What amenities are provided?
- ❒ What happens to cell phones, laptops, and other electronic devices during a stay?

**Approach to treatment and recovery**

- ❒ How is your treatment different from other treatment?
- ❒ If a client stays longer than 30 days, what will be repeated?
- ❒ Is your approach self-empowering (non-12-step), 12-step, or something else?
- ❒ Are clients required to view themselves as addicts or alcoholics, believe they have a disease, or believe that they are powerless?
- ❒ What percentage of treatment is focused on addiction itself and what percentage on related issues, such as anxiety, depression, trauma, or other issues related to addiction?
- ❒ Is attendance at mutual-help groups required? Are groups offered off-site or on-site? What if I don't want to attend?
- ❒ Is it necessary to believe in a higher power that is directly involved in recovery?
- ❒ What kind of abstinence is required during treatment? What is expected after treatment?
- ❒ How do you motivate or increase the motivation of your clients?
- ❒ What is your program of recovery?
- ❒ How is a treatment plan constructed?
- ❒ How do you prepare a continuing care plan for me?

**Research indicates that the client–provider (therapist) relationship is as important or more important than the type of treatment employed. Select a facility that respects what works—and doesn't work—for you, and speak up when you are there.**

**The schedule**

- ❒ How is my day scheduled?
- ❒ How often are family sessions and/or couples sessions included in treatment? At what point do these sessions begin?

**Staff**

- ❒ What are the credentials of your providers? How much time will I get with each one?
- ❒ Who are your core, full-time staff? Who are the contracted staff?
- ❒ If I don't connect well with a specific therapist or counselor, what are my options?
- ❒ Is your facility stand-alone or part of a larger system? Can I work with staff from other parts of the system?

**Medications and psychiatric services**

- ❒ How available are psychiatric and addiction medications?
- ❒ Can I stay on a maintenance medication, such as Suboxone?

**Length of stay**

- ❒ What length of stay may I have? How much notice of discharge is required? If I have money on deposit, then leave with adequate notice, how hard is it to get a refund? Is your refund policy in writing?
- ❒ Can I return for multiple shorter visits? How short?
- ❒ Can I depart treatment for an important event and then return?

**Outcomes**

- ❒ How effective is your treatment?
- ❒ Do you cure people?

# Appendix B. Glossary of Terms

The following list is designed to help you navigate common treatment ideas and terminology. Consider keeping it close at hand when researching addiction treatment and treatment facilities, interviewing providers, or otherwise interacting with the treatment community.

**12-step model.** A mutual-help model that follows the 12 steps, including Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA) and several dozen other groups. All groups are based on the idea that individuals are powerless over addiction (although not necessarily other concerns), and that recovery will occur only by turning one's life and one's will over to a higher power.

**Addiction.** Harmful involvement with a substance or activity, resulting from acting on short-term desires without giving adequate weight to long-term consequences. Similar, but not identical, terms include *substance use disorder, substance abuse, substance misuse, problematic addictive behavior,* and *chemical dependency.* Only a licensed professional who has interviewed the individual to be diagnosed can establish a precise diagnosis (via the professional psychiatric manual, DSM-5). Substance and activity issues classified at a lower level than addiction remain worthy of attention.

**Detoxification (detox).** Medically managed withdrawal from one or more substances. Typically, detox from alcohol and benzodiazepines is of most concern to physicians, but opiates, particularly when taken with other substances, can involve substantial withdrawal symptoms. While some individuals can be detoxed as outpatients, more severe cases must be treated in a hospital. Many residential treatment facilities offer supervised withdrawal during the initial days of a stay.

*Note: Sudden or unsupervised withdrawal from alcohol, opiates, or benzodiazepines can lead to serious harm or death. Under most circumstances, marijuana, inhalants, cocaine, psychedelics, amphetamines, and related substances can be stopped suddenly. However, seeking professional medical attention when stopping any substance is the safest, most effective course of action.*

**Disease model.** The idea that addiction is a physical disease that was either present before substance use began and was brought out by that use or caused by changes to the brain from repetitive substance use. While many anticipated that the disease model would reduce the stigma of addiction, that reduction has not occurred. Although this perspective appears to work for some, it presents several disadvantages:

- The notion of an unalterable, life-long condition. Some individuals use the disease model as a crutch. When they need to be applying the greatest effort, they instead use the model as a rationale for setbacks by saying, "I have a disease."
- Rationale for ignoring smaller addiction issues that, although not on the level of disease, are still worthy of attention.
- It explains why people use, but offers little direction about how to change the behavior.

**Evidence-based treatment.** Treatment models that have been tested via multiple randomized clinical trials, been published in peer-reviewed scientific journals, and have demonstrated efficacy. Only a facility with a highly-trained professional staff (Master's degrees or higher) is capable of providing most evidence-based treatment. Almost all addiction treatment facilities say they provide evidence-based treatment, but most facilities do not have such a staff. For this reason, inquiring about staff qualifications can be a more-effective way to learn about a facility than requesting information about evidence-based treatment.

The primary evidence-based treatments are cognitive-behavior therapy (CBT), motivational interviewing (MI), behavioral couples therapy, contingency management, community reinforcement approach, community reinforcement and family training (CRAFT),

aversive conditioning, 12-step-based counseling (when provided by an appropriately trained professional), and use of some medications. Effective addiction treatment incorporates these treatments or components of them into a larger treatment plan that also addresses a client's emotional and behavioral issues. If the larger treatment plan is also evidence-based, it will be constructed around evidence-based psychological treatments and psychiatric medications.

**Harm reduction or gradualism.** An approach to treatment (or other service delivery) based on the premise that sustainable change happens in small steps, rather than in dramatic leaps. It assumes that individuals do what they are motivated to do. This approach accepts any change in a positive direction, rather than insisting on specific changes as a condition for continued services. Examples of harm-reduction approaches include needle-exchange programs for homeless drug users and alcohol-moderation training for individuals who occasionally drink too much. All treatment involves harm reduction to some degree, as there are no facilities that require the complete elimination of all addictive behaviors: nicotine, over-eating, promiscuous sexuality, and so forth.

While family members initially may have difficulty with the concept of harm reduction, anyone who has seen a loved one attend multiple treatments understands that initial, superficial compliance followed by resentment and setbacks is an undesirable outcome. Negotiations between client and family, including coaching the family about the establishment and enforcement of helpful rules, may take time upfront, but will likely result in more-stable changes.

**Inpatient treatment.** See residential treatment.

**Moderation (cutting back, controlled use).** Describes not entirely stopping involvement with an addictive substance or activity, but scaling back from a level of harm. Although often a controversial approach, moderation works for many (but not everyone). For those who view themselves as powerless, cutting back does not make sense. For those employing a self-empowering approach, successfully cutting back can be an effective step toward full recovery or itself a form of recovery.

**Mutual-help groups (support groups, self-help groups, and mutual-aid groups).** Free groups led by nonprofessionals designed to support recovery. Examples include Alcoholics Anonymous (AA) and other 12-step groups (powerlessness approaches), and SMART Recovery (a self-empowering approach). Other self-empowering groups include Women for Sobriety, LifeRing Secular Recovery, Moderation Management, and the HAMS Network. Religious and spiritually oriented groups include the Buddhist Recovery Network, the Calix Society (for those who practice Catholicism), Alcoholics Victorious (for those who practice Christianity) and JACS (for those who practice Judaism). For many, mutual-help groups are the longest lasting aspect of their recovery plans.

**Natural recovery.** Recovery that does not involve treatment or mutual-help group attendance. Natural recovery should be the predominant approach to recovery. Addiction treatment is viewed as an adjunct to the normal process of recovery and not separate from it. The addiction treatment industry and some mutual-help groups tend to over-sell their services. Treatment should generally start at the lowest feasible level, then advance if needed—most who could benefit from treatment are best served in outpatient treatment. Mutual help groups are an option for anyone, but are not essential to achieving change. For those who attend residential treatment, the primary focus should not be the addictive behavior itself, but the individual's related (often source or core) issues. Individuals who do not recover on their own typically need a primary focus on source or core issues

**Non-12-step.** Any approach that is not 12-step. It typically indicates that an approach does not require accepting powerlessness or a belief in God. This does not mean that all of those who pursue non-12-step approaches are atheists; rather, most subscribe to the belief, "God helps those who help themselves." The primary non-12-step mutual-help groups are SMART Recovery, Women for Sobriety, LifeRing Secular Recovery, Moderation Management, and the HAMS Network.

**Provider.** A credentialed professional who provides treatment or related services. (Note that facilities also may be called *providers*.) The responsibilities of an individual provider include conducting individual and group sessions, creating treatment and discharge plans, and preparing summaries of treatment. The quality of a treatment staff can be estimated by the percentage of providers in each of the following categories. The more providers toward the bottom of this list the better. In general, being licensed

indicates more training than merely being credentialed (some providers may have both).

- Drug counselor–uncredentialled; the lowest level of provider
- CADC I–Certified Alcohol and Drug Counselor (name of credential may vary by state)
- CADC II–Certified Alcohol and Drug Counselor with a Bachelor's degree
- CADC III–Certified Alcohol and Drug Counselor with a Master's degree
- Master's-level counselor–unlicensed
- Social worker–may have a Bachelor of Social Work degree (BSW) or a Master of Social Work degree (MSW), may be licensed depending on the state
- Licensed Marriage and Family Therapist (MFT)–requires a Master's degree
- Licensed Professional Counselor (LPC)–requires a Master's degree
- Licensed Psychologist–requires a PhD (Doctor of Philosophy), PsyD (Doctor of Psychology) or other doctoral degree
- Licensed Physician–requires an MD (Doctor of Medicine) or DO (Doctor of Osteopathy) degree; may also be board certified in a specialty (e.g., addiction medicine, psychiatry)

**Recovery.** The process of movement away from addiction problems. Ideally, one achieves complete resolution of the problem (full recovery). However, many individuals dislike the term *recovery.* They may consider themselves as having a "change plan." An example of alternative language might be, "I decided to stop drinking because I was drinking too much."

**Recovery approach.** A broad term for an overall perspective for change. The most common approaches are the self-empowering approach and the powerlessness approach; other examples include spiritual, medical, and holistic.

**Residential treatment (rehab).** A facility where clients (residents) live and participate in treatment. If the facility is a hospital, it is called *inpatient treatment.* In the United States, most live-in treatment occurs outside of hospitals, in specialized facilities.

**Self-empowering approach.** A recovery approach that places the responsibility to change *inside* the individual. It follows a basic premise that self control can be developed; that with practice and coaching individuals with addiction issues can gain control of themselves and their lives. It is contrasted with the powerlessness approach, in which the power to change is assumed to be *outside* the individual.

**SMART Recovery.** The largest of the non-12-step groups; an international, nonprofit organization similar to 12-step groups in purpose and operation. SMART Recovery uses a self-empowering approach to recovery that neither endorses nor opposes the labels *addict* and *alcoholic,* the concept of disease model, the belief in a higher power, and other recovery perspectives. Rather, it proposes a set of concepts that are useful in recovery regardless of individual beliefs about these issues. Meetings are structured and comprise conversations about the day-to-day application of SMART Recovery concepts. Meeting attendance is encouraged for only as long as it is helpful.

**Traditional addiction treatment** (in the United States). This treatment generally takes a powerlessness perspective, combines 12-step attendance, and views addiction as a disease. It is contrasted by the self-empowering approach, which does not require 12-step attendance, and leaves the perspective of disease up to the individual.

**Trauma-informed addiction treatment.** Treatment that in all aspects addresses recovery from trauma, not just in specific sessions devoted to trauma. Because the experience of substantial trauma can have a profound effect on all aspects of functioning, true trauma treatment is both substantially modified (compared to typical addiction or mental health treatment) and conducted by providers trained in the pervasive impact of trauma. Those with a history of trauma often have addiction issues. For such clients, trauma-informed addiction treatment is highly beneficial.

**Treatment.** Professional services, normally for a fee. *Treatment* is a narrower term than *recovery* and typically occurs during a specific portion of the recovery process. Treatment can be applied in many levels of care (e.g., inpatient, residential, outpatient) and by many types of providers. Specific treatments may align with one or multiple recovery approaches.

# Appendix C. Additional Resources

You'll likely hear innumerable opinions in your search for addiction treatment. The following resources have been vetted by the author for their breadth of information or their connection to successful addiction treatment and recovery.

## Books

***Dealing with an Addict: What you need to know if someone you care for has a drug or alcohol problem,*** Peter Ferentzy (Lulu Publishing, 2014)

***Get Your Loved One Sober,*** Robert Meyers and Brenda Wolfe (Hazelden, 2003)

***Inside Rehab: The Surprising Truth About Addiction Treatment—and How to Get Help That Works,*** Anne M. Fletcher (Penguin, 2013)

## Documentary films

***The 13th Step***
How the unwary may get abused as a result of attendance in 12-step groups. http://www.the13thstepfilm.com/.

***The Business of Recovery***
How an overzealous allegiance to 12-step recovery and the unscrupulous behavior of many facilities have contributed to America's less-than-adequate addiction-treatment system. http://www.thebusinessofrecovery.com/

## Websites

**http://www.SEATAinfo.org**
The Self Empowering Addiction Treatment Association

**http://www.SMARTRecovery.org**
SMART Recovery® is a self-empowering addiction recovery mutual-help group; it also offers Family and Friends groups.

**http://robertjmeyersphd.com/craft.html**
Information about Community Reinforcement and Family Training (CRAFT) from its developer, Robert J. Meyers, PhD.

**https://www.psychologytoday.com/**
The largest list of psychotherapists with an option to search for addiction therapists.

**https://findtreatment.samhsa.gov/locator/home**
The Federal government's treatment facility locator.


**Detox • Rehab • Outpatient • Sober Living**

**800 977 6110**
**www.practicalrecovery.com**