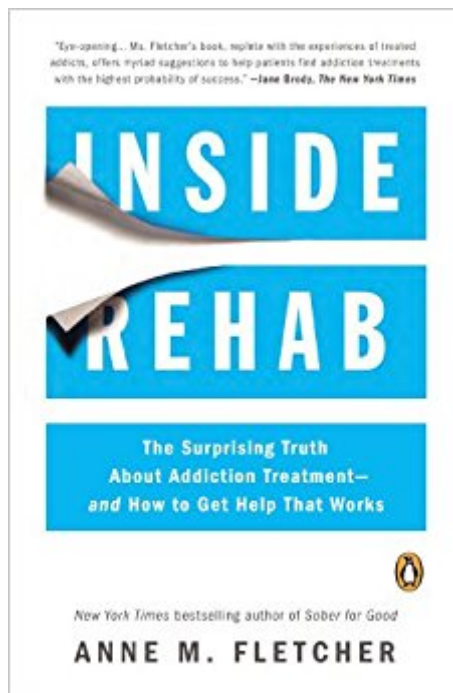




The book was found

Inside Rehab: The Surprising Truth About Addiction Treatment--and How To Get Help That Works



Synopsis

An essential guide to finding the right recovery program from the New York Timesâ bestselling author of *Sober for Good*. Drawing on extensive research, including visits to fifteen addiction treatment programs and interviews with more than two hundred clients and professionals in the field, trusted health and medical writer Anne M. Fletcher offers indispensable advice for people seeking quality care for themselves or a loved one. She reveals the ways in which our addiction treatment industry is broken, highlights what is working, and shares insights about how the experience could be more effective. Fletcher sheds light on the science-based practices that should form the basis of treatment, spotlights programs and professionals using those practices, and provides a much-needed guide to different types of treatment and finding quality care when itâs needed.

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Customer Reviews

Starred Review. Some things never change. And as Fletcher (*Sober for Good*) finds in this bold report on 15 rehab facilitiesâ "from high-end, celebrity-friendly outposts to those treating people on welfare" that fact especially pertains to addiction treatment. Collecting stories from more than 100 interviews, Fletcher methodically dissects the myths about the programs that treat 2.5 million people every year. She finds, for example, that rehab isn't necessary for recoveryâ "some heal on their own, attend self-help groups, or see therapists; that most of the treatment in rehab programs is handled not by highly trained pros but by counselors with varying levels of education and training.

She debunks myths, such as that the 12 steps of Alcoholics Anonymous are essential for recovery. Fletcher concludes that traditional programs, such as group treatment, 12 step programs, and counseling, work for some but not for all. Dimitri, for instance, began abusing drugs at 15 and cycled in and out of programs that failed to help him. Fletcher also highlights the exorbitant cost of rehab: one young woman's treatment drained her parents of ,000. Fletcher presents what works, why, where to find it, and how much it costs. It's startling, difficult, and important information for those traveling toward recovery, and anyone who wants to help. (Feb.) --This text refers to the Hardcover edition.

Starred Review Health writer Fletcher adopts a cautious, even skeptical approach in her exploration of current treatments of substance abuse. She warns that her book "is filled with disturbing accounts of seriously addicted people getting very limited care at exhaustive costs and with uncertain results." • Indeed, her portrait of contemporary addiction treatment incorporates numerous stories of individuals who "ve undergone treatment, opinions and commentary from experts in the field, and her own visits to 15 different rehab programs. More than 13,000 addiction treatment programs "outpatient, residential, and hospital inpatient" operate in the U.S. Dropout rates and the frequency of one-year relapses are high. One expert laments, "When it comes to picking a rehab, most people ask more questions before buying a vacuum." • Fletcher has no such bashfulness and provides answers to fundamental questions: How much does it cost? How long does it last? What do people actually do there? She concludes that no particular treatment of substance abuse is superior to others for most individuals. Flexibility "as opposed to a "one-size-fits-all" approach "matters most. One authority on addiction agrees: "There are as many roads to recovery as there are individuals." • Inside Rehab is a valuable road map for navigating the multiple pathways and programs dealing with the problem of substance abuse. --Tony Miksanek --This text refers to the Hardcover edition.

Fifteen years ago, I sat shaking with a phone book in my hand. I had reached the end of a 25 year addiction to alcohol and I was desperate. I had decided to quit drinking and I knew, or at least I assumed, that I had to go to rehab to do it. I'd heard many times that addiction is a disease so I naively assumed that it was treated like other diseases. You called the hospital and they helped you get better, using proven scientific protocols. So based on this assumption, I picked up the phone book, called a local hospital that had an affiliated rehab, and scheduled an appointment. Since over 90% of rehabs in the late '90s were completely 12 step based, I naturally found myself in a 12 step

based program. The main goal of the program was to connect clients to the 12 step community and convince them that the sole path to recovery was lifelong participation in a 12 step group. Its educational component consisted of movies, photocopied literature, and discussions about AA and the 12 steps. We worked steps, and the steps were posted on the wall of every room in the rehab. The sole clinical "credential" of the counselor I saw was that he had been an AA member for nearly 20 years (he did have a masters degree in an unrelated field). In retrospect I should have understood that there was nothing scientific about this experience, but I didn't question it as I might have under other circumstances. It is tough to be an educated consumer when your brain is addled with chemicals; tougher still to question authority when you are beaten down and full of shame as the result of an addiction. But despite what I'd been taught in rehab, I just didn't care for AA. I thought the people were (mostly) nice and well meaning, and I found the social support helpful, but I saw the underlying premise of the program (that the power to recover comes from a "Higher Power"--from OUTSIDE the individual) as being illogical and counterproductive. It seemed to me, both in rehab and in AA, that the focus was more on finding a connection with this outside force than on actually learning skills to live life. This led to a terrible internal conflict. Although I felt a deep disconnect with AA's philosophy, I'd learned in rehab that such thoughts were evidence that I was still sick. They were "the disease talking." So instead of moving on, I devoted myself to the program. I "acted as if": I got a sponsor, I worked the steps repeatedly, I went to meetings frequently (every day for the first two years), I sponsored others, I took on service positions...and I kept waiting for the moment when I'd finally "get it." Days, months, and years of sobriety passed, but that moment never came. It was nearly a decade later--a decade of painful mental gymnastics later--before I finally came to the point where I understood that I wasn't "acting as if," I was living a lie. The truth was that AA was not a good fit for me, never had been, and never would be. I decided to leave, but leaving was tough, almost as tough as quitting my addiction was. Even though the program had never made sense to me, I'd made such an effort at adapting myself to it that it took a couple of years before I could unravel what I really thought and felt. I essentially had to recover...from recovery. This is not to bash AA or denigrate the recovery of those who find it helpful. It is simply to back up one of the many excellent points that Ms. Fletcher makes in this important book: one size does not fit all. Addiction treatment should be individualized. No one recovery pathway should ever, EVER be sold as "the only way." No person seeking recovery should ever, EVER be told that they are hopeless and doomed to die unless they follow a particular protocol. I sincerely hope that anyone who is considering rehab will read this book before making any decision about how to proceed. Making your treatment choice carefully may save your life, your wallet, your sanity--or all three.

Anne Fletcher became controversial in 2002 when she released the best-selling *Sober for Good: New Solutions for Drinking Problems -- Advice from Those Who Have Succeeded*. The book was based on her interviews with 222 "masters," individuals who had overcome drinking problems for at least five years. She was fiercely criticized by members of the addiction treatment industry because of the diversity of her recovery accounts, and her support of the idea that there are many paths to recovery (including moderated consumption). Nevertheless, her book earned awards from scientific societies. Her current book, *Inside Rehab*, will also be controversial. Controversy seems inevitable when an author is dedicated, as Ms. Fletcher is, to staying close to the scientific literature, and is writing about a field that does not have a similar motivation. *Inside Rehab* describes current practices in the US addiction treatment industry, based on in-depth visits to a diverse sample of 15 facilities (including Practical Recovery, the San Diego addiction treatment system I founded and operate), and interviews with approximately 100 experts and facility staffers. She also interviewed dozens of treatment clients, who report their treatment experiences good and bad. What Ms. Fletcher documents should frighten anyone seeking US addiction treatment (including "rehab," the common term for residential treatment). On average the US treatment system has a one-size-fits-all approach based on the 12-step approach to recovery. Some facilities do a good job, at a reasonable price, in providing this approach. However, most facilities suffer from under-qualified staff, failure to provide sufficient individualization of treatment, failure to provide the latest evidence-based practices, and failure to offer the client adequate information about treatment options. Among the evidence-based practices that are lacking are addiction medications (such as methadone or buprenorphine), which many facilities simply refuse to make available, inadequate assessment practices, and failure to include psychosocial approaches known to work while including others (e.g., confrontation) known to make people worse. You may think Ms. Fletcher is exaggerating or misrepresenting what she found. Consider a statement in the *Handbook of Alcoholism Treatment: Effective Alternatives* (3rd ed., 2003, edited by Hester & Miller), in a chapter entitled "What Works? A Summary of Alcohol Treatment Outcome Research," by Miller, Wilbourne and Hettema. They state that "the negative correlation between scientific evidence and treatment-as-usual remains striking, and could hardly be larger if one intentionally constructed treatment programs from those approaches with the least evidence of efficacy." The 2nd edition of this book (1995) reached the same conclusion. Or consider how similar her findings are with the report "Addiction medicine: Closing the gap between science and practice" released August, 2012, by the National Center on Addiction and Substance Abuse at Columbia University (CASA

Columbia). The report's findings are summarized in the press release: "While a wide range of evidence-based screening, intervention, treatment and disease management tools and practices exist, they rarely are employed. The report exposes the fact that most medical professionals who should be providing treatment are not sufficiently trained to diagnose or treat addiction, and most of those providing addiction treatment are not medical professionals and are not equipped with the knowledge, skills or credentials necessary to provide the full range of evidence-based services, including pharmaceutical and psychosocial therapies and other medical care." An introductory chapter identifies myths (e.g., "most people need to go to rehab; group counseling is the best way to treat addictions; highly trained professionals provide most of the treatment in addiction programs") and identifies the facilities visited. The following nine chapters address what it's like inside a rehab, what it costs, what rehab should look like, why rehab is not needed for most addiction problems, how one-size-fits-all treatment is problematic, why teen treatment should be different than adult treatment, what to do when mental health problems co-exist with addiction problems (this "co-morbidity" is common but the lack of licensed mental health professionals in most facilities means it is commonly unaddressed), the importance of long-term care (and not relying on rehab as a quick fix), and knowing what to look for in a rehab. A companion e-book, *Holistic Rehab Therapies: Are Alternative Addiction Treatments Helpful, Harmful, or Head Games?* is timely because so many high-end rehabs incorporate holistic healing into their services. For addiction professionals with a science-based perspective on recovery, and the opportunity to listen to individuals who had been through US treatment facilities, *Inside Rehab* contains no major surprises. We have known for decades the generally poor state of affairs in US addiction treatment. For years I have heard first hand accounts of how individuals actually get treated (it's bad) in even well-known facilities. However, it is exciting to see such a highly respected author report on this situation so thoroughly and systematically. With luck this book will help increase support for real change. A major strength of the book is the positive emphasis on how to screen an addiction treatment facility. For many the final chapter, combined with the Appendix ("A consumer checklist for checking out rehabs") will by themselves be worth the price of the book. The book also points to resources from the non-12-step world. These resources are typically not provided to clients in 12-step oriented facilities. Instead these clients may hear that "12-step is the only thing that works." In fact the 12-step approach (either in 12 step groups alone, or in 12-step oriented treatment) is indeed helpful to many, especially if attendance is freely chosen. However, 12-step based recovery is a small portion of the entire group of people who recover from addiction. How could the US addiction treatment system have been so bad for so long? I speculate that the feedback systems normally in

place when consumers purchase services exist only minimally in this system. Addiction clients have been almost voiceless. When they complain they are told "that's your disease talking" rather than being listened to. Indeed, addiction clients have much to learn about recovery and about life, but they also have much to teach us about these same issues. Ms. Fletcher is to be commended for giving a powerful and compelling voice to these often mistreated individuals.

A. Tom Horvath,
Ph.D. Practical Recovery

I am an addict. I started abusing prescription narcotics after my first major surgery. I have been struggling with it now for 18 years. To compound matters I was diagnosed as having Bi-Polar disorder (type 2) 12 years ago. I had maintained a very high level of functionality while being improperly medicated by a score of psychiatrists. In 2009 my world collapsed then disintegrated. Between 2009 and 2014 I have been to detox/treatment almost 20 times. I have lived in three group homes, and went to jail for a DWI. I have spent literally 100's of hours dissecting the Big Book, attending AA or NA meetings, and voraciously absorbing any material on addiction I could get my hands on. My intense research led me to this book. I have to agree with the "uncited" conclusion and statements the Author asserts. Reading this book was not a revelation but more of an affirmation of my views on the subject. I have read other reviews and I am left to wonder if we were reading the same book? Some wrote they thought she "had it out for 12 step recovery programs". With what I have read and witnessed in several 12 step programs, I think she was Offly mild in her statements. In fact she took it pretty easy on the whole addiction/ mental health Industry as a whole. Very well presented. Thank You.

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