Addiction
Why Are Some More Vulnerable?

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I feel a bit frustrated when I hear yet another story of a debauched celebrity who, dodging the fallout of a well-publicized behavioral meltdown, runs to one of the boutique rehabs that dot the hills above Malibu, Calif., eager to repair a damaged and possibly career-threatening media image. Meanwhile, their flacks, running in full-out damage control mode, pass out press releases containing the usual self-serving pseudo-psychological talking points. The suffering of our celebrities, it seems, has become America’s newest spectator sport accompanied by a color commentary that has become routine and predictable.

Surrounded by a posse of sycophantic hangers-on, and leaving bewildered kids, dented SUVs and limping paparazzi in their wake, the train wrecks of entertainment check into posh $100,000-a-month beachfront rehabs, where they demand — and appear to receive — special indulgence. To believe the tabloids, patients at these places come and go as they please, squeezing in, when they can — between organic facials and extended Rodeo Drive shopping excursions — the odd therapy session where they hang a lip and bemoan the rigors of being rich and famous.

Later, we read that they have left treatment — often, after only a few days — and returned to a milieu in which they function as the sole provider of reflected status and financial support for an entourage whose members live in the penumbra of their stardom. The newly sprung celebrities go home to a troupe of personal assistants and other functionaries whose own career aspirations and instinct for preserving their place on the showbiz gravy train make any healthy confrontation of their patron’s behavioral excess wildly unlikely.

The picture the tabloids paint is a grim one. It’s beginning to look like a trip to rehab has become just another rite of passage for the discontented affluent. A quick and expedient short-term public relations fix rather than what it really is: the beginning of a lifelong, and often difficult process of emotional and spiritual growth. So for me, it’s easy to understand how someone who has never experienced the transforming power of recovery can be cynical about the value and efficacy of behavioral health treatment. And yet, I think what bothers me most about these tabloid stories is that they trivialize the suffering that I see daily as a primary therapist at Cottonwood de Tucson, a nationally known treatment center in southern Arizona, a place described as “expensive and spare” in People magazine last year.

Treating the famous and less famous

While I read about the rich and famous going to treatment to save face, I work daily with other less famous patients who struggle to save their lives, but if I reflect on this apparent distinction a little while, I realize a couple of things. First, all that is contained in the celebrity lifestyle presents such a barrier to recovery that it would take a miracle for these people to get and effectively use the help that’s out there. The other realization is that the Britneys, Lindsays and Taras, in their own way, suffer as deeply as the patients I serve.

It’s helpful for me to keep this in mind while I go about the business of helping suffering people face and feel their own pain and gain insight into their particular destructive patterns. Only after this is done can the treatment process nudge them toward more adaptive beliefs, attitudes and behavior. This part requires, at least on the
part of the therapist, some degree of skill, commitment and patience. From the patient's perspective the treatment process is way more difficult. For many who have lived, often for years, in a forlorn state, the very decision to try for a better life can involve the element of risk. Patients often fear that yet another life failure could result in an even more damaged sense of self worth and an even more precipitous descent into hopelessness. Even when patients are able to summon the willingness to take the risks necessary for a fruitful engagement in treatment, they can find it frightening to let go of self-defeating coping habits while new, more adaptive ways of living are still awkward and unfamiliar. Psychotherapy, if skillfully practiced, works well, but it often works slowly and is almost always a messy and painful task. Reaching the point of critical mass in the healing process is best accomplished in an environment of encouragement and compassion, and it sometimes takes months before a person's recovery reaches a self-sustaining point. And even when treatment is successful, positive results don't always come according to the clinician's expected timetable.

Timeframe and details aside, there is overwhelming evidence that treatment does in fact work. While miracles can be hard to quantify, the Substance Abuse and Mental Health Administration's National Outcome Measures show that treatment results in improvement in every life domain measured, including: abstinence from alcohol and other drugs of abuse; decreased symptoms of mental disorders; and improved functioning in all major areas, including getting and keeping a job and staying in school. The same study reports that those who have completed treatment also have decreased involvement in the criminal justice system and a better ability to find and keep safe and stable housing for their families and themselves. That's what miracles sound like when measured in the dry, public sector language of the National Institute on Drug Abuse. For a more personal take on the value of behavioral health treatment, please consider the words of a grateful mother who recently sent a thank-you note to one of the family therapists who works at Cottonwood:

"We are still floating. None of us will ever be the same. Our son is doing great — happy and clean out in California. He told me the other day that he had gotten a sponsor. The sound of his laughter has returned to us. We have gotten a miracle."

I wish you one too, Britney.