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EXCLUSIVE:
Bill White Talks with Addiction Pioneer Tom McLellan
On-Camera Treatment: Therapy or Theatrics

By Jeffrey C. Friedman, LISAC

As an occasional viewer of the reality series Celebrity Rehab, I have lately become concerned that those involved in the production of the show might have a blind spot regarding the clinical efficacy and ethical ramifications of conducting addiction treatment on what is essentially a sound stage. For readers who may be unfamiliar with the program, Celebrity Rehab with Dr. Drew (VH-1, Thursdays, 10:00PM) is an hour-long reality show on VH-1, now in its third season.

Filmed at the Pasadena Recovery Center (PRC), Celebrity Rehab is based on a simple enough premise: a group of career-challenged celebrity addicts, paid by the week to appear on the show, place themselves under the care of Dr. Drew for treatment of their substance addictions. Dr. Drew is, of course, Drew Pinsky, MD, a board-certified internist and addictionologist who brings to Celebrity Rehab over 25 years of experience in blending medicine and entertainment. Dr. Drew has recently emerged onto the public scene as a 21st century Marcus Welby—concerned, cool and caring—the fashionably hip public face of addiction medicine.

Hoping to revive flagging careers as actors, porn stars and reality show personalities, Dr. Drew’s celebrity addicts jockey with each other for camera time using theatrics, tantrums and other kinds of self-created drama. Appearing self-absorbed and self-promoting, cast members seem intent on creating a depiction of treatment that is likely to leave some viewers wondering whether what they are seeing on Celebrity Rehab is really addiction treatment or just a source of narcissistic nourishment and heady fuel for the celebrities’ desire for attention and adulation. In one episode after another, Celebrity Rehab patients, eager for media exposure they hope will revive moribund careers, barter on-camera angst, vulnerability and catharsis for hoped-for career viability and a chance at becoming America’s Next Top Recovering Addict.

As hard as Celebrity Rehab sometimes is for me to watch, I frequently catch myself admiring Dr. Drew’s clinical skills. To my ears, his therapeutic interventions sound nuanced and well timed and his counsel always compassionately and skillfully delivered. Watching him work, I often feel a sense of bemused envy. I find myself thinking, Hey, nice reframe Dr. Drew, while noticing that, sometimes, when a particular therapeutic intervention works, it works dramatically.

Many of us who have conducted addiction treatment have witnessed first-hand the drama of the treatment environment, perhaps most vividly expressed in expressive and emotive therapy sessions. If there was ever a doubt about the dramatic potential of the therapeutic milieu, the success of Celebrity Rehab has erased it. So, for someone like Dr. Drew, with credibility in the spheres of both addiction treatment and entertainment television, the allure of making TV gold out of the dramatic ore of the therapeutic environment must be powerful. In working with their high-profile...
patients, the temptation for Celebrity Rehab therapists to choose interventions high on the drama scale, in favor of more mundane but clinically effective practices, is likely ever present. Viewers of the show, especially those of us who work in the field of behavioral health, may be forgiven for wondering if a given clinical decision is an expression of the therapist’s professional judgment or just their show business savvy. The temptation to coax drama out of the therapeutic process at the possible expense of weakening it is, I think, the essence of the ethical dilemma inherent in treating addicts in front of TV cameras.

Examples of Celebrity Rehab’s efforts to stack the deck in favor of drama are not hard to find. Considering the fact that Dr. Drew’s patients are paid to appear on the show leads to the obvious presumption that contracts between the show’s producers and cast were executed at a time when cast members’ judgment was impaired by their use of drugs. Celebrity Rehab also has ignored an established rule observed by credible treatment centers, by knowingly admitting to the same small treatment community, two recently romantically involved individuals. In the Statement of Medical Ethics of the American Society of Addiction Medicine (ASAM), arrangements like these run counter to accepted ideas of milieu safety. Moreover, practices such as these are verge on exploitation and run explicitly counter to ASAM’s ethical guidelines.

The stakes couldn’t be higher, as the recent history of celebrities who have publicized their recovery from addiction tells a troubling story. Taking one’s struggle at becoming clean and sober into the public realm, it seems, rarely turns out well. A regrettable record of tabloid-splashed celebrity relapses illustrates this grim truth. It is not by accident that anonymity has evolved as a governing principle of most treatment programs and of the 12 Step fellowships. Anonymity has long been considered an indispensable principle of recovery not only because it helps shelter recovering alcoholics and addicts from potential ostracism that comes with having a stigmatized disease, but even more importantly, because anonymity keeps in check the often out sized egos of many people struggling to find a place in recovery. Ask anyone in AA and they will tell you that addicts who fail to achieve at least a modicum of humility usually use again—and some of those who use, die. Shrinking the ego is a hard and painful undertaking, in or out of treatment, and is something that just can’t be accomplished by someone who is preoccupied with playing to the gallery. Whether they are celebrated or not, when addicts are in treatment and fighting for their lives, the last thing they need is an audience.

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