SECOND EDITION

IT TAKES A FAMILY

Creating Lasting Sobriety, Togetherness, and Happiness

Debra Jay, coauthor of *Love First* and creator of the Structured Family Recovery® program

Structured Family Recovery has been a gift from God for me. The process allows me to share in my recovery with my family, and it has really helped me understand the family disease of drug and alcohol abuse. The biggest lie I told myself as an addict was that I was only hurting myself. The SFR process has taught me that this is a lie and has been instrumental in the healing process between me and my family.

—J. F., recovering from alcohol and drug addiction

SFR helped me save my life. After confronting years of addiction, twelve difficult weeks in treatment, and the prospect of starting over entirely, SFR became an anchor to a loving, nonjudgmental group of friends and family. I am in a place where I feel joy unlike I've ever experienced, and my relationships with my parents, extended family, and life partner have deepened in ways I couldn't have imagined. SFR has been the perfect complement to my Twelve Step recovery journey, and it introduced and strengthened a connection with my family that most addicts I know don't have. I am so grateful for the opportunity to build my SFR identity, and I look forward to carrying the SFR program and message to the addict that still suffers.

—D. C., recovering addict

The SFR program saved our family—not just the addict but our entire family. It guided us to open and honest communication and taught us how to love and trust again; while helping us realize our inner strengths and how to use them. We are forever indebted to Debra Jay and her commitment to families and her dedication to helping us find our way back to each other. What we created through SFR is a long-term, ongoing fellowship and commitment to maintaining recovery.

—D. C., father of a beloved recovering addict

Structured Family Recovery allowed me to bridge the gap between my recovery and my family's recovery. This process is unparallel to any type of therapy I have been part of since my journey began in 2016. It has allowed me time to process sensitive topics in my own Twelve Step meeting with the ability to bring insight gained back to my family in a safe and structured

environment. SFR taught me to stay in my own lane of recovery but if I look over, I will see family traveling down the same road and that is a priceless gift of recovery.

—L.S, spouse of a beloved recovering addict

Our family was reeling. Our son was lost in addition, with all of the attendant secrecy, lies, erratic behavior and health issues that can accompany the disease. As parents, we alternated between denial and ineffective overreaction, guilt and excuse-making. We were all in great pain, spinning out of control until we immersed ourselves into Structured Family Recovery. Our son is now five years sober because he, and we, committed to the program. It wasn't easy, but the journey has transformed us all in unimaginable ways. "Grateful and blessed" can't begin to express how all of us feel!

—A.R. & G.R., Bloomfield, Michigan

I remember the exact moment in time when I read the opening pages to Debra Jay's *It Takes a Family*, and I began to feel the slightest dawn of hope emerge in my soul. I was sitting on a bed in a hotel room, in a city far away from my own and fully believing that my life was over. My spouse was in an inpatient rehab facility, and I was visiting him. I opened the pages, and I couldn't believe that someone had dedicated their entire career to helping strangers like me. I was overwhelmed at the guidebook in my hand—it was a flashlight in the dark. During our recovery journey, our SFR counselor was the first person to treat us like a family full of love rather than a broken family.

—K. F., wife of a beloved recovering alcoholic and addict

Thank you, Debra Jay, for helping our family to find a clear path forward out of sadness and despair. Our family is working our way through your book for a second time and finding new wisdom and support on each page. We could have so easily fallen apart. And yet, with the help of the Twelve Steps and our wise and patient SFR counselor, this program has given us an opportunity to reflect, learn, and stay connected and supportive of each other.

—L. S. H., father-in-law of a beloved recovering alcoholic and addict

The SFR program has offered me and my dear family the time, the focus, and unfailingly positive support to have meaningful conversations. Addiction brought me to this program, but the healing of old wounds and the progress toward building even better family relationships has helped me to look forward to every SFR session.

—K. H., mother-in-law of a beloved recovering alcoholic and addict

To me, SFR has been a pathway to greater independence, self-respect, integrity, and accountability for each person on the team. SFR is not just for the addict/alcoholic; it is a vehicle that affords personal growth to each member of the family team. I can't say enough about SFR.

—D.C.C., father of two beloved addicted sons in recovery

I remember being so afraid initially of the SFR phone dialogue, but very quickly that feeling was replaced with an eager anticipation of each meeting. It is such a well thought out and thorough program. The topic each week and the goal setting helped us keep focus on the importance of continually working this program. And the collaboration with all of the family members made such an integral component in the commitment and perseverance that we used to motivate ourselves each day. A true benefit, and one that we believe would never have happened if not for SFR, was the vast array of topics discussed openly and thoughtfully by my adult children with us. We were privileged to hear deep thoughts, desires, and goals of our family. The discussions were intimate and mainly about each of us as individuals. We came away from this past year of SFR with skills and confidence to handle the crises that may come to our lives. And I happily can say that our son is in recovery and maintaining his sobriety. SFR is a tool to build families into stronger units and guide families on what to expect and how to respond to our person who is afflicted. It is a wonderful program that has helped us immensely.

—D.F. and S.F., parents of a beloved recovering addict

Other Books by Debra Jay

Love First: A Family's Guide to Intervention

Aging and Addiction: Helping Older Adults Overcome Alcohol or Medication Dependence

No More Letting Go: The Spirituality of Taking Action Against Alcohol and Drug Addiction

It Takes a Family

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Creating Lasting Sobriety, Togetherness, and Happiness

Debra Jay

Foreword by Robert L. DuPont, MD

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Editor's notes

This publication is not intended as a substitute for the advice of health care professionals.
All the stories in this book are based on actual experiences. The names and details have been changed to protect the privacy of the people involved. In some cases, composites have been created.
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[Dedication]

To the women in my life who made me, saved me, and loved me.
My life is built upon the examples set by each of you.

[Epigraphs]

A fine glass vase goes from treasure to trash the moment it is broken. Fortunately, something else happens to you and me. Pick up your pieces. Then, help me gather mine.

—Vera Nazarian, novelist

How can I know who I am until I see what I do? How can I know what I value until I see where I walk?

—Karl Weick, psychologist and author

Give people light and they will find their way.

—Ella Josephine Baker, activist

Contents

Foreword

As a practicing psychiatrist and professor of psychiatry, I have wrestled with addiction for more than five decades, including at the highest levels of science and government both nationally and internationally. During that half century my best teachers have been my own patients with substance use disorders and their families. Having long pioneered in addiction treatment, two decades ago I recognized—painfully—that relapse was the expected outcome of addiction treatment. I asked, "How good can outcomes be for addiction treatment?" I found the answer in my practice, where I often worked with addicted physicians who were involved with the state Physician Health Programs (PHPs). For these addicted individuals, lasting recovery was overwhelmingly the expected outcome of treatment.

Based on that experience with my addicted physician patients, I became the principle investigator in the first national study of the state PHPs. We found that formal, intensive treatment was valuable for these addicted physicians—half were addicted primarily to alcohol and one-third to opioids. But treatment, valuable as it was, was only their starting point. Only slowly did it dawn on me that the missing element needed to improve treatment outcomes for individuals with substance use disorders was their families. These families had a huge stake in the outcome of addiction treatment. They, like their addicted family members, were severely affected by the active addiction. They, like their addicted family members, were benefited by recovery.

My new interest in the families of addicted people as uniquely valuable agents promoting recovery led me to Debra Jay's groundbreaking work. I see Structured Family Recovery (SFR) as a crucial missing link in the recovery process. SFR is not only a path to long-term recovery for the addicted person but it is also a path to the miracle of recovery for the entire family. While the family did not cause the addiction, the entire family can benefit from recovery.

The person in recovery from a substance use disorder is better than "well," because that person is a better person than he or she was before the first addictive drug use. Similarly, the extended family who engages with the addicted loved one in the life-long process of recovery is "more well" than the family was before the addiction, because of the positive changes each family member makes in their shared recovery. We get better together.

SFR recovery is a major blessing, not only for the addicted family member, but for the entire family. Using the tried and true methods of SFR the family learns new ways to relate to, and to

respect, one another: new ways to communicate more effectively and lovingly; new ways to confront and benefit from the suffering of addiction and from the many other stresses of life; and new ways to celebrate their shared emancipation from the chemical slavery of addiction.

Addiction to drugs, whether alcohol, marijuana, or ever-increasingly synthetics, is epidemic in the United States and throughout the world. Unlike the COVID-19 pandemic, this deadly epidemic did not start in late 2019 and it will not end in this year or even in the next decade. There is no prospect of a vaccine. The addiction epidemic is changing rapidly with increasing simultaneous use of multiple drugs, not just one drug at a time. Today's drug epidemic builds on the enduring challenge of alcohol addiction. Regardless of the substances or processes involved, addiction is always personal, and its negative effects are felt most acutely in families.

In my longtime learning from addiction, the single most positive development has been the emergence of a massive global recovery movement. More than 23 million people in the United States are now in recovery from addiction to alcohol and other drugs. SFR extends the miracle of recovery from addicted people to their families. Recovery is a transformative, contagious, joy. SFR is a highly effective way to get the family actively involved in recovery for the benefit of the addicted person and for the benefit of the entire family.

—Robert L. DuPont, MD
First Director, National Institute on Drug Abuse (NIDA)
President, Institute for Behavior and Health, Inc.
Clinical Professor of Psychiatry, Georgetown University School of Medicine

Acknowledgments

This book is a product of the gift of working with families of alcoholics and addicts for three decades. They reliably show tremendous love and perseverance in the face of a disease that ruthlessly changes their addicted loved ones, sometimes beyond recognition. To each of those families, thank you. You taught me much about our higher selves and what we can achieve when we come together.

To families (the addicted loved ones included) who came together as Structured Family Recovery teams and changed the legacy of your family in the face of addiction, I have such admiration for each of you. Some of you graciously shared your stories for this second edition, passing them on to families looking for a light in the dark. Your integrity, commitment, sense of belonging, and faith to venture forth, gives every family that is still suffering the reassurance that a lifeline exists to a long hoped-for future. Your words are promises of something better. Your words show families what is possible. Your words are filled with heart-felt generosity.

Thank you to the SFR family members who gave me your time, sharing thoughts and ideas, and ways the book could be even better. Allowing me to see through your eyes gave me a vision I could never alone have seen. Your valuable contributions speak to the fact that doing something well really does take a family.

A special thank-you to the alcoholics and addicts who participated in extended conversations with me, candidly sharing about their addiction and recovery—as well as their experiences doing SFR with their families. Your direct, unvarnished honesty is illuminating, allowing families to see inside your world of addiction and road to recovery. To the parents who shared—equally candidly—their experience watching addiction take over their beloved son, and the journey they have since taken together, yours is a beautiful story of what family is capable of doing when given the right vehicle. Allowing these conversations to be printed in these pages opens up a new world of understanding to everyone who loves an addict, as well as to the addicts themselves.

Thank you to all the Structured Family Recovery counselors who shared their experiences using this book with families, offering helpful suggestions. I especially would like to express my gratitude to two SFR counselors, both amazingly good thinkers, who gave me full access to their thoughts, ideas, and time for this new edition: Kathy Row and Sherry Gaugler-Stewart.

Jane Dystel, my agent at Dystel & Goderich Literary Management, is my guiding light who readily gives of her depth of knowledge, steadiness of purpose, and great wisdom. But more

importantly, everything she does is ultimately informed by her unwavering integrity and heart. To say thank-you is never enough.

I thank Joe Jaksha, publisher at Hazelden, for getting behind and supporting a new vision. I thank Andrea Lien, editorial director, for her marvelous sense of collaboration as she guided this project forward. A well-designed book is a pleasure to read; I thank the work art director Terri Kinne. A book free of typos and other stumbles requires the heedful work of copyeditors. For this work, I thank Cathy Broberg, Betty Christenson, and Victoria Tirrel. Most of all, my gratitude goes to Marc Olson, my editor, for his industriousness, exacting eye, and devoted engagement in this project. A good editor is an author's greatest gift.

I am indebted to Robert L. DuPont, MD, for agreeing to write the foreword of this book. He is a great mind in the field of addiction, and I have long admired his work. I especially thank him for being such a giving and warm person.

I am deeply grateful for the behavior design work I had the privilege of doing with B. J. Fogg, PhD, who has expanded my mind in amazing ways. His work at Stanford University on designing behavior for lasting change has added tremendous richness to this book. To use his favorite word, "Awesome!"

Lastly, I thank my dear husband, Jeff Jay, who is my inspiration and my rock. My gratitude goes far deeper than words could ever reach. Without him, I could never do what I do.

A Note to the Reader

The words *alcoholic, addict, alcoholism, drug addiction,* and *addiction* are used interchangeably. They all represent the same disease. Many people actively use multiple drugs in active addiction: alcohol, mood-altering prescription drugs, and legal or illegal addictive drugs. These words also describe anyone recovering from process (behavioral) addictions such as sex addiction, gambling addiction, or compulsive overeating. These addictions are caused by addictive changes to brain chemistry.

I do not use the terms *substance abuse* or *substance abuser* because a person can be an abuser without suffering from the disease of addiction. I do not use the new popular diagnostic term *substance use disorder*, because the language is too vague and isn't used in Twelve Step programs or literature where long-term recovery happens. Treatment providers and other professionals may use these new words, but professional care is but a blip in time as compared to programs of recovery after treatment.

In this book I refer primarily to the original Twelve Step groups. Alcoholics Anonymous (AA) was founded in the 1930s for people addicted to alcohol. Al-Anon was launched some twenty years later for the families and friends of alcoholics and drug addicts. Narcotics Anonymous (NA) was formed in 1953 for those addicted to drugs other than alcohol. Today there are a great variety of Twelve Step recovery groups for both addicts and their families. There are groups for most process addictions too, such as sex, gambling, and food. We focus strictly on Twelve Step groups because they are optimal. There may be other groups available, and some people may look upon them favorably, but research shows that Twelve Step recovery works best. Recovery from addiction is not easy and relapse can lead to consequences none of us would choose. So, we always stick with using what is optimal.

Attributions and sources are listed formally and informally, using in-text references, parenthetical references, or citation notes in the back of the book.

Introduction

We Come Home Together

Structured Family Recovery is so simple, so obvious, it's a wonder it hasn't been done before. Often the truly simple is the most revolutionary.

Success doesn't come magically or accidentally. It is a result of what we do. The same can be said of failure. Usually it is a small change in one direction or the other that determines if we win or lose. Structured Family Recovery helps us make the correct choices and then steadily keeps us on course over time.

Up until now, families have been mostly left out of the recovery equation. This surely contributes to the ubiquitous nature of relapse. Structured Family Recovery starts with a family and ends with a family recovery team. We support sobriety by bringing together family and addict in a way that creates unity and mutual triumphs. Turning to social science, we learn what really creates change—challenging the things we've been taught. We apply discoveries of how the workings of the brain affect how we make real-time choices in life. We put it all together to create a family recovery program that is simple and smart.

Structured Family Recovery is a GPS system, a way of navigating through addiction and recovery using the elements we know work. It's about connectivity not isolation. It goes beyond patient-centered care to family-centered recovery. By working together, we create a different story and unshackle ourselves from the power of addiction.

The first section of this book provides a broad scope of knowledge on addiction, recovery, and change, so we can better understand what we're up against, what's required for sobriety, and how we can make change last. The second section of the book is a guide for Structured Family Recovery, putting into action the goals of achieving lasting sobriety and rebuilding family trust and respect.

There are many ways we find help, both for the addict and the family. Treatment and family programs dot the map of this great country, giving us any manner of assistance and head starts. But these places and programs don't keep alcoholics sober or drug addicts clean; they just begin the process. What keeps the addicted from going back to drink or drugs for the long haul is outside the domain of professionals. Programs for families, marvelous as they are brief, don't prepare us for the day we're again standing in the kitchen face-to-face with our addict, who has now relapsed. I recall the panicked words of a woman who had just smelled alcohol on her

recovering husband's breath: "What do I do now? I went to the family program! No one told me what I do now!"

Structured Family Recovery is not a response to crisis, but a safeguard against it. We do not stand alone in the kitchen. We stand with family and an entire recovery community. We come prepared for crisis, smoothing the waters with a family living in recovery, gliding forward steadily, with perseverance, over the ripples of turbulence, looking ahead, working for something better, saying farewell to our past ways as best we can. Imperfection is in us and all around us, but we can embrace it as the place where change begins.

Coming together takes the powerless and makes them powerful. Structured Family Recovery brings this power to the family and, in cooperation with the larger recovery community, stands firm in the face of addiction, which trespassed into our homes and multiplied itself into our lives. We crowd addiction out by building a family life brimming with togetherness and recovery, even though we may start out not knowing our way back to each other.

Rather than leaving families clueless in the dark, second-guessing, hoping and praying, we place family smack-dab in the center of recovery. This is when things begin to change. We can no longer leave lasting sobriety to chance, waiting around for the addicted person to figure out what it means to succeed. The cost to families is far too great, and sometimes we pay a price that is beyond what anyone can bear to pay.

When their families are part of the alcoholics' or addicts' journey, experiencing recovery in the most democratic of ways, newly recovering loved ones no longer feel like the identified patient, the outsider. They know that, once again, they belong to family. They know they are loved.

Follow the book as it's written. The information builds on itself to move you forward. Not just with head knowledge, but in real ways to change the course of what's to come. Recovery is practical. It requires we take action. This book shows families (which always includes the recovering addict) the way into recovery with a step-by-step presentation of Structured Family Recovery. It's a place where the world begins to change, and it comes from the changes within us.

Families can engage in Structured Family Recovery on their own or work with an addiction counselor trained specifically to do this work. Whichever you choose, I have only one word for you: *commitment*. Family members must demonstrate to the addict, in deed, what this word

means. Then, along the way (not always immediately noticed), recovery heals us, individually and together.

If we can trust just a bit, if not yet in each other, in the greater providence of good, and walk forward with only the barest of faith, we will find what we could not see before. Too few find their way alone. Let us bring family and the beloved addict together. It is in the "we" that we find an elegance in life that is as sweet as it is powerful.

We belong to one another. Nothing can change that, not estrangement, not even death. Family is defined by belonging. When we use the word *family*, it's for each of us to know what that word means—who it is we belong to and who belongs to us. We are born into families, adopted into them, marry into them, or choose them from people we love best. But family goes beyond love; it's primordial. It defines us. We are born with a deep need for knowing there are people who will always show up when we need them, stick with us through thick and thin, and love us at our best and worst. Author and columnist Erma Bombeck described it like this: "We were a strange little band of characters trudging through life . . . inflicting pain and kissing to heal it in the same instant, loving, laughing, defending, and trying to figure out the common thread that bound us all together."2

This book is about addiction and family and lasting sobriety, and, ultimately, about working together to find that place where everyone is okay and safe and happy.

Part 1

What We Need to Know

This section is written to provide families with a necessary foundation for beginning a program of Structured Family Recovery.

You won't find information as usual here. Instead, you'll be challenged to reexamine what you've been taught to believe about addiction and the family. As R. Buckminster Fuller once said, "You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete." This section of the book lays the groundwork for moving past an old and unhelpful model of family involvement by teaching us to think differently.

The information in this section isn't an optional read. Before putting Structured Family Recovery into practice, it is very important to have a bedrock of knowledge that leads to correct thinking about addiction as well as what sustained, long-term recovery requires. We want success, so we cut no corners.

1 The Missing Elements

Fifty to 90 percent of alcoholics and addicts relapse in the first year after treatment.3 In the face of such grim figures, it's easy to toss around blame. *Treatment doesn't work. The addict isn't doing what she should. Doctors are the new drug pushers.* But the truth lies elsewhere for the most part and requires a new conversation.

Relapse is caused by underestimating what it takes to stay sober. Addicts, their families, and society commonly minimize what is required for successful recovery. Addicts can't simply think their way out of addiction. Recovery requires action. It's much more than leaving the drug behind, whether that drug is alcohol, cocaine, marijuana, heroin, methamphetamine, pain medications, or tranquilizers. Recovery is about changing behaviors, which leads to changes in thinking. It's about positive spirituality—honesty and willingness and letting go of resentments. It's about taking a fearless look at one's self and the wrongs of the past. It's about cleaning house and making amends. Recovery is about more than abstinence; it's about becoming the kind of person who can engage in healthy relationships.

Abstinent without recovery, the addicted person is haunted by the past, suffers in the present, and can't see a promising future. The control centers in the brain are being depleted by the constant internal battle not to pick up a drink or a drug. Relationships with family are frayed and getting no better. For these addicts, relapse is usually just a matter of time.

An old adage says it best: "When a heavy drinker stops drinking, he feels better. When an alcoholic stops drinking, he feels worse." For alcoholics and addicts to begin enjoying life again, they need to work a rigorous Twelve Step program of recovery in groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). These programs work because they treat the chronic nature of addiction that affects the mind, body, and spirit. There is no cure, only a daily reprieve that requires ongoing management. If we don't understand this basic tenet of success, we don't understand recovery.

When we believe treatment centers are the heart of recovery, we base our hopes and dreams on a flawed assumption. Treatment isn't recovery, and clinical teams don't know who will stay sober and who won't. Stellar patients drink on the flight home, and seemingly hopeless cases never drink again. Treatment staffs know what works, but no one knows who will follow directions and do what it takes to stay sober.

Recovery doesn't officially begin until treatment ends. It isn't dished out by doctors or teased out by therapists. It happens in a community—and not just any community. It requires working a Twelve Step recovery program with other alcoholics and addicts. Recovery requires broad changes in how addicts live their lives, the kind of changes that would be tough work for anyone. Our loved ones are attempting it with a brain so compromised by addiction that their brain scans look like Swiss cheese. With decision-making abilities impaired and emotions turbulent, it's no wonder so many don't get very far before they crumble and relapse.

The purpose of treatment is specific. It is designed to attend to the acute stage of this chronic illness. Involvement with patients is relatively short. A team of professionals tends to the most intense and severe symptoms, most notably the physical and emotional discomfort that comes with early abstinence. And many do an excellent job of it. But the scorecard we use to rate the success or failure of these facilities erroneously holds them responsible for patients' sobriety once they return home. Addiction is a chronic disease and it must be managed by working a daily Twelve Step program. Treatment centers can only prepare patients to follow through with ongoing recovery recommendations. They can't do it for them. If addicts don't follow the directions for ongoing recovery, they are at high risk for relapse.

While not making direct promises of keeping people sober long-term, with some notable exceptions, treatment centers do so implicitly. Instead, professionals need to be straightforward about what they can do, why it is important, and what they *can't* do.

This is exceedingly important because today we have so many treatment centers popping up across the country, trying out new strategies and protocols that might differentiate them from the pack but aren't necessarily effective if our goal is sobriety. This makes it difficult for families to evaluate treatment options. It's hard to be a smart consumer in a confusing arena.

The problem begins with the rubrics we're using—our scoring guide to evaluate the quality of treatment—which are flawed. *Treatment cannot be responsible for recovery outside the treatment program.* It can only be held responsible for its effectiveness in these areas:

1. Medically detoxing and stabilizing patients, thoroughly assessing their needs, and setting treatment goals
2. Working with patients to break through denial at the deepest possible level, in a respectful and dignified manner, so they accept that they have a chronic disease that requires lifelong abstinence

3. Integrating the Twelve Steps into the treatment plan (Twelve Step Facilitation has been shown to be most effective [1]
4. Providing patients a recovery management plan that includes relapse prevention strategies and a clear understanding of how to work a Twelve Step recovery program when returning home (encouraging the patient to go to AA or NA meetings while in treatment and connecting the patient to a recovering person in his home area help accomplish this goal)
5. Inviting the family to attend the family program, and encouraging children to attend a children's program if one is available
6. Developing aftercare recommendations designed to give an appropriate level of support that will increase the likelihood that patients will engage in recovery once they leave treatment
7. Engaging the family in the entire process, as appropriate

There is also much talk about evidence-based treatment, but even though intentions are good, there are problems. *Evidence-based* doesn't necessarily mean the research is flawless, nor does it mean it is measuring the same outcome we are aiming for: lasting sobriety. Results depend on the quality of the research, the validity of the testing, replication over time by impartial researchers, and reviews by other researchers. Research bias—particularly the bias of what is actually published (mainly the positive results)—can lead to "proving" something is true when it is not true. Instead, we should be talking about "levels of evidence" and "quality of evidence."

According to Eric Topol, MD, cardiologist, geneticist, and researcher from the Cleveland Clinic, in his book *The Creative Destruction of Medicine,* "Consumers, unfortunately, are typically getting data from small, observational studies, published in obscure journals or not at all, in which there is no real control group or no randomization, and shaky end points."4 He goes on to say that even very large-scale observational studies have produced faulty results, misleading the public more than once. Professionals can be misled too.

Dr. Topol has coined the word *litter-ature,* denoting that too much of the research is "littered with misleading and false-positive findings." We must be smart consumers of research, he says. "I don't want to be excessively negative, but the right assumption in reviewing any new data presented to consumers is to question it . . . consider the new finding null and void unless you are thoroughly convinced that the evidence is compelling."[2] He is speaking of medical science but

results in the field of addiction and behavioral health are even more tenuous.

Misconceptions about treatment, leading to false expectations, coupled with the frustration of relapse, have families throwing up their hands and proclaiming, "Enough! Treatment doesn't work!" Once they reach this verdict, hopelessness can settle in, and the only question left is, "Now what?"

What if I told you there was a group of addicted people who almost never relapse in the years following treatment? As a matter of fact, 78 percent never have a single relapse. Less than 15 percent have one relapse but not a second. And those with more than one relapse? A whopping 7 percent.5 Not only that, these folks are some of the most difficult addicts to treat. When I worked in inpatient treatment, having them assigned to our caseload would elicit groans of despair because we knew our work just doubled. "They're the worst patients!"

The alcoholics and addicts in this group are getting something other addicted loved ones aren't—a team who works with them for five years after treatment to make sure they build a solid program of recovery and make the prerequisite changes that lead to lasting sobriety. Because when alcoholics and addicts are left to their own devices—in spite of the universal cry that they can do it on their own—the odds are they'll be drinking and drugging again.

Author Stephen King, in his column for *Entertainment Weekly*, writes about just this point.

> Managing good sobriety without much help . . . is a trick very few druggies and alcoholics can manage. I know, because I'm both. Substance abusers lie about everything and usually do an awesome job of it. I once knew a cokehead who convinced his girlfriend the smell of freebase was mold in the plastic shower curtain of their apartment's bathroom. She believed him, he said, for five years (although he was probably lying about that, it was probably only three). . . . Go to one of those church-basement meetings where they drink coffee and talk about the Twelve Steps and you can hear similar stories on any night, and that's why the founders of this group emphasized complete honesty—what happened, what changed, what it's like now. . . . If my own career as a drunk both active and sober has convinced me of anything, it's convinced me of this: Addictive personalities do not prosper on their own. Without unvarnished, tough-love, truth-telling from their own kind—the voices that say, "You're lying about that, Freckles"—the addict has a tendency to fall back to his old ways.6

The problem is, of course, that most alcoholics and addicts coming out of treatment don't want to work a program of recovery that requires taking action. They're convinced they have changed, with surprisingly little effort and in a remarkably short amount of time, and they often convince their poor gullible families of the same. These alcoholics and addicts think they have a better idea, which usually entails staying sober on their own with an easier, softer approach—one that eventually lands them back in the liquor store or crack house or doctor's office looking for a scrip. They do this not because they are bad, but because this is the way the disease directs their thinking processes.

This lack of compliance is repeatedly used by professionals and researchers as the reason AA or other Twelve Step programs don't work. Confusing an addict's compliance with a program's effectiveness is faulty analysis. The real question is how do we increase compliance?

It isn't that Twelve Step programs don't work. It is that alcoholics and addicts, for a complex set of reasons, have difficulty adhering to *anything* in a consistent manner. Consider the struggles diabetics have trying to comply with their recovery programs—and they do not have to contend with the cognitive impairment we see in addicts. Research shows that among patients who only needed to take a medication to treat their illness, a mere 50 percent complied.7 Nobody would argue that medications don't work because people don't take them as directed. When it comes to addiction, the sustained commitment it takes to recover is in another stratosphere from swallowing a pill.

What if we, as families, could initiate a program with our loved ones that models those used by the recovery winners mentioned above? What if we could provide the missing element—the one that makes it much tougher to relapse? Once we appropriately identify the staff in treatment centers as the "first responders" instead of the sole providers of a stand-alone solution, our expectations of treatment change. Without a doubt, treatment has a vital job to do, but it's only the beginning. Treatment centers can keep our alcoholics and addicts only so long, and then they come home to us. This is when it takes all of us bonding together for recovery. If we're to take our place among the winners, it most definitely takes a family.

Families and close friends have a tremendous amount of influence in an addict's life, but we usually don't know it. Too often families believe they are powerless. They don't understand their power and often feel mistreated, disregarded—even disliked.

The very people an alcoholic or addict needs most are the people he often fights against. He

tries to appease family, only to break the promises he makes to them. Or he ignores those closest to him, pretending he simply doesn't care. The addiction not only punishes the people the addict cares about most, but it abuses him too. The addict breaks promises to himself. He pretends none of the pain matters. And, even as he begins losing everything he holds dear, he can't stop this downward spiral. He is typically filled with shame as he strikes out in anger. He doesn't understand what is happening inside himself. That is what it's like to live under the tyranny of addiction. It doesn't have to be like this. A rigorous recovery program can reverse the insanity of this disease, making things better one day at a time.

2 Stick with the Winners

So, who are the winners I referred to earlier, the ones who mostly never relapse in the first five years of recovery? They're doctors (and other licensed professionals). And why are they selected to receive the exceptional support that safeguards them from relapse? Because no one can imagine opiate-addicted cardiologists or alcoholic neurosurgeons left to their own devices once they are discharged from treatment. If they are going to see patients, they must be sober.

Right about now I can hear people objecting, "Of course they stay sober. They're doctors. They know better than to relapse." But remember what I told you: *they are the toughest patients in treatment.* The belief that addicted doctors take direction well or commit to doing what is required to stay sober is largely fictional. In truth, doctors are at even higher risk for relapse.

Let's put a doctor's risk for relapse into perspective by looking at something else they struggle with—hand washing. For the last thirty years there's been an ongoing effort to persuade doctors to wash their hands between seeing patients, with little sustainable change. Hand washing is, of course, no small matter. The Centers for Disease Control and Prevention estimate that we spend $30 billion annually fighting health care–associated infections and that almost 100,000 deaths are attributable to such infections each year in the United States.8 The fix? Soap and water. And yet, knowing this fact has not improved physicians' hygiene practices. In response, hospitals have been forced into action. They've trained hand-washing coaches. They've installed video cameras that send images halfway around the world so workers in India can monitor our doctors. They require doctors to wear radio-frequency ID chips that register each time they walk by a sink. Good hand-washers are sometimes rewarded with cash. This provides an eye-opening perspective on how different groups struggle with compliance.

Another false belief is that doctors' success in sobriety is correlated with the fact that they have a medical license to lose. After all, retaining one's privileges to practice medicine ought to be a big motivator for staying sober. But fear alone is not enough to ensure recovery. The specter of losing something valuable can be a motivator for getting started, but long-term success requires an ongoing program of support and accountability.

Most of us are concerned about loved ones who do not have the threat of losing a medical license looming over their heads. But our addicted family members have things they value too. Things they do not want to lose. Topping the list is family, but they also value their jobs, friends,

and reputation. These can serve as motivators to get started. But like doctors, our loved ones need programs that manage their recovery over time.

For most alcoholics and addicts, consequences in the distant future have little impact on what they do today. Whether it's someday losing a medical license, or someday losing their family, the immediate pull of addiction has far greater power. The need to snort cocaine or shoot up heroin or drink a bottle of vodka today obliterates concerns about tomorrow. Whether or not a person is a doctor, the negative consequences that demand attention are the ones that happen right away, not in some far-off time. A drug court in Hawaii found that the future threat of a ten-year prison sentence was a poorer deterrent than being immediately sent to jail for three days upon failing a drug test.9 The timing of a consequence is more effective than the size of a consequence.

Doctors entering treatment tend to be sicker than most, due to a seemingly inexhaustible supply of drugs and the ability to more easily hide their problems from others. People also tend to look the other way and enable addicted doctors more than the average addict. Intervening on a doctor usually occurs only after the addiction has become impossible to ignore. Consequently, addiction's progression is quite serious before most physicians find themselves in treatment. This makes their long-term successes all the more compelling. It appears they've found the Holy Grail of recovery.

Can we find it too? Is there something we can learn from how doctors succeed in recovery that can help our loved ones? Before we answer this question, let's examine how the model of care for doctors is unique.

First, there is a high expectation for doctors to succeed in recovery. This is paired with the support required to make success possible. Treatment programs are clearly defined as acute care providers, and only a first step in the recovery process. Once doctors are discharged from treatment, they engage in a second phase of care, which is designed to support long-term recovery. Called the Physician Health Program (PHP), this program provides five years of chronic care management (depending on the state the doctor resides in). Doctors receive multiple levels of support with the flexibility to respond to changing needs over time. Even physicians who continue to struggle with sobriety longer than others are highly successful, because the program lasts long enough to give them the time to succeed.

In 2007, researchers conducted the largest study to date on addicted physicians involved in

five-year monitoring programs. Studying 904 addicted physicians who participated in sixteen different Physician Health Programs, the research showed that long-term recovery rates for these doctors were notable—not because they were physicians, but because they were highly engaged in PHP care management programs. These programs are composed of what have come to be known as Eight Essential Elements.3]

Based on evidence and reasoning, these researchers also concluded that these same elements can be successfully used as a chronic care model for the general population of addicted people. They state, "On the basis of these findings, there is reason for renewed optimism for individuals with [addictions] and their families."10

It is helpful to remember that this is the *required* care for addicted doctors. It is well documented that these Eight Essential Elements, when applied simultaneously, work.

1. Positive Rewards and Negative Consequences.
Establishing a clear understanding of rewards for positive behavior and consequences for negative behavior is key. Addiction is linked to unacceptable behaviors, and recovery is linked to desirable behaviors. These behaviors aren't about being good or bad, but about being sick or well. We know which behaviors precede relapse. Consequences, both negative and positive, must be meaningful, timely, and sustained if we expect them to have beneficial effects.

2. Frequent Random Drug Testing.
Doctors are randomly drug tested for five years. They call daily to learn if they need to appear for testing. Relapse is linked to consequences that are predetermined and written on a signed document, so doctors clearly understand the cost of a relapse. Since there is no room for indecision, consequences are effective in producing changes in behaviors. Consequences are not synonymous with abuse or disrespect, but rather level-headed expectations properly linked to relapse behavior.

3. Twelve Step Programs and the Abstinence Standard.
Doctors are actively referred to Twelve Step groups, not just passively encouraged to attend. It's known that Twelve Step programs are central to long-term sobriety, so showing up isn't left to chance. Additionally, doctors are enrolled in professionally led group therapy sessions designed for recovering physicians. Doctors are expected to abstain from all mood-altering substances, not

just their drug of choice.

4. Viable Role Models and Recovery Mentors.
Doctors are paired with other recovering physicians who mentor them and provide recovery role models. These associations help doctors begin to identify positively with the recovery experience in Twelve Step programs. Mentors also build relationships with doctors' families and ask for input on progress. Newly recovering physicians receive feedback from their mentors and get report cards highlighting recovery strengths and recommendations for improvements.

5. Modified Lifestyles.
Changes to doctors' lifestyles and professional lives position them for success in both recovery and work. For example, they may change their medical specialty or request outside monitoring of prescribing practices. Recovery-enhancing decisions are supported and encouraged.

6. Active and Sustained Monitoring.
Designed to lay the groundwork for a lifetime of sobriety by ensuring early detection of relapse, this component includes monitoring doctors for at least five years after treatment. This extended period provides most doctors—even those who've had one or more relapses—the level of support that eventually establishes solid recovery. What distinguishes Physician Health Programs from most every other mainstream treatment model is this extended time component that addresses the chronic nature of addiction.

7. Active Management of Relapse.
When doctors relapse, the PHP process re-intervenes and re-evaluates. Rather than simply repeating the same past treatment experiences, a more intense, specialized treatment is recommended. The researchers explain, "The blend of support and accountability, alliance and toughness distinguishes Physician Health Programs from other interventions that seek but too often fall short of creating and sustaining these important ingredients."[4]

8. Continuing Care Approach.
Addiction is a chronic disease that needs to be managed on an ongoing basis, just as we manage diabetes and other chronic illnesses. Lifelong recovery is achieved by managing the chronic nature of addiction appropriately. Physician Health Programs demonstrate this by sustaining

therapeutic relationships with doctors for five years or more and achieving high rates of lasting sobriety.

In the treatment field, we have long understood how each of these elements is effective for treating addiction. But Physician Health Programs are the first to demonstrate that integrating all eight elements into a single, long-term program of support is the formula for producing durable, lasting sobriety. Most alcoholics and addicts don't have access to the type of care management provided to physicians through these programs. Therefore, the chronic nature of their addiction isn't well managed, and risk of relapse is high. Drawing from the wisdom and proven track record of the PHP success, Structured Family Recovery transforms the family into a recovery team with a structured program, creating a new gold standard available to us all.

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As a companion to *Love First*, the classic guide to family intervention, *It Takes a Family* delivers a proven method for families and friends to step beyond the initial intervention and reinvent their relationships as part of a family recovery team. In straightforward, compassionate language, Debra Jay offers readers a structured model that shows family members and friends how they can work together to overcome the obstacles many people with addiction face in their initial recovery. Through easy-to-follow strategies and exercises, family members learn about and address the challenges of enabling, denial, and pain while developing their communication skills and embracing the joy that comes from healthier and happier relationships.

Debra Jay is a noted author, speaker, and trainer for addiction professionals. She is the coauthor, with Jeff Jay, of the best-selling *Love First: A Family's Guide to Intervention* and author of *No More Letting Go: The Spirituality of Taking Action Against Alcoholism and Drug Addiction.* Debra was a guest lecturer on addiction and related issues at Wayne State University for fourteen years. She has been writing a newspaper advice column on families and addiction since 1996. She has served as a board member for Brighton Hospital, St. John Providence Health System, and Dawn Farm. She is a recipient of the 2012 Letitia M. Close BVM Award in recognition of a significant ministry in helping women with the disease of addiction. Today Debra and Jeff run a national private practice, providing intervention training and consultation services for families.

Debra was the addiction expert on *The Oprah Winfrey Show* for three seasons and has appeared on *The Dr. Oz Show*. She is a graduate of the Ohio State University and of the Hazelden addiction professionals training program.

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