

## Dr. Mark Willenbring's advice for people seeking addiction treatment?

- You are the customer. Ask questions and educate yourself the same way you would if you were going to have surgery or cancer treatment.
- Get a comprehensive evaluation from a professional trained to assess alcohol and other drug problems who's knowledgeable about treatment and who's not professionally or financially invested in a particular treatment program.
- Don't accept anything less than a master's degree-prepared therapist or counselor. (See chapter 4 for a discussion of credentialing of professionals.)
- If you don't like the therapist, counselor, or doctor—or you don't feel understood, accepted, and respected—get help someplace else.
- If the program doesn't routinely use medications such as naltrexone or topiramate for alcohol addiction and Suboxone or methadone for both detoxification and maintenance treatment of opioid addiction, look elsewhere.
- Rather than go through rehab over and over, which is senseless, find a professional with addictions expertise who will work with you on an ongoing or intermittent basis.
- Don't pay more for residential or "inpatient" treatment thinking the outcomes are better than in outpatient rehab because they're not. If you can't abstain without residing in a structured, sober-living facility, then by all means do so. But it doesn't need to be in an expensive rehab. (Paul said that he was aware of this, but that he "sometimes felt 'pushed' into rehab, as if it made everyone else happy to know that I was simply somewhere 'safe.'")
- Find a place that will aggressively help you with any co-occurring psychiatric and medical conditions. (Elizabeth F. learned from her experience trying to get help for her PTSD at a high-end addiction rehab, "There's no one there to advocate for you, so you have to be the squeaky wheel." She doesn't think she would have seen a psychologist after her initial visit if she hadn't pressed for special help.)
- Find help that's not time limited and engage in whatever therapy you choose (and use medication, if prescribed) for at least a year. Expect that you might relapse and have an emergency plan in place in case you do. If it happens, stop it as soon as possible, pick yourself up and get right back on track, looking forward, not back. Nothing can take away every sober day you have—you don't have to "start over" after a slip or relapse. Paul S. figured this out for himself after a while and said, "I always got the feeling that since I'd started drinking again, it was back to kindergarten from twelfth grade; it was starting all over again. But every time I picked back up drinking and then stopped again, I tried to learn what I could from it. Sometimes I felt as though I'd failed, but deep down knew I wasn't a failure and wasn't inherently flawed, and that any work I'd done and progress I'd made before was not washed away and I was not 'back at the beginning.'"

Dr. Mark Willenbring is a former director of the Treatment and Recovery Research Division of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), author, and advocate for change in the recovery treatment system.