

COMMENTARY BY BFC
PRESIDENT AND CEO
JOHN SCHWARZLOSE

Happy Birthday, Betty!

Dear Betty:
April 8, 2008,
is your birthday.
Happy 90th!
May I take just
a moment to re-
flect on what an extraordinary per-
son you are.

*"Life is short, opportunity
fleeting, experiment treacher-
ous, judgment difficult."*

Hippocrates wrote that more than
two thousand years ago. And those
words ring so true today, and they so
help to capture my thoughts today.

"Life is short."

Don't we all know that too well!
Yet it seems to me that you haven't
wasted a moment of your life on this
Earth! You've used the time God's
given you to do so much for so many.
You've been an incredible mother to
your children, an amazing life partner
to your beloved and terribly missed
husband – and an inspiring beacon
of hope to millions upon millions of
women and men around the world.

"Opportunity fleeting."

Within a few short years of begin-
ning your own journey of recovery,
you and your dear friend Leonard
Firestone began to dream about an
addiction treatment facility that could
somehow be built literally on sand in
the desert that is the Coachella Valley.
It must have seemed like a mirage
at the time! But you and Leonard
(with a big – and uncredited – as-
sist from a certain former President
of the United States!) kept the pedal
to the metal, as they say, and just a
few years later, the Betty Ford Center

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90-Day Treatment Stay the New "Gold Standard"

It's one of the oldest truisms in the
addiction treatment field: the best
friend a patient has in treatment
is time.

For many years,
lip service was paid
to that old rule. But now longer-
term treatment is becom-
ing the norm. In the words of
Dr. Johanna O'Flaherty, Vice
President of Treatment Services
at the Betty Ford Center, "Ninety
days of treatment is the new 30
days of treatment."

According to Dr. O'Flaherty,
"While the traditional 30-day
treatment model is an appro-
priate level of care for many
patients, we are finding that a
longer length of stay allows the pa-
tient to focus on recovery, along with a myriad of other
psychological issues."

Dr. O'Flaherty references extensive re-
search funded by the National Institute
of Drug Abuse (NIDA) that concludes,
"For most patients, the threshold of sig-
nificant improvement is reached at about
three months in treatment." The NIDA re-
searchers referred to well-organized and
conducted 90-day programs as "the gold
standard" in treatment.

At the non-profit addiction
treatment hospital that is the
Betty Ford Center, about one-
third of incoming patients
now choose the 90-day-stay
option. Many 90-day patients
are persons with multiple
prior attempts at treatment/
recovery, chronic relapsers,
and/or patients who require
prolonged detox.

Another large group of
90-day patients are licensed
professionals, such as doctors,
dentists, lawyers, pilots, phar-
macists and nurses. In order to
retain (or regain) their professional license,
they must satisfy stringent treatment guide-
lines and submit to rigorous post-treatment
sobriety-monitoring procedures.

Following medically-supervised detox

protocols, 90-day patients live in a cluster of
homes in a community near the Betty Ford
Center's main campus, which is located in
Rancho Mirage, California.

With their housemates,
90-day patients participate
in daily treatment activities,
working on issues that could
well be relapse triggers.
Evenings and weekends pro-
vide opportunities for patients
to develop sober lifestyles by
participating in healthy recov-
ery activities, such as attending
12-Step meetings. These activ-
ities can help build a founda-
tion for life-long sobriety.

During the second and
third months of treatment, pa-
tients participate in intensive workshops that
explore critically-important issues such as
relapse, codependency and relationships.

During the third month patients also work
with other patients – newer to treatment – at
the Betty Ford Center and at other local treat-
ment facilities.

According to John Southworth, one of the
country's leading interventionists, the trend
to longer-term treatment is "data-driven."
During the past decade, he says, rigorously-

tested outcome studies for ad-
dicted licensed professionals
who've gone through treat-
ment programs have yielded
incontrovertible evidence that,
as Southworth puts it, "longer
[time in treatment] is better."

"A person can still get and
stay sober by going to AA meet-
ings, or going the outpatient
treatment route," Southworth
says. "But the data states de-
finitively that a significant
length of time – 90 days, 120
days – spent in a formal, cred-
ible treatment program gives
an alcoholic or addict the best
chance of lifetime sobriety."

Dr. Harry Haroutunian, Physician Director,
Residential Treatment, Licensed Professional
Program and Clinical Diagnostic Evaluation
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Dr. Johanna O'Flaherty, Vice
President, Treatment Services,
Betty Ford Center



Dr. Harry Haroutunian, Physician
Director, Residential Treatment,
and Licensed Professional
Program, Betty Ford Center

OVERHEARD...

"Reading Dad's book, the thing that
popped out that I hadn't fully un-
derstood was how much I hurt people. I
had this idea that if I wanted to kill my-
self, it was my own business – no one
had a right to me. And the thing I saw
from the book is that killing yourself is
such a selfish act that affects so many
people. But when you're in the middle
of addiction, you don't see that. All you
see is your own pain. Part of my recov-
ery is knowing that all these people are
depending on me."

–Nic Sheff, author of *Tweak:
Growing Up On Methamphetamines*,
commenting on his father (David)'s
book *Beautiful Boy*. Nic is 30 months
sober. *The New York Times*, 2/26/08

"Riveting as a car wreck, 'Cele-
brity Rehab' is an assembly of
TV-created celebrities willing to be
debased under the patina of enter-
tainment. Watching the show yields
the nagging sense that Dr. Drew
would staff the local shopping mall's
vitamin store if he thought it would
land him a prime-time platform."

–TV critic Brian Lowry,
Daily Variety, 1/10/08

"Smoking a joint is equivalent to
20 cigarettes in terms of lung
cancer risk, New Zealand scientists
have found, as they warned of an
'epidemic' of lung cancers linked to
cannabis."

–*Los Angeles Times*, 2/2/08

"Marijuana remains the most
widely used drug [among
high school students], one in 10
eighth-graders, one in four 10th-
graders and nearly one in three 12th-
graders say they smoked marijuana
in the past year."

–*USA Today*, 12/11/07
Fifty thousand teens were surveyed.

"As federal parity legislation has
wobbled along over the years,
42 states have adopted their own ver-
sions of parity, offering a patchwork
of standards for insurance companies
on coverage for addiction and men-
tal illness.... Many providers have
complained that insurance compa-
nies have often found it easy to deny
benefits by ruling that claims are not
'medically necessary,' a potentially
tough standard when it comes to ail-
ments of the mind."

–*The New York Times*, 3/28/08

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at the Betty Ford Center, cites data presented just a few weeks ago by addiction research pioneer Dr. Robert DuPont that indicates alcoholic/addicted doctors who undergo longer-term (mostly 90-day) treatment enjoy a 78% "success" (long-term sobriety) rate; the recovering doctors were monitored (via randomly-timed and conducted blood tests) over a seven-and-a-half-year period.

"In this field," Dr. Haroutunian says, "We've always shied away from discussing 'success rates' when it comes to post-treatment long-term sobriety. But now we have hard numbers, and it's gratifying to see them and to be able to cite them."

Interventionist John Southworth says while scientifically-derived data supports longer-term treatment, that's not the only factor at work. Length-of-stay decisions are also made based on available resources.

"If a person can only afford eight days of residential treatment, then I'll go that route," he says, "and then hopefully move them into a low-cost sober-living situation."

"Something is always better than nothing."

According to Tim Johnson, Admissions Team Leader at the Betty Ford Center, "As potential patients and families do their homework and get more educated about the disease of addiction to alcohol and/or other drugs, they are drawn to programs that offer treatment over longer periods. They see the value in making a commitment to doing what it takes to ensure their recovery."

To callers who hesitate being away from home or work for 90 days, Johnson and his colleagues merely ask the

individual and/or her/his family to, in his words, "Keep an open mind to treatment."

Tim Johnson says, "Many individuals come to realize that to really come to grips with this disease, to really increase the odds that I won't relapse and have to come back into treatment some time in the future, I'm better off to 'do the time' now."

According to Elaine Martin, a Lead Counselor at the Betty Ford Center, "Many people who've been through treatment in the past would agree, I think, that they certainly would have benefited from a longer stay in treatment. I know I would have. I was in treatment for 21 days, and during those three weeks all of my cross-addictions – and there were several of them! – remained safely locked away in the denial closet."

Elaine Martin says an increasing number of incoming patients are addicted to more than alcohol and/or other drugs. "They have an eating disorder," she says, "or an addiction to sex or gambling – especially gambling. It's the existence of those 'add-on addictions' that we see emerge during longer-term treatment. And the sorry fact is if you don't know about – and tackle – the entire addicted person and persona, you're just rearranging deck chairs on the Titanic."

The truth is, she says, "if the addicted person and her/his treatment team don't invest the time required to peel away the layers of someone's addicted self, then the person is left in a terribly vulnerable state, and will face a host of relapse triggers."

Another factor that's leading to longer patient stays, according to Martin, is that "we're seeing so many more young adults seeking treatment than we used to, and those young adults are addicted to what we call 'medicine-cabinet drugs' – things like Oxycontin and Vicodin – versus more traditional 'street drugs.' Those prescription drugs chew up the brain, and from the treatment professional's perspective, you don't

just *want* more than 30 days to get a handle on treating persons pharma-addicted, you *need* more than 30 days."

Also, says Martin, "the acuity level is going up – not just at Betty Ford, but industry-wide. An increasing number of patients are showing up on our doorstep with serious mental health issues. By spending more time in treatment, a patient gets to spend more time with psychiatrists and psychologists, who have more time to diagnose and treat co-morbidity factors and issues."

Ron Armstrong, a leading interventionist, applauds the longer-stay-in-treatment trend.

"It's great that patients leave a treatment facility like the Betty Ford Center with a comprehensive recovery plan," says Armstrong. "But what's *really* valuable – in addition to a plan like that – is having real-world experience living a sober lifestyle, 24/7. And that's what happens during 90 consecutive days in treatment at the Betty Ford Center."

"I applaud precepts like 90-meetings-in-90-days after leaving treatment, but I'd argue that what's *even more* important is that a person new to recovery has experience under his/her belt coping with actual staying-sober challenges. The best way to do that is to walk the walk – to spend hours and days and weeks and months living in a sober community environment with other persons facing the same challenges you are, all of you coping, in a healthy, productive way."

As far as getting addicted souls *into* longer-term treatment, counselor Elaine Martin has a succinct answer to individuals who say, "Oh, I couldn't possibly be away from home for more than 30 days," or "Oh, I couldn't possibly be away from my job for more than 30 days."

"I tell them," she says, "If you die from this disease, you'll be away a lot longer."

"It's in magazines, on the radio, on TV, on the internet, on billboards, on video games. Everywhere kids turn there are positive images of drinking [alcohol], and no negative ones. How do even the best parents counteract all those messages? They can't."

Maine Special Assistant Attorney General Jessica Maurer, in *Emmy Magazine*, May 2008



SNEAK PREVIEW – BFC Chairman's Council member Barbara Littman explains plans for the new Patient Entrance at the Betty Ford Center, which will expand and connect the existing Firestone and Ottenstein Halls. Littman is a New York-based architect who has advised the Center's planners during the development process, which included extensive consultation with BFC employees and management who will be affected by the changes. Watching and listening to her description are (from left) Chairman's Council member Jim Heiting, Board chairman Susan Ford Bales, Board of Directors member Mike Martella and Betty Ford Center President and CEO John Schwarzlose. The "sneak preview" took place April 8, 2008 during a combined meeting of the Center's Board of Directors and Chairman's Council – held the same day Betty Ford celebrated her 90th birthday. The goal of the new patient entrance and relocation of many staff offices and patient facilities is to allow for seamless processing of incoming patients, so that medical assessments (in particular) can occur in an organized, orderly fashion. Construction on the new features and facilities is expected to begin in August 2008, and to last for 12 months.

Happy Birthday

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opened for business.

"Experiment treacherous."

An addiction treatment *hospital*? There were very few of those in the U.S. back in the early 80s and virtually none in the state of California. Yet you knew that addiction to alcohol and/or other drugs is serious business, and requires serious treatment, and that treatment works best in a hospital environment. On October 4, 1982, when we first opened our doors, we did so – as a licensed addiction treatment hospital.

Gender-specific treatment? You knew, from your experience at the Long Beach Naval Hospital and in your own journey of recovery, that women addicted to alcohol and/or other drugs have unique histories and sensitivities – and that they should be treated separately from men. How prescient you were! Now – in 2008 – there's virtually no one in the field who doesn't recognize that fact. But back in the early 80s you and we were groundbreakers.

"Judgment difficult."

You were chairman of our Board for more than two decades. Your vision and your leadership got us through many challenges. You were not afraid to assist us in making tough calls.

I'll never forget the time we had to decide to gamble on whether, if we committed to reserving 50 percent of our beds for women patients, we could keep those beds filled. A lot of folks thought we couldn't/wouldn't. It was a difficult judgment call. But you knew in your heart what the right thing was to do. And in the long term, of course, it was precisely the right call to make.

You and I were criticized when we opened our doors to women and men in need 26 years ago because we insisted that our formal, intensive Family Treatment Program begin at the same time. We were not about to be a place of healing for addictive disease without offering assistance to family members and loved ones.

When it became apparent that young people under the age of 13 did not belong in a mostly adult Family Program, you challenged the staff to develop a state-of-the-art Children's Program. That vision of yours to reach out to children ages 7-12 is now allowing whole families to begin the healing journey in California, Texas and Colorado. The Betty Ford Center's Children's Program is unique in the world.

The average length of service of a CEO in the health care world is less than four years. I have had the privilege and honor of working at your side for 26 years. I'm often asked why I've stayed so long. The short answer is, "Betty." To assist you and our incredible staff to create this special place of healing is a work of love. All of us – staff, volunteers, alumni – work every day to help your dream stay alive.

Betty, your dream that the Betty Ford Center could become a place of safety for women and men in need comes true every day. This is indeed a place of healing and hope.

God bless you and your family on this special day.