

Dr. Kevin McCauley's

# 10 Principles of Successful Addiction Treatment

In his CD, *The First Year of Recovery*, addictionologist and recovering addict Dr. Kevin McCauley outlines 10 principles essential to a 95% success rate of recovery from addiction. McCauley works with addicted pilots who are highly motivated to recover and return to flight, and his principles form the foundation of the Pilot Recovery Program. Shirking on the recovery program lessens the probability of success, and each compromise in adherence to the program's principles can reduce the chance of a successful recovery. Impaired doctors and nurses achieve an 85 to 95% recovery rate in programs based on a similar protocol, and the Pilot Program principles can be applied to other populations with a similarly high rate of successful outcome.



## McCauley's 10 Principles:

- 1 – 90 Days of Residential Treatment.** It has been demonstrated that 30 and 60 days of treatment are insufficient to provide a solid foundation for recovery. A full 90 days in a residential program provides a strong base for ongoing recovery.
- 2 – Seamless Transition into a Sober Living Environment.** McCauley emphasizes that the addict should visit sober living houses — and choose the one he or she will move into — while still in residential treatment. Upon release from the inpatient facility, the recovering addict should be transported directly to the sober living environment so there is no time during this vulnerable transition for the addict to obtain drugs or alcohol.
- 3 – Frequent, Non-Random Drug Testing.** Drug testing must continue throughout the first year of recovery and be performed at frequent enough intervals to detect any time the addict uses his or her drug of choice. Any lower frequency gives the addict a window in which to use with impunity, which is a disservice to the recovering addict: a clean test enhances motivation for recovery.
- 4 – Outpatient Treatment Program.** While the addict is residing at a sober living environment after being released from residential care, he or she needs to continue treatment. This will entail working with a drug addiction counselor and may include individual, family and/or group therapy.
- 5 – A Relapse Prevention Plan.** A recovering addict may be exposed to old triggers to drink or use, and new situations are likely to arise in which he or she will have impulses to use again. Very early in outpatient treatment — if this has not been done during the residential stay — it is helpful for an addict, in the presence of his or her therapist, to draw up a relapse prevention plan that spells out in detail who to call, where to go and what to do when impulses to use arise. The addict should write out his or her plan, carry it at all times, and use it religiously as needed.
- 6 – 90 AA Meetings in 90 Days.** “90 in 90” means that the addict should attend at least 90 meetings in his first 90 days of being in outpatient treatment. This gives the recovering addict a firm footing in the recovery community of Alcoholics Anonymous. In the environment of AA, the recovering addict can learn sober ways of thinking, behaving and coping, and observe sober people who are creating sober lives for themselves. AA offers the addict a community in which to develop personal connections and to feel a sense of belonging.

7 – Meeting with an Addiction Physician. There can be medical complications resulting from addiction, and a physician versed in the physical effects of addiction, and the physical changes that accompany recovery, will be best able to help the addict understand and manage his symptoms.

8 – Meeting with an Addiction Psychiatrist. There may be psychiatric issues that preceded addiction or that arose during the period of use, and a psychiatrist who is knowledgeable about the psychological issues that accompany drug and alcohol dependence can distinguish psychological symptoms that are transitory aspects of recovery from those that may benefit from psychotropic medication. Sometimes an addict needs a period of time to be sober before a psychiatrist can determine what symptoms are likely to clear up with sobriety.

9 – Return to Work. Returning to work is an important aspect of becoming a fully functional after a lapse into addiction. Furthermore, work helps build self-esteem and offset the shame that generally accompanies addiction and job loss. Someone in early recovery may benefit from choosing a lower-stress job than he or she had previously, since the goal of working at this phase of recovery is to provide consistency, structure, responsibility and an opportunity to perform well rather than to embark on, or resume, a particular career path. For some people in recovery, return to a previous job is appropriate, but for others this is not the case. Determining what constitutes appropriate work for a specific individual is a topic that the recovering addict can person discuss with a therapist or group leader.

10 – Fun. The dopamine that has been depleted in addiction needs replenishment. Learning non-drug-using ways to produce pleasure is essential to rebuilding the natural supplies of dopamine. Without dopamine, recovery will not be appealing, the addict will experience more pain than pleasure, and the option of returning to alcohol or drugs in order to feel good will be compelling.

Following these ten principles can be a tall order, which is why the person in recovery, and his or her family, can benefit from substantial support and guidance. A counselor can reinforce these principles, and can steer the recovering person to their close adherence, for the sake of building a solid recovery platform.