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Book Review

Treating Substance Use Disorders with Adaptive Continuing Care. James R. McKay, American Psychological Association, 2009. Washington D.C., 277 pages, \$69.95, ISBN 13: 978-1-4338-0459-5.

Recent reviews of the dominant approaches to addiction treatment are filled with calls for a “seismic shift rather than mere tinkering,” a “quantum leap,” [1] a “fundamental shift in thinking,” [2] a “paradigm shift,” [3] and a “sea change in the culture of addiction service delivery.” [4] Central to these critiques is the perceived need to shift the focus of addiction treatment from intensity (acute biopsychosocial stabilization) to extensity (sustained monitoring and support, assertive linkage to indigenous recovery communities, stage-appropriate recovery education, and when needed, early re-intervention). [5] As “systems transformation” efforts unfold at national, regional, and local levels to achieve this shift, treatment leaders are searching for a cogent synthesis of the scientific research relevant to these redesign efforts. James McKay’s *Treating Substance Use Disorders with Adaptive Continuing Care* stands as the best singular summary of such research.

McKay’s text is rigorously researched and written in an accessible style that will find appreciative audiences among fellow scientists, behavioral health care policy makers and administrators, as well as those working on the frontlines of addiction treatment and peer-based recovery support services. The book establishes the scientific rationale for sustained recovery management, summarizes studies to date on various approaches to long-term recovery support, and suggests future directions for enhancing long-term recovery outcomes. *Treating Substance Use Disorders with Adaptive Continuing Care* notes the emergence of new service institutions (grassroots recovery community organizations), new recovery support roles (recovery coaches), new service delivery media (e.g., telephone- and Internet-based recovery support services), and new technologies of long-term care management (e.g., use of algorithms to adapt ongoing care, recovery checkups).

A central finding in the research reviewed is that the theoretical orientation of addiction treatment may not be as important as how that

treatment is delivered. According to McKay's review, treatment delivery, regardless of orientation, is best driven by the following principles: 1) duration of the service relationship matters, 2) proactive strategies of engagement and retention are crucial, 3) incentives elevate outcomes, and 4) assertive linkage to family and community recovery support resources elevate long-term outcomes. This book is a valuable read for anyone interested in the future of addiction treatment and recovery, and essential reading for those responsible for the planning, funding, design, delivery, and evaluation of addiction treatment or peer-based recovery support services. Continuing care is not something that happens after completion of primary treatment; it is a way to conceptualize all of the care and support directed toward the goal of long-term recovery for individuals and families.

References

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William L. White
Chestnut Health Systems
Bloomington, IL USA