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A Purposeful Life: An Interview with John Schwarzlose President and CEO of the Betty Ford Center

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In April 1978, former President and First Lady Jerry and Betty Ford announced to the nation that Mrs. Ford had sought treatment and was recovering from addiction to alcohol and other drugs. It was a riveting moment in the history of addiction treatment and recovery in America, but the Ford family had further contributions to make to that history. On October 4, 1982, the Betty Ford Center opened on the grounds of the Eisenhower Medical Center in Rancho Mirage, California. When Mrs. Ford sought a leader for the treatment center that would bear her name, she chose John Schwarzlose. Since then, the Betty Ford Center has achieved international esteem under his leadership and has treated more than 80,000 patients (half of whom have been women). Through these years, the Center also developed specialized treatment for licensed professionals, innovative programs of focused continuing care, state-of-the-art family and children's programs, and an independent Betty Ford Institute whose mission includes recovery-focused research dissemination, public and professional education, and policy advocacy.

I have known John Schwarzlose as a valued colleague and friend for most of my career and welcomed the opportunity to interview him in between sessions of the 2010 annual meeting of the National Association of Addiction Treatment Providers. Join me in this sweeping discussion of John's career and the work of the Betty Ford Center.

Education and Early Career

Bill White: John, let me start with the question all of us in this field are often asked: "How did you choose to work in this most unusual profession?"

John Schwarzlose: Well, it's an interesting story. When John F. Kennedy was President, he pushed legislation that sparked the community mental health movement. In response, a professor of Psychology at Northern Illinois University—where I did my undergraduate studies—started a Master's program in Community Mental Health. I enrolled in that program, which combined elements of community and educational psychology. A major aspect of the program was work within the community, so in 1971, I began working at Singer Zone Center in Rockford, Illinois. The Center was a state psychiatric facility designed to help patients in aging state hospitals re-enter their local communities after years of institutionalization. I was fortunate to meet a psychiatrist named David Stinson who had a particular passion for the treatment of alcoholism. I liked working with alcoholics and was impressed with the dramatic changes that were possible in their lives. So, I went back after a semester at Singer and told my professors that I wanted to pursue a career in the alcoholism field. They were appalled. They said, "Why would a bright young man want to work with alcoholics and addicts? That would be such a waste of your time." In spite of their discouragement, I continued to pursue this interest with a visit to the Alcoholism Treatment Unit at Lutheran General Hospital, where Dr. Nelson Bradley; Gene Rossi, a psychologist; the Rev. John Keller, this incredible Lutheran minister; and others were adapting the Minnesota Model of alcoholism treatment for delivery within a community hospital. Through them, I became even more excited about the future of alcoholism treatment.

Bill White: What was the first job you obtained in the field?

John Schwarzlose: I ended up working as an evening counselor for the Peoria Area Council on Alcoholism for the robust salary of \$8,000 a year. I worked out of an outreach center for Skid Row alcoholics on the far south side of Peoria—an area once known for its houses of prostitution. The Council had gone to the county board and asked, "How much does it cost you to put someone in jail overnight for public drunkenness?" They said "29 dollars." The Council said, "Drop them off at our place, and for the same price, we'll take care of them and keep them out of your jails." They thought that was a great deal. So, there I was: 22 years old, with a Master's Degree, thinking I knew far more than I really did, and working for a much older recovering alcoholic who smoked one cigarette after another. The whole thing was a kind of trial by fire. I worked the 3 to 11 shift and got to know alcoholism up close and personal—with guys vomiting and going into DTs.

We had no medicine, no nurses, only tender love and care. And of course, I learned more from that experience than all of the books I had read in school.

Bill White: What are some of the lessons you took from that work?

John Schwarzlose: By far, the biggest lesson was to never give up on anyone. Here were these homeless men living on the streets, rejected by society, with apparently little prospects for future recovery. And yet I witnessed such recoveries. I remember one Navy veteran who had lost an arm in the war who I saw really beginning to get it. He came to me one day and said, “John, there is a great speaker tonight at a 12-Step meeting in town. Would you come to the meeting with me?” Well, I was having a second date that night with the woman who has now been my wife for the past 36 years. So, I called her and I said, “I know we were going to go have something to eat, but is it ok if I take you to an open AA meeting first?” She should’ve known right then. I saw men virtually reborn through that work.

Bill White: What was the next position you held?

John Schwarzlose: In 1974, the Peoria Mental Health Clinic was forced to hire an alcoholism counselor as a condition of their federal funding. So, the Clinic director hired me for \$12,000 a year on the condition that I generate that amount of patient fees to cover my salary. So, I went to work as the token alcoholism counselor at the Peoria Mental Health Clinic in hopes I could generate enough fees to support my plan to get married later that year. There were some experienced therapists there who taught me a great deal about group and individual therapy. I also started getting more involved in the larger alcoholism field at this time by going to conferences and visiting the few other programs that existed.

Bill White: Peoria’s a pretty good sized city, and yet in 1971, you’re describing a city with few alcoholism treatment resources and not much of a larger field at this time.

John Schwarzlose: There wasn’t. Most people going to inpatient alcoholism treatment at this time had to go to Hazelden in Minnesota, Lutheran General Hospital near Chicago, or a bit later to the Hyland Center at St. Anthony’s Medical Center in St. Louis. Most communities at this time did not have local inpatient alcoholism treatment.

Bill White: Was this when you enrolled in a PhD program?

John Schwarzlose: Yes, I got married and started to work on a doctorate degree in Psychology at Northern Illinois University. I traveled to night classes while working days. My wife was a schoolteacher and like so many young people, we were moving in a lot of different directions. But I stayed at the Peoria Mental Health Center, which became the Human Service Center in 1977. I became the Coordinator of the alcohol and drug division and had three counselors working for me.

Bill White: How did the opportunity to move to Proctor Hospital come about?

John Schwarzlose: Proctor Hospital—which was the smallest of the three hospitals in Peoria—decided that they wanted to have an inpatient alcoholism unit, and they contracted with Dan Anderson of Hazelden to help them plan the unit. I was hired by Dan Anderson and John Smith, the administrator at Proctor, to open the unit. In preparation, I spent five weeks at Hazelden in the Fall of 1978. They wanted me to learn everything about Hazelden, so I began the experience by going through the program as if I were a patient. I arrived at Hazelden on a cold, rainy Sunday night and went to Ignatia Hall—the entry unit—suitcase in hand, wet and shivering. An LVN greeted me and took her two hands and wrapped them around mine to warm them and looked at me and said, “We’re really glad you’re here.” She didn’t know if I was a patient or a visiting dignitary. And I thought, “How welcoming and accepting!” That’s the first lesson I learned at Hazelden.

I spent five weeks at Hazelden and learned some incredible lessons that have stuck with me over my career. I went back to Peoria and in February of 1979, we opened a 35-bed treatment center on the fourth floor of Proctor Hospital. The unit was successful from the beginning, due in great part to the relationships we formed with such major employers as John Deere and Caterpillar. Like many other programs of that era, we modeled ourselves on the Minnesota Model. One of the hardest things we faced was finding doctors to serve as our physicians. And my work there kept me in touch with Dan Anderson, who had become something of a mentor to me.

Bill White: Didn’t Dan suggest a shift in your educational activities?

John Schwarzlose: Yes, I’ll never forget my wife and I having dinner with Dan and him asking me, “John, you’re working on this doctorate degree. Are

you going to work as a psychologist?” When I explained that I had no such aspirations—that I loved what I was doing—he challenged me: “Then why are you getting a doctorate? Let me ask you something, John. You ever had an accounting course? You ever had an economics course? You ever had a marketing or basic management course? How are you going to make management decisions without that preparation?” Coming from Dan, I took these questions very seriously and ended up enrolling in the University of Illinois’ Executive MBA program.

Bill White: Dr. James West has also been an important mentor in your life. When did you first meet him?

John Schwarzlose: In 1974, I got involved with the first effort in Illinois to create a certification system for alcoholism counselors. I volunteered to work on one of the committees supporting this effort, and at our very first meeting, this very distinguished looking gentlemen entered and said, “I am Dr. James West. The Illinois Medical Society felt we should have a representative here.” He further introduced himself as a recovering alcoholic physician. And he seemed to be involved with anyone who was anyone concerned with alcoholism, from the major treatment centers to the Catholic Church. So, when I think back, Bill, to having Dan Anderson and Jim West as my mentors, I think that God was definitely smiling on me! They were both men of such integrity whose constant thought was “the patient comes first.”

Bill White: John, we’ve talked about opportunities you said yes to. Were there any that you declined?

John Schwarzlose: One stands out. In 1980, I was contacted by Parkside Medical Services, which had absorbed the Lutheran General Hospital Alcoholism Treatment Unit. They explained that they were going to start alcoholism treatment units all over the country and that they wanted me to consider serving as the Executive Director of the first freestanding unit they were opening in Mundelein, Illinois. Being considered for this position was an incredible honor, but I declined it, in part because Dan Anderson suggested that there might be another opportunity on the horizon that would be a better fit for me.

Early Days of The Betty Ford Center

Bill White: Was that opportunity the Betty Ford Center?

John Schwarzlose: Yes, Dan told me that I would be getting an invitation in early 1982 to come to Palm Springs, California, to interview for the CEO position of the newly opening Betty Ford Center. They had six candidates—all with PhDs—and myself. In part due to strong recommendations from Dan Anderson and Dr. West, I was offered the position, which I accepted with great excitement.

I was only 33 years old. I often asked Mrs. Ford over the years, “Did you worry about bringing in someone to head the Betty Ford Center who was so young?” She said she didn’t, and that she relied on Dan Anderson’s declaration that I was the one. She also said, “John, don’t ever take lightly the fact that you were the only candidate who was still married to his first wife and that you were obviously committed to each other.” Given the family orientation that would permeate the Betty Ford Center in the coming years, my devotion to my own family had not escaped Mrs. Ford.

Bill White: What do you recall about the earliest days of the Center?

John Schwarzlose: By the time I got there in early ’82, we had just started to lay the foundation for the original campus, and fundraising was heavily underway. Mrs. Ford and President Ford had gone to Sacramento months earlier and pushed passage of a new law creating the licensed addiction hospital. I recall Dr. Jim West, Dr. Joe Cruse and I having endless questions and walking through every aspect of the treatment design for the Center. Dan Anderson, in his wisdom, advised us, “This is not Hazelden West. This is the Betty Ford Center. You have an opportunity here to do something great and unique.” So, we drew on earlier traditions but created our own brand of addiction treatment. When we started hiring people, we received more than 300 applications from all over the United States for the counseling positions. Most of the applicants had Master’s in Social Work, Psychology, or Counseling, but no experience in addiction treatment. So, we did what a lot of programs did at that time. We hired some with a lot of education and others with less education but lots of recovery experience.

Mrs. Ford and Mr. Firestone were intensely interested in everything that was going on. Before we opened our doors, we took the original 22 staff, some volunteers, Mrs. Ford, and Mr. Firestone, divided it in half, and each group stayed three days and nights overnight so we could test everything from the showers to the food. I didn’t find out for almost 20 years that Mrs. Ford really didn’t stay those nights. At about 10 o’clock

when everybody was going to bed, the Secret Service quietly took her to her home a half mile away. We got a good laugh years later when she finally confessed that.

Bill White: The Ford family seems to have been involved throughout the development of the Center.

John Schwarzlose: Mrs. Ford and President Ford were involved in every step. He always let Mrs. Ford play the lead role with the Center, but he was involved in fundraising and legislative matters. He always said “This is Betty’s place.” In fact, one of the things a lot of people don’t realize is that she was very much against putting her name on the Center because she only had 3-plus years of recovery when it opened. She said, “That’s not very long to be clean and sober. What if I take a drink and my name is up there?” President Ford, to his credit, said, “Honey, you’re right, and it’s the reason why you keep practicing this program one day at a time, but think of the impact of having your name on there. It will be like a beacon to people that this is an okay place to go.”

Mrs. Ford understood this because of the early response to the candor with which she had handled her treatment for breast cancer while in the White House.

Bill White: Mrs. Ford’s own treatment for addiction seems to have also influenced the design of treatment at the Betty Ford Center.

John Schwarzlose: To the credit of the Navy facility at Long Beach, and to a nurse named Pat Benedict who personally guided Mrs. Ford through her treatment, Betty got introduced to two women who took her under their wings and introduced her to other women in recovery: Muriel Zink and Mary Bel Sharbutt. Through this support, she was able to craft a very strong personal program of recovery. We wouldn’t have a Betty Ford Center if she hadn’t. From the very beginning, her recovery experience made us so real.

Bill White: What was the initial response to the opening of the Betty Ford Center?

John Schwarzlose: We had a dedication October 3, 1982, with at that time, Vice President George H. W. Bush, his wife, Barbara, and Bob and Delores Hope. Bob and Delores Hope had given all the land for Eisenhower Medical Center, who then gave us land for the Betty Ford Center. The following

morning, Monday, October the 4th, Betty went on Good Morning America live from California with David Hartman. She said, “John, don’t ever let me do that again” because it was 4:30 am California time. At this early hour, she told the world that she’d opened her Center, and people from all over the world started calling for help. Her original thought was, because of the 20 million people from San Diego to Santa Barbara, that we would be a Southern California center, but from the beginning, Betty’s prominence made this an international center.

But here’s the part that people don’t know: Betty would spend two or three days a week at the Center, not looking at financial statements, but talking with the patients. She would come eat lunch with the patients. They were all like, “Look at that. She’s sitting at our table?” She’d go over to the patio of a men or women’s hall and sit and have iced tea while she talked with the patients. They’d just be shocked. If we had a patient who had a particularly difficult time accepting treatment, the counselor would sometimes send a request asking if Mrs. Ford might spend a little time with that patient. She couldn’t get there fast enough. She loved it. She would tell me, “I don’t know how treatment works, but I want this to be a safe and warm place for people to come.”

Bill White: I seem to recall that Mrs. Ford also had an influence on the segregation of men and women patients during their treatment.

John Schwarzlose: Mrs. Ford supported experimenting with an all women’s unit and then discussed this issue with Dan Anderson. She told him, “Based on our follow-up phone calls, it seems the women are doing better in the all women’s unit.” So, Dan said, “Then what are you waiting for? Make a statement to the world about what you’ve discovered with this trial.” So we made two women’s halls, two men’s halls, and declared that future treatment at Betty Ford Center would be gender-specific. She knew immediately it was the right thing to do.

Bill White: My impression is that Mrs. Ford also had great affection for the staff at the Center.

John Schwarzlose: One day, Mr. Firestone and Mrs. Ford came into my office. We’d been open several months. They said, “John, how do you think the patients are doing?” I looked at these two co-founders that I loved so much, and I said, “I don’t have the slightest idea.” The look on their faces was like, “You smart-aleck.” I said, “But if we’ve hired the right staff, I

know the patients are going to be okay.” They came to understand that the key was the staff. They talked it over, and Leonard Firestone came to a board meeting shortly after that and said, “We have to give our counselors a raise. They are our doctors.”

Bill White: When I visit the center, I am often struck by the low turnover rate among your staff, particularly your frontline counseling staff. To what do you attribute such staff stability?

John Schwarzlose: I think it’s being committed to staff, paying them well, letting them have a voice, and recognizing their achievements. Every Memorial Day, Mrs. Ford and President Ford would come—and this went on until President Ford died—and join us for a cookout for all staff and patients. Every staff member and every patient would be able to shake Betty’s hand, shake President Ford’s hand. That meant so much to staff to hear the Fords’ sustained commitment to the best possible care for alcoholics and addicts. Seeing that kind of commitment made what they did more than just a job.

Bill White: Did your focus on alumni services begin early in the Center’s history?

John Schwarzlose: At our one-year anniversary in October of ’83, we invited everybody who had gone through treatment to come back and spend the weekend with Mrs. Ford to celebrate their recovery. We had around 200 come back the first year. Betty was amazed. We had all kinds of activities—lots of 12-step meetings and talks—and that weekend started her love affair with our alumni. After that, we would have a special weekend for alums once a year, and those got to be so popular that we now have renewal weekends throughout the year.

As you know, Bill, today we have regional alumni volunteers all over the United States and Canada. We are committed to staying in personal touch with each patient for a year after discharge. We now offer 12 months of monitoring for patients completing 90 days of treatment. We do chat rooms on our own website for alums. We want them to feel like they’re part of the family. It’s interesting that the initial funding to support all these alumni services came from the first two alumni on the Board of Directors, who out of their own pockets, said, “Let’s create a full-time alumni office. Here’s the funding for it.” And we provide patient scholarships for many of our alums to attend the renewal weekends.

Many patients returned for alumni or renewal weekends just to see Mrs. Ford again. They'd come up to her and say, "Mrs. Ford, I can never thank you enough. You saved my life." And Betty would look at them with those incredible eyes and say, "I really appreciate that, but don't thank me. You did it." She wanted them to look in the mirror in awe and say, "Look at me today."

Betty Ford Center: Image versus Reality

Bill White: The Betty Ford Center got an early reputation of being a treatment center for celebrities—the rich and famous.

John Schwarzlose: We did get that reputation, and it drove us nuts. We'd been open one year, and I looked out of my office window and saw a Gray Line tour bus driving through the campus. I called the local Gray Line operator to protest and he said, "After Frank Sinatra's home, you're the second most requested place tourists want to see." I explained, "Well, that's very nice, but you can't drive your bus on our campus." We have treated some very famous people, but they are not our typical patient. This image began to change when people saw us sponsoring such things as children's programs for the migrant community.

Bill White: I seem to recall you also taking steps to increase access to the Center.

John Schwarzlose: Yes, from the earliest days, we offered patient scholarships. No one comes for free because we believe each patient and family have to have a personal investment in their treatment. But we said that if the family could come up with a couple thousand dollars and meet all other criteria for admission, we would pay all the rest of their treatment costs out of a scholarship fund. So, we raised lots of money to do that. Today, we give more than \$4 million a year in patient scholarships; meaning that 15% of patients in all of our programs are receiving financial assistance.

Betty Ford Center Programs

Bill White: John, give our readers a feel for some of the specialty programs that emerged at Betty Ford Center, particularly the focus on family and children.

John Schwarzlose: Betty and I were convinced that family involvement should begin the day treatment started, but many people cautioned us to wait until late in treatment to involve the family. We said, “No, we’re going to have two family counselors the day we open our doors so that when family members bring their loved ones in for admission, they can meet with the family counselor for support and make plans for Family Week.” So, our tradition of having early family engagement and an intense Family Week during the third week of treatment started from Day One when we opened. We also said, “The cost of going through Family Week is included in the cost of treatment, and so the only cost is you getting on a plane and coming here.” We found very early that some people didn’t have the money to buy a plane ticket or stay in a motel when they came here even though we would get them reduced rates. So, there was this woman that Mrs. Ford had known for many years, and she wanted to leave us some money. We said, “Leave us a fund that is a family trust fund that can be used only for one thing: to support any family or loved one who wants to come for Family Week who could not otherwise afford it.” She said, “I’d love to do that.”

Bill White: What about the children’s program?

John Schwarzlose: The children’s program is an interesting story. Early in our experience with Family Week, we recognized that the children were sitting all day long in groups and lectures and other activities that were tough for them to benefit from. So we started thinking about the needs of these children and pulling them out for activities that more specifically met their needs. Then in late 1996, we hired Jerry Moe to develop a specialized children’s program and raised private funds to support the program. Betty was so excited about the Children’s Program and the potential we had to change the family legacy. Talk about prevention in its purest form. And then we had requests to export the Children’s Program to other cities, but Betty refused to franchise the Program.

Bill White: But you did subsequently develop a Children’s Program in Dallas.

John Schwarzlose: Yes, and it’s very interesting how that happened. The large alumni group we have in Texas wanted us to bring a Children’s Program to Texas. The alumni raised \$5 million for this program to create a financial foundation that would ensure our ability to stay and become part of

the community. We then opened an office in Texas that works with the YMCA, the Boys and Girls Clubs, and other youth-serving agencies. Betty was there the day it opened. Her hand was in all of this. She recognized that helping families and children was her legacy. In her many talks to support projects like this, she often did not talk about the Betty Ford Center. Her message was about treatment and recovery for families and children. Her message was not, “Come to the Betty Ford Center.” It was “Recovery is possible. Don’t ever give up on anyone!”

Bill White: John, let me ask you about another program that I think will surprise some of our readers. Talk about the history of the Betty Ford Center’s involvement with Native communities.

John Schwarzlose: This involvement began when the Indian Health Service approached us about treating Native people from their western region, including Utah, Arizona, and California. We readily accepted this proposal and provided training to our staff that would help address cultural aspects of treatment and recovery for these patients. Then in the late 1990s, members of the Alkali Lake Tribe in British Columbia visited the Betty Ford Center. They told us the story of this tribe’s remarkable transformation from a community that had once suffered from a 90% addiction rate. We were so impressed with their story that several staff visited Alkali Lake, and they asked us if we would become involved with their recovering community, which we were honored to do. We have been involved there ever since and have a staff person, Patrick Haggerson, who goes up there regularly to meet with tribal leaders and to provide educational and counseling services, including programs for families and children. The Alkali Lake story is remarkable—from a community devastated by addiction to a story of community recovery. Our latest involvement with Native communities is with the Lakota Sioux on the Rosebud Reservation in South Dakota. This is the part of the work of the Betty Ford Center that is obscured by our celebrity reputation.

A Place of Safety

Bill White: One of the things I notice when I am on the Betty Ford Center campus is its sense of safety and sanctuary.

John Schwarzlose: I think spiritual awakenings and spiritual events happen here all the time. We work hard to create a place where that can happen. At

the end of the day, that's what Mrs. Ford wanted to create: a place of healing, a place of safety. I'll tell you a story that says something about the Betty Ford Center and about recovery. A very famous woman was in treatment in a coed unit in the days before our gender segregation, and she had taken the role of mothering the men on the unit. One day, the therapist skillfully said, "It's time now for you to focus on you. This isn't just about you taking care of other people." The patient was so taken back by the focus going on her that she angrily walked out of group and called American Airlines, declaring "This is _____ and I need a first class flight out of here tomorrow morning." The reservationist said, "I'll be happy to do that, but I want to first tell you your announcement that you were entering Betty Ford Center gave me the courage to keep going to meetings. I'm in recovery also." Well, the celebrity was stunned and said, "Never mind about the ticket," put the phone down, and came to tell me this story. "It was God telling me to get my butt back into treatment. I haven't packed my bags. Is it ok to stay?" I walked her over to her unit and of course, she was welcomed back. When you create an environment of such caring and safety, that kind of thing can happen every day.

A Personal Commitment

Bill White: John, you're one of the most tenured addiction treatment CEOs in the United States at this point. You once told me a story about a personal commitment that Mrs. Ford had asked of you. Could you tell that story?

John Schwarzlose: Sure. We'd been open about five years, and Betty came to me and said, "John, will you give me a commitment?" I said, "To the Betty Ford Center?" "No," she said, "To me." I said, "Absolutely." Over the years, when other leading centers had openings for a CEO, I was very flattered to get calls or visits inquiring about my availability. I would explain to them that I could not leave the Betty Ford Center because of a personal commitment I had made to Mrs. Ford years earlier. I didn't fully comprehend at the time the enduring power of the oath I had given her.

Bill White: I've witnessed the rise and fall of a lot of the leaders in our field. Given your tenure, what guidance do you have about how people can sustain themselves and their health over a long career?

John Schwarzlose: I think you have to have a life outside of the center. When I was coaching my son's Little League team or going on a hike with

one of my daughters, I wasn't thinking about the Center. Being totally preoccupied with a singular part of your life can destroy people. I don't walk around with a Blackberry or an iPhone glued to my hand. The day I have to have email access 24/7, I'm in trouble.

Congressional Testimony

Bill White: Because of the visibility of the center, you and Mrs. Ford have had a lot of opportunities to testify before House and Senate committees. What stands out most for you from these experiences?

John Schwarzlose: On the positive side, I recall how Rosalynn Carter and Betty Ford joined hands and said, "When they define the basic healthcare benefit, we want mental health and addiction treatment services to be included." I was very impressed with what these two women were able to achieve standing together. On the negative side was one of the true wakeup experiences of my life in 1998. President and Mrs. Ford said, "We have to be in Washington, DC June 4th through the 7th. Let's go the 1st of June and make visits to the White House, to the leadership in the House and Senate, and get people excited about our issue." President Ford was able to make all the appointments. We went to the leadership, both Democrats and Republicans, and got absolutely nowhere. They would look at President and Mrs. Ford and even talk about family encounters with alcoholism in their lives growing up. One man said, "Both my mother and father were alcoholics." One Senator said, "I lost a son to a drunk driver." And then President and Mrs. Ford would say, "Well then surely, you'll be a leader in this issue," and they would say, "No." We were astounded at the resistance to raising this as a national agenda item.

The Betty Ford Institute

Bill White: One of the recent endeavors of the Betty Ford Center is creation of the Betty Ford Institute (BFI). Could you describe the Institute and its mission?

John Schwarzlose: Betty Ford Institute was the last piece of Betty's vision before she stepped aside as Chair of the Board of the Betty Ford Center. She did not want the Betty Ford Center franchised into a national treatment system, but she wanted to be able to have a platform through which the Betty Ford Center could influence the larger field. So, we launched the

Institute to focus on translating research on treatment, recovery, and prevention. Most of the existing institutes—TRI, Lighthouse Institute, and others—are supported primarily by funds from the federal government. Our vision was to support the Betty Ford Institute through private philanthropy to assure its independence of voice. So, we've done that and taken on such projects as creating a consensus definition of recovery, exploring post-treatment continuing care, and reviewing graduate medical education on addiction. This September, we're having a conference on parenting and recovery. For Betty, it was a way to keep the legacy going by reaching beyond the treatment provided at the Betty Ford Center.

Bill White: I was impressed from the beginning with BFI's willingness to take on some pretty controversial issues in the field and speak with an independent voice.

John Schwarzlose: From the beginning, we said, "The Betty Ford Institute must have creative independence from the Betty Ford Center." As an example, in our most recent conference on defining recovery, the group was unanimous in declaring that full recovery also means being nicotine free. Not only is that stance getting a lot of reactions from the field, we have also been forced to ask what this means for Betty Ford Center. But this tension is very positive. One of the things I want to do before I retire from this field is to see a day when there is no smoking in any addiction treatment center. What a contribution that would be! Led by our Betty Ford Institute, our long-term treatment and 90-day programs are moving in November into a new home, and we're making that facility smoke-free from the start.

The Future of Addiction Treatment

Bill White: What are your thoughts about the future of treatment and where you see treatment needing to go as we move forward?

John Schwarzlose: One of the things that scares me is the number of people who feel that addiction treatment must become part of primary healthcare. That scares me, Bill, because physicians, nurses, and other key members of primary healthcare don't understand addiction and don't like alcoholics and addicts. I agree that we can't be out there on the fringes, but we have to be careful what we're asking for. So that scares me. Another issue I worry a great deal about is treatment cost and reimbursement. Betty Ford Center is still one of the least expensive of the private treatment centers, but that

doesn't mean it's inexpensive! How does a middle class family come up with \$25,000 to pay for their spouse, their son, or their daughter to go to treatment? Is parity going to make a difference? Those are the kinds of questions that can keep me up nights.

Bill White: The Betty Ford Center has experimented with sustained contact and coaching of patients following treatment. Do you see that as part of the future of addiction treatment?

John Schwarzlose: I do, although it's frustrating that, even though we set up this model and demonstrated its benefit on recovery outcomes, third party payors have not incorporated such services into standard reimbursement for treatment.

Final Reflections

Bill White: John, after a long and very productive career in this field, do you have any major regrets—anything you'd do differently looking back?

John Schwarzlose: Every once in awhile, people say to me, "Do you ever get bored doing the same thing?" I don't know how anybody could be bored in a treatment center because every day is different and challenging. I make mistakes every day. When I stop learning from those mistakes, it will be time to retire. When I start taking myself too seriously, it will be time to step aside. I've learned so much from Mrs. Ford about not taking ourselves too seriously, to have the impact that you can, and then step aside. We often say to new staff, "There's a process that goes on in a place of healing like this. As staff, we often have to get out of the way and let it happen." I hope that lesson is being talked about in all treatment centers. We're not fixing the patient. We're not saving the patient. We're not even really treating the patient. The patient is doing the work. Do people really understand that?

Bill White: Do you have any closing words for people who may be considering entering or may have just started work in this field?

John Schwarzlose: The most important message is the incredible impact you can have on people's lives whether you are working with patients or their families or with children or with communities. To be of that kind of help is a deep blessing to one's own life.