

# Understanding Alcoholism and Helping the Alcoholic

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In a paper dealing with alcoholism, with the underlying distinct possibility of a wide divergency of opinions or conclusions on its cause and treatment, it appears to me that the safest place to start is to quote a passage from Professors Schuetze's and Habeck's, "The Shepherd Under Christ". On page 216 they write: "Drunkenness, however, is sin. Scripture has numerous proscriptions against drunkenness (e.g. Pro. 23, 29-35; Is. 5, 11; Eph. 5, 18; Gal. 5, 21). All drunkenness is sin, whether of the occasional reveler, or the problem drinker, or of the alcoholic. It is an abuse of the body which was redeemed by Christ and is a temple of the Holy Ghost. It is poor stewardship of God's blessings. It frequently does injury to or endangers other persons. According to Scriptures, drunkenness is morally reprehensible. To ignore this is to ignore what Scripture says of it.

"At the same time, the alcoholic is a sick person, psychologically and possibly physically. He cannot control his consumption of alcohol. Some believe that his biochemistry is such that once he begins drinking he cannot stop. To call an alcoholic sick does not, however, eliminate his responsibility to God for the sinfulness of his excessive drinking."

It is very evident from this quote that alcoholism is stated as being both a sickness and a sin. It is conceded that there is an addicting effect of alcohol and yet the alcoholic is responsible before God for his drunkenness.

There are many who classify alcoholism only as a sickness, and the arguments they present are pretty convincing. In establishing alcoholism as a disease, the medical approach is used as it refers to any other disease. A disease, according to this approach, can be described, causes are established, signs and symptoms are delineated and a course of treatment is prescribed. Consideration of alcoholism in reference to these four areas leads many to the conclusion that alcoholism is a disease. For it can be described—causes of alcoholism, both psychologically and physically, have been determined—symptoms of alcoholism are extensively delineated—and many causes of treatment are prescribed. I think it is important to note that while the purist here will deny the culpability of the alcoholic, yet there are many who speak of alcoholism as a disease, neither bringing in the matter of sin nor denying it. Their basic concern is to help the alcoholic break his pattern of alcoholism.

There are also those who classify alcoholism purely in the area of sin. For these drunkenness as condemned in Scripture is equated with alcoholism—and there is no doubt that Scripture has much to say about the sin of drunkenness even as it has much to say about other sins of excess. Those in this camp, it seems to me, have two particular issues of concern. The first is the concept of disease as held by some which removes all blame and responsibility from the afflicted individual. The second is deciding where the willful sin of drunkenness stops and the sin of weakness because of addiction begins.

Generally speaking, these are the three divergent areas of thought concerning alcoholism—sin; sickness; sin and sickness. Perhaps there is yet one more to add, and that is my own consideration of alcoholism. I am not able to classify alcoholism in any of the three, but like many use a combination of all. First of all, over-indulgence in alcohol is a sin just like over-indulgence in eating is a sin. As a pastor, I must, therefore, deal with that in the alcoholic on the basis of God's Word. The sinner must be led to see his sinfulness and repent of it, placing his certainty of forgiveness in the Savior. However, since I make a distinction between drunkenness and addiction, I am in no position to make a judgment of condemnation upon the alcoholic because he is an alcoholic. Also, because in alcoholism I am speaking of the addictive and destructive power of the drug alcohol, supportive services in addition to pastoral counseling are required if a change is to be effected in the life of the alcoholic. Those supportive services, in my opinion, must be a combination of the services of a pastor, a doctor and a counselor. Or to put it another way, the spiritual, physical and psychological life of the alcoholic must

have the concern of those in the helping professions. Does this mean that alcoholism is a disease? In my opinion, understanding a disease as something over which someone has no control, I say it is not. An addiction to a lesser or greater degree? Yes, it can be classified as such. But yet this does not remove the alcoholic from his responsibility. To conquer his alcoholism he must have the will to do so. But because of the addictive nature of alcohol and the destructiveness both physically, spiritually and psychologically of the drug, he needs help from all available supportive services.

As far as I am concerned, this is sufficient in regard to a discussion of an individual's approach to alcoholism. To discuss it any further would be, in my opinion, a "cop out" on the real issue of our day and that is that there are alcoholics and these alcoholics need help. Likewise, I feel it is a missing of the issue to seek to define all the implications of alcoholism and alcohol related problems in theological terms. I believe it to be a failure in carrying out our responsibilities at this point in time, if our first concern here or in our parish work is to try 'to define, persuade, cajole our brethren to a particular point of view, while the alcoholic and his family continue down the road to ruination. My intent, therefore, in the time remaining, is to search out some of the practical aspects of the problem of alcoholism, particularly as they pertain to our responsibility as pastors, some of the practical things we can do, our role as counseling pastors involved with alcoholics, and some of the other professions and institutions that are available for helping us help the alcoholic. Essentially this means that we will want to take a look at our own personal attitude toward alcoholism and the alcoholic and that we will then commit ourselves to seek an understanding of the stages of alcoholism, the causes of alcoholism, the dynamics of alcoholism in the family and that we will consider seriously the need of some type of preventive approach within our own congregations. The end result hopefully will be that we have a greater desire both to help the alcoholic and to be a force in prevention of future alcohol related problems.

Indeed, one of the most practical aspects is our personal attitude toward alcoholism and the alcoholic. In learning about alcoholism we must first discover our own feelings about it, we must determine our own responsibilities toward the alcoholic and what degree of commitment we have to do something about alcoholism, not only within our own church, but in the society in which we live and work. And one of the first questions to be answered is: Do we see alcoholism as a problem? The answer, I feel, depends on how we define alcoholism and on the statistics that are available for our consideration.

There are many definitions of what alcoholism is and none are completely satisfactory for everyone. I think the reason for this is that some of the definitions that I have heard make many people uncomfortable. At least, it does me. The definition I have chosen is the one set forth by the AMA. It defines the alcoholic as an excessive drinker whose dependence on alcohol has attained such a degree that it shows a noticeable (and progressive) disturbance or interference with his bodily or mental health, his interpersonal relations and his satisfactory social and economic functioning. Clearly, this definition is also very comprehensive. The disturbance or interference that is spoken about need only be evidenced in one of the areas mentioned in order for the individual to be classified as an alcoholic. If this definition is accepted, and I see no reason why it cannot be, then the statistics that are obtainable are no doubt correct. The reason I mention that is the fact that oftentimes statistics are misused, with the various categories padded for the sake of emphasis.

What are some of the more recent statistics on alcoholism and the alcoholic? To begin with, depending on whom one reads, one in eleven or one in fifteen persons in the United States are alcoholics or potential alcoholics. This means that 10,000,000 Americans out of the 100,000,000 who drink are alcoholics. Of those 10,000,000, one in four will recover and for each alcoholic, the lives of four other people are affected. This means that 40 million people across our land are victims of alcoholism in some way or the other. They are the afflicted and the affected. Five percent of the alcoholics live on skid row with the 95% being the average John or Mrs. John Q. Public. The average alcoholic is a man or woman in mid 30's with a good home, a good job and family.

In my estimation, the most alarming statistics pertain to the alcoholic teen and sub-teen and to teen drinking in general. In the last four years the percentage of high school children who drink has doubled to 74%. In the same period of time arrests of teen-age boys for intoxication has risen 250%. In a report by the Federal

Government, 1.1 million youths between 12 and 17 have serious alcohol abuse problems. Neither is it out of the ordinary to find 12 year olds and younger in Alcoholics Anonymous. One year ago I read a report of the difficulty that A.A. in California was having in serving 12 year olds. A buddy system is used to support a non-drinking pattern. The difficulty was in finding enough “recovered” 12 year olds to act as buddies for the 12-year-old alcoholics. In that same federal government survey mentioned previously, it was estimated that 1.13 million youth between 12 and 17 get drunk at least once a week, and among 12 year olds 2% get drunk once a week.

The sadness of all of these statistics is that these are human beings who have no way to go but down if some type of intervention does not occur in their lives. Granted most of these human beings are outside of our sphere of influence. We also would want to take for granted that national statistics do not pertain to our church body. But yet, who will deny that alcoholism occurs and alcoholics are present within the congregations of our Synod. How many pastors have not had to deal with alcohol abuse within their membership? No matter which way we look at it, therefore, the problem is present. Alcoholism itself and how to deal with the alcoholic are problems confronting our clergy today. The “Pastor as Counselor” program indicated this to be high on the priority lists of pastors in problems with which they had to deal. This same program revealed many requests from our pastors for help in meeting this problem.

On the basis of all of this—definition and statistics—I would hope that all can conclude that alcohol related problems do exist, and these problems are our problems. One practical way, now, which has helped me in recognizing my own responsibility toward them and in enabling me from my religious point of view to feel comfortable in dealing with the problems of alcoholism is to distinguish between addiction and drunkenness.

The “professionals” of course, do not speak of alcoholism, in this way. By professionals I mean the many counselors that are engaged in many of the public and private programs in our county. They rather speak of alcoholism as a disease. This, I believe, is where we often put our blinkers on because we recognize that a prelude to and integral part of alcoholism is drunkenness which never comes up in literature that we may read on the subject of alcoholism. However, these same professionals do also stress the toxic and addictive effect of the drug alcohol, the hold that alcohol has on individuals both physically and psychologically. It is in reference to alcoholism and the alcoholic as an addiction where we can gain insight into the problem from others. We do not have to agree with everything that is written on the subject. If, however, we can divorce the sinfulness of drunkenness from the addiction of alcoholism just for the sake of seeing clearly the destructive nature of alcoholism and so that we are not blinded to all that is said by others, we can develop attitudes and programs of our own and still be effective in working with the alcoholic. For there is no doubt that with use of alcohol to a lesser or greater degree—depending on the individual, individuals do reach a point of no return. Alcohol is a drug with the addictive and destructive characteristics of other drugs. It has all the attributes of other drugs which we recognize as such—heroin for example. The drug alcohol does lead to addiction, tolerance is developed—the need for larger and larger amounts to find the desired high, in the abusers we find an inability to limit consumption, and when drying out withdrawal symptoms are present. Now, in spite of this we do not seem to view it with the caution and concern as we do other drugs. Neither do we, in my estimation, deal with it as we would other drug abuse among our people.

However, if we can keep in mind the addictive qualities of alcohol, both physical and psychological, if we can see that addiction is present in the alcoholic just as a person becomes addicted to other drugs, if we can visualize the chains of addiction and the possibility of those chains for users of alcohol, then we can also see that the alcoholic is a person in need and that some type of educational and prevention type program is worthwhile to help the prospective alcoholic avoid becoming one. I believe we have shied away from any type of concerted effort to deal with alcoholism. Perhaps a couple of the reasons may be the simple connection that alcoholism has with “drinking” and the squeeze this at times puts on us and also the myths that exist about the alcoholic. He has been seen as the blubbering idiot on skid row. He is pictured as the happy-go-lucky clown. He is one who when caricatured makes us laugh. And yet we all agree that when it gets down to the basics, alcoholism is no laughing matter.

Since it is no laughing matter, where can we start? In what specific areas can we do something which may be effective in stemming present and future alcoholism? One way is to take a look at ourselves in reference to the example that we set and in reference to the way we view the alcoholic himself.

A Christian is free to use anything that God has not commanded nor forbidden. This includes the use of alcohol. And yet in view of the dangers of alcohol and the danger of misleading others as to the proper use of alcohol, we are obliged to be very careful so that we do not misuse our Christian liberty. Reference here is not made to drinking to excess but rather to the importance by word or action that we place on our own personal use of alcohol. What ideas have others, particularly our youth, received concerning our use of alcohol? Again, no reference is made to whether or not it is used to excess, but rather whether the use of alcohol holds a primary or secondary position in our lives. It is felt by many that America today is preoccupied with alcohol as primary in its use. It is pointed out by these same people that in countries or among national groups where the use of alcoholic beverages is placed in a secondary position (e.g. the use of wine as an addition to a meal) alcohol abuse is much less than our national statistics. A look, therefore, at our own personal use of alcoholic beverages, the way in which we use them and the importance of their use for us may well be the beginning of an effective advocacy program of responsible drinking among our people and our youth.

Another important part of looking at ourselves is in seeing how we look at the alcoholic as a person. A few prevalent pictures of the alcoholic were previously mentioned. Another one is that he is looked at as a hopeless individual, an outcast of society, an individual who is somewhere at the bottom of the ladder when it comes to willingness of others to provide help. Speaking from the viewpoint of the church, he is one who most certainly will end up in hell. He is looked upon as a person to be avoided. Even the word "alcoholic" still has a very demeaning connotation. If such is our image of the alcoholic, then we must change it in order for the alcoholic to change the way he looks at himself. This does not mean a soft-soaping of his alcoholism or negating his responsibility for the evilness of his predicament. Nor does it mean that we shut our eyes to the fact that he is an expert at deception, excuses and the confusing of issues. But it does mean that with a firmness concerning his alcoholism we hold out continually the hand of hope so that he does not become alienated from his only Hope, Jesus.

In 1974, a symposium was held on the "Role of the Christian Churches in the Recovery of the Alcoholic". In one of the papers delivered entitled, "The Progression of Alcoholism and Its Effect upon The Spiritual Well Being of the Alcoholic" the speaker, a Russell F. Smith, M.D., said: "If the image the alcoholic has been given of the alcoholic is not successfully modified, he cannot live with his diagnosis without guilt and shame. Without admission of alcoholism there is no motivation to do anything about the psychological drive to drink. Without motivation there is little that can be done to control the drive to drink since to do so requires constant, steady effort.—Those of us who minister to spiritual needs fill a vital need. We must build bridges of truth so that the alcoholic can regain contact with the spiritual resources he so desperately needs. We must give him a message of hope and forgiveness since a condemning, punitive approach will only increase his alienation.—Only by painstakingly reprogramming the alcoholic with more accurate attitudes concerning alcoholism can we make it possible for him to comfortably identify with his diagnosis. If this is not done, guilt, shame and a sense of growing failure will continue and end in total spiritual collapse. The alcoholic becomes completely alienated from all the resources he needs most. He can no longer tolerate himself, his loved ones, other people or his God." The fact then, that the alcoholic must come to an admission of his alcoholism, the fact that his alcoholism is not condoned but he is not condemned, the truths of forgiveness, hope, strength, love, sonship which we as Christian pastors have to give—these must in our dealing with the alcoholic be communicated to him. We have a responsibility of establishing the certainty of hope and the necessity of change without at the same time causing the alcoholic to become alienated from his spiritual resources.

What follows now comes from two booklets which are available and which I believe would be beneficial for every pastor to have on his desk. The one is the "Handbook for the Alcoholism Counselor" which was published in 1972 by the City Health Department of Baltimore, Maryland. The second is the "Directory of Alcoholism Services" which was put out for Milwaukee County by the Milwaukee Council on Alcoholism in

September 1975. I have attached the Table of Contents of these two to this paper to give you some idea of what the booklets contain.

Earlier in this paper I had spoken about the commitment or acceptance of the fact that a problem called alcoholism does exist. Coupled now with that is a commitment of each of us to the prevention of alcoholism and to provide whatever help we can for the alcoholic. To have such a commitment involves an understanding of the stages of alcoholism, its causes, the dynamics at work in the family, the acceptance of other professions and establishing a program of prevention and help.

1. To be committed involves some understanding of the stages of alcoholism and its progressive characteristics. This understanding can be gained in a number of ways—through a workshop or seminar on the subject or by personal reading of available material, specifically the handbooks mentioned above.

Workers in the field of alcoholism have offered various descriptions of the progressive stages of the addiction. For example, one speaks of six stages leading to alcoholism: the experimental stage, the social stage, the magical, stage, the medicinal stage, the hopeful stage and the hopeless stage. To speak of alcoholism in this way is quite descriptive for it tells a little of the psychological aspect of the alcoholic as he deteriorates from stage to stage. But the most common description is that the progression of alcoholism falls into three stages, very simply called early, middle, late, or pre-addiction, addiction and last. The behavioral characteristics of the alcoholic or potential alcoholic are also described in each of the three stages. The “Handbook for Alcoholism Counselors” describes the three in this way. Stage 1—Pre-addiction: “The road to alcoholism begins when drinking is no longer social but a means of psychological escape from tensions and inhibitions. Although the eventual problem drinker is still in reasonable control, his habits begin to fall into a definite pattern.” Stage 2—Addiction: “Until now the problem drinker has been imbibing heavily but not always conspicuously. More important, he has been able to stop drinking when he so chose. Beyond this point, he develops the symptoms of addiction with increased rapidity.” Stage 3—Last Stage: “Until he has reached this point, the alcoholic has had a choice: to drink or not to drink—that first drink. Once he began, he lost all control. But in the last stage of alcoholism, he has no choice at all. He must drink.”

An understanding of these stages and progressive characteristics of behavior will help those concerned in spotting warning signs and thus in counseling the person who has that potential of becoming a full fledged alcoholic. An understanding of these stages is also beneficial for prevention of the addiction. It is said that the clergy usually come into contact with alcoholics before anyone else and that the alcoholic is in the middle stage by that time.

Prevention is to be aware of what goes in the first stage and counseling to prevent further deterioration. Likewise, all is not lost in the middle stage and the pastor can and does have much influence in directing the alcoholic to available resources.

2. To be committed also means an understanding of some of the causes of alcoholism. Is the cause of alcoholism spiritual? Is it sin? Or perhaps physical and/or psychological? An interesting study was done in Europe on children of alcoholic parents and children of non-alcoholic parents placed in adoptive homes. These children were placed at a very early age, before an environmental effect occurred. By a very large percentage, more children of alcoholic parents became alcoholics than those of non-alcoholic parents. Is the cause of alcoholism the emptiness of our society, the meaninglessness of so many lives? And what about the youth of today? What is behind their drinking patterns? The inconsistencies between word and example of adults? Is drinking a badge of adulthood, something which teens want so much and too soon? Are we as a society forcing our youth into adult responsibilities but denying adult privileges?

I have no intention of giving answers. And yet, as each individual pastor himself looks at “the causes”, he can see where he has opportunity to exert influence.

3. To be committed involves an understanding of the dynamics at work in the family where alcoholism is present and when it is overcome. Maybe this should have been number one. For alcoholism is a family affair and it is usually the non-alcoholic spouse with whom the pastor first comes into contact and it is with that person that the pastor has an opportunity to work. But for a better chance at success, the entire family must be part of the pastor’s concern. Each individual in the family must be helped and strengthened and at the same time the family as a unit must be strengthened. This is necessary while the alcoholic member is achieving sobriety and afterwards also. Achieving sobriety is really only the first step. Learning to cope with life, learning to strengthen each member’s identity in the family and each’s responsibility in the family, learning to pick up each’s role in family living which wasn’t filled while alcoholism was present are just a few of the necessary situations which must be dealt with for each family member. Very evidently, there is much that a pastor can do as he gains a greater understanding of the whole family’s involvement in the problem of alcoholism.
4. To be committed involves the acceptance of other professions and a knowledge of the alcoholism services that are available. We sometimes forget that there are other professions that are available to us for use in working with our people. And with alcoholism and the alcoholic there are at least two others which are important for effective treatment of the alcoholic. To use them in no way negates the pastor’s role. It rather strengthens it, for the pastor can concentrate on his spiritual and supportive concerns. The other professions which play an important part in treating the alcoholic are the medical and counseling professions. Alcohol, as is well known, is not only destructive spiritually and psychologically but also physically. The advice of a doctor, particularly as it relates to how far the alcoholism has physically progressed, can be of great value in dealing with an alcoholic. Likewise, in dealing with the intricacies of alcoholism and its effect on the affected and afflicted, the professional counselor has invaluable insights for helping those ensnared in alcoholism. The three then—pastor, doctor, counselor, form a team. The pastor has the greatest opportunity for he usually has the best opportunity of influencing the alcoholic to seek help. It is incumbent on pastors, therefore, after gaining an understanding of alcoholism and in addition to his important role as a Christian pastor, to be an information and referral center for both the affected and the afflicted. That too is an important part of his role in helping the alcoholic and preventing future alcoholism problems.  
It is important, therefore, that a pastor learn the resources that are available to him in the area in which he lives and works. Here in Milwaukee County, all of this has been put down in a neat package. The Directory mentioned earlier, as you will note from the table of contents, lists all the services provided in our county plus a description of what each service provides. The organization which is most well-known is, of course, Alcoholics Anonymous. It claims a great deal of success in working with the alcoholic. Many of us have differing attitudes about A.A. What is necessary, as with the other resources also, is to find out what the A.A. group is doing in our community and to keep in contact with our member who attends. The important thing to be stressed, I believe, is the continual contact with a member if he is using any of the alcoholism resources. These agencies or institutions appreciate and want the pastor’s help. The alcoholic needs it.
5. To be committed involves establishing a program of prevention and help. It is important that we finally decide on the course that each of us will take. Each one’s course may be a little different. But in some way, we will want to gather a team about us, individuals upon whom

we can call for assistance when needed. We will want to have at our fingertips, some idea of how we can help the alcoholic, what we will do and say when we find someone on the way to alcoholism, what ways we can get the story across to our people and our youth, not only on the negative aspects of the dangers of alcoholism but also the positive aspects of responsible drinking. And perhaps the greatest challenge of all is to find ways to help our young people make responsible decisions about alcohol and its use.

The problem of alcoholism is complex, as complex as the human nature of the alcohol. Many offer different kinds of answers. Proponents of differing kinds of treatment offer varying statistics of success. For example, A.A. claims a cure ratio of over 60%. The Schick Hospital in Texas claims that after a year, 55% of all patients are totally abstinent of alcohol. Their particular mode of therapy is a medical model coupled with behavior modification. Others speak of the neurotic alcoholic; others that alcoholism is a product of environmental conditioning; and still others are looking seriously into the differences of body chemistry between the alcoholic and the non-alcoholic with the hope of finding a cause or causes.

What this simply proves is that no one knows for sure just exactly what course of treatment should be used. But some treatment is needed. That is one common factor. Another is the fact that every alcoholic, before he will have a chance at recovery, must finally be convinced within himself that he is an alcoholic. In the little experience I have had, this is a very difficult thing to accomplish. Because of all the negative factors connected with alcoholism, the individual so afflicted does not easily arrive at, "I am an alcoholic. I must change. It is my responsibility." It is here that pastors have the greatest input in helping the alcoholic because of their close relationship to him as a member of his church.

But since it is also true, in spite of other claims, that only one in four alcoholics usually overcome their addiction, the other important aspect of our responsibility is prevention or education. In fact, I feel this must be our major emphasis. It is very difficult to deal with the alcoholic. I do not mean that we should avoid helping him. But I would stress that since the addiction is so difficult to overcome once it takes hold, then our work must be geared to education to seek to avoid the problems in the future. There are many who believe that alcohol abuse is the major drug problem in our country and not only among adults, but especially among our youth. Most of these are not addicts yet.

The real issue then that is before us is not to label alcoholism with some all inclusive label, nor is it to seek to define it in one neat little package. Rather, the issue is to get to the fact that alcoholism is present in our day, it is our problem, something can be done, and we have a responsibility to do it.

Very evidently there is much that I have not touched on. I have not tried to develop examples of specific instances and occasions where you and I may come into contact with the alcoholic or his family. Many questions, therefore, no doubt remain unanswered. What are the specific stages of alcoholism? How can I, or can I, determine in which stage the alcoholic is? When the spouse of an alcoholic comes into my office, what do I say? Whom do I call? What are some of the excuses the alcoholic has? When must I deal with a firm and almost legalistic hand? What is meant by support? How can I tell if a single counseling session is necessary, or should I continue in regular counseling sessions? What are some of the particular dynamics at work in the family where alcoholism is present? How much substance is there in the causes as stated by the professionals? What can I do in prevention? Should I start in confirmation class? What about some of the movies that are out on alcoholism prevention? Should we work with our youth through the High Schools?

I feel that such specifics cannot be dealt with in a paper to a conference. Rather, these things are best dealt with in a workshop on the subject where through mutual exchange and

discussion our questions could be discussed and dealt with. My hope is that today is the first step toward the goal of our, being completely involved in understanding alcoholism and helping the alcoholic.

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Available From: Alcoholism Center

Baltimore City Health Department

2221 Saint Paul Street

Baltimore, Maryland 21218

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Directory of Alcoholism Services

Available from: The Milwaukee Council On Alcoholism, Inc.

135 West Wells-Rm. 400

Milwaukee, Wisconsin 53203

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