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ALCOHOLISM, THE COMMUNITY, AND THE COUNSELOR

ABSTRACT: This paper reports on the organization, development, and implementation of a "grass-roots" community approach to the problem of alcoholism. It includes a detailed discussion of its treatment services to active alcoholics: objectives, activities, evaluative procedures, and results to date, as well as its educational services to members of the community-at-large; e.g., doctors, nurses, clergy, teachers, social workers, etc. Major emphasis is given to the critical role and importance of counseling and counselor tasks both within and without the program. Finally, the implications for the potential role and responsibilities of the school counselor, vis-a-vis the family members of the alcoholic, are explored.

Responsible workers in the field of alcoholism admit that previous attempts to cope with the problem have had minimal impact. The results of recent studies and inquiries (de Lint and Schmidt, 1971; LeDain, 1972) conducted throughout Canada, among other things suggest: 1) the rising incidence of alcoholism in the general population, 2) the relative ineffectiveness of current practices, 3) the lack of objective information and understanding about the nature of the disease, its harmful effects to the individual, the family, and society.

Because alcoholism has such unfavourable effects on occupational, social, and other areas of functioning, it is recognized that no single agency should be expected to bear sole responsibility for providing effective preventive and remedial services — a primary function of governmental agencies.

Regardless of source, statistic, or formula applied for estimation purposes, alcoholism ranks as a major health problem throughout Canada. Moreover, it can be argued (quite convincingly, I think) that alcoholism is more serious and more costly than all other drug problems in Canada. However, it is not my intention to present such evidence here; instead it is to discuss how one community responded to the challenge of alcoholism among its citizenry, how Recovery House, an active treatment and rehabilitation centre in northern Nova Scotia, came into being, and to acquaint you with how its program of services has fared since its opening in July of 1972. I hasten to add that it is a story which includes the diverse contributions of many people concerned about alcoholism and its harmful effects on the individual, the family, and society-at-large.

*The author was consultant to Recovery House during the period described.

Organizational Background and Development

In terms of organizational history, Recovery House had its beginning in January of 1966, when a group of eight individuals together with a representative of the Nova Scotia Alcoholism Research Foundation met at St. Martha's Hospital, Antigonish, Nova Scotia, to discuss the problem and effects of alcoholism in the community. The need for greater community involvement and awareness of the problem was expressed in this session.

An important development of the first session was the creation of the Antigonish and Area Committee on Alcoholism. During the period of January, 1966, to October, 1968, this group conducted 26 meetings in which discussion was directed to the topic of alcoholism, its related aspects, and its prevalence in Antigonish and surrounding communities. A major result of this preliminary work was the group's decision to initiate inquiries with officials at St. Augustine's Monastery regarding the availability of facilities and its possible utilization as a community treatment centre for alcoholics.

During the next 17 months further meetings of the Antigonish and Area Committee on Alcoholism took place. On June 16, 1970, five persons were appointed to form a Steering Committee and given the task of investigating all matters pertaining to the establishment of an active treatment and rehabilitation centre at Monastery, Nova Scotia. The results of these deliberations included an approval in principle (obtained September, 1970) from the Provincial of the Augustinian Order for the proposed use of the Monastery as an alcoholic treatment centre.

Additional recommendations led to the establishment of a Board of Directors, representative of the counties of Antigonish, Guysborough, Richmond, and Inverness; the drawing up of by-laws; and the incorporation of Recovery House under the Societies Act of Nova Scotia.

During the period beginning September, 1970, and ending August, 1971, a series of organizational meetings were held to determine appropriate structure, functions, and objectives. In March, 1971, a financial campaign* was carried out in the four counties which resulted in \$15,620.47 being donated and in April, 1971, Recovery House, a treatment and rehabilitation centre, opened to receive its first guests.

Subsequent developments showed the initial opening to be premature and as a result of this experience, Recovery House was closed in August, 1971, for a period of assessment and reorganization.

Following an eight-month period of planning, a proposal dealing

*A second financial campaign was conducted in November, 1972. A total of \$15,130 has been donated by the residents of the counties as of January 31, 1973.

with philosophy, policy, and procedure for Recovery House was presented to the Executive and the Board of Directors for revision and final ratification. In July, 1972, Recovery House was reopened and continues to function on a full-time basis.

Philosophy of Recovery House

The philosophy underlying the treatment offered at Recovery House regards alcoholism as a medical disorder with physical, psychological, and social components contributing to the problem. All phases of treatment are directed toward the rehabilitation of the "whole person." Further, alcoholism is considered a treatable illness and it is believed that individuals can be treated successfully. Recovery House is dedicated to the alcoholic problem in the broadest sense and seeks to teach, inform, and research as well as to treat the individual.

Objectives of the Program

The program seeks to assist individuals to end undisciplined drinking and move forward toward more rewarding forms of behaviour. It strives to impart self knowledge and improve relationships with others. Essentially, its primary objective is to create in an individual an attitude of "contented sobriety" so necessary for the development of more satisfying personal and social behavioural patterns. A 28-day program schedule is currently followed at Recovery House.

Results of Program

For ease of presentation and understanding, data for the first five-month period of operation, (July to November, 1972) appear in Table 1.

TABLE 1

Summary of Total Group by Age, Number of Years of Successfully Completed Educational Training, Number of Years Drinking a Problem, and Employment Status Pre Treatment

Item	Total Group
Subjects	26 males
Range of ages in years	24 - 65
Median age in years	47
Range of years of successfully completed educational training	0 - 16
Median years of successfully completed educational training	9
Range of years drinking a problem	5 - 30
Median years drinking a problem	12
Employment status pre treatment:	
employed	14
unemployed	12

Description of the Program

The treatment program carried out at Recovery House included a daily schedule of individual and group therapy sessions, recreational and occupational activities, and a series of information/discussion sessions on topics pertaining to the developmental phases of alcoholism, its effects on the body, the development of self understanding and acceptance. Other topics presented pointed up the hazards of drinking and driving, the use and abuse of other drugs, as well as the effects of excessive drug-taking behavior on family, marital, and other basic relationships. In addition to the daily program, relaxation sessions and Alcoholics Anonymous meetings were held once a week in the evenings.

TABLE 2

Summary of Results Showing Percentages of Abstinent and Drinking Subjects — 8 Months, 7 Months, 6 Months

Month	Abstinent	Drinking	Total
July - August ($n_1 = 11$) ^a	5 (45%)	6 (55%)	11
September ($n_2 = 4$) ^b	2 (50%)	2 (50%)	4
October ($n_3 = 3$) ^c	2 (67%)	1 (33%)	3
November ($n_4 = 8$) ^c	6 (75%)	2 (25%)	8

Note: Results obtained by personal contact with subjects, spouses, employers and acquaintances.

- ^a 8 months Post Treatment
- ^b 7 months Post Treatment
- ^c 6 months Post Treatment

Because the objective of this section is that of providing a brief overview of the program's success *vis-a-vis* the pre-treatment status of guests, no elaborate statistical analysis has been undertaken. While the data reported possess a high degree of accuracy and reliability, it needs to be emphasized again that such results are suggestive only.

TABLE 3

Summary of Subjects Employed at Pre and Post Treatment — 8 Months, 7 Months, 6 Months

Subjects	Pre	Post
26	14	20

At such an early stage in the centre's program, the data more accurately represent an emphasis placed on obtaining factual information and regularizing procedures for continuous evaluation, development, and research.

Summary

To reiterate, Recovery House, in its development and organization, reflects a "grass roots" community approach to the problem and effective treatment of alcoholism. It is non-denominational in membership and seeks no profit for its efforts. Its members are volunteers drawn from each of the four counties included in its Charter.

Initial success in the treatment and rehabilitation of alcoholics has been demonstrated in the centre at Monastery, Nova Scotia. It appears obvious that if Recovery House is to achieve its full potential, it needs the support of individuals, organizations, and governmental agencies. Past experience has indicated that no single agency in society should bear sole responsibility. Indeed, it has been noted by responsible workers in the field of alcoholism that previous attempts to arrest its development have had minimal impact.

One effective model for community involvement and responsibility has been presented through Recovery House and its membership. While its major emphasis is treatment for the alcoholic and the consequent benefits to the family and community, it has recently extended its services in the areas of prevention and education.

For example, since February of this year a weekly group meeting has been held for the "graduates," wives and older children. Other interested individuals have also attended these sessions. While this development is still largely exploratory in nature, it appears to be meeting a real need for individuals in the community.

IMPLICATIONS FOR THE SCHOOL COUNSELOR

Because alcoholism has such unfavourable effects on the family members of the alcoholic, it seems obvious that school counselors can be of primary assistance to boys and girls of alcoholic parents. The need for adequate and reliable information about the nature of alcoholism, its phases, and its effects on the body should facilitate the development of an attitude of understanding, rather than one of rejection and recrimination of individuals so afflicted.

In a broader context it is not uncommon to encounter such notions of alcoholism as being "self-inflicted" and to consider alcoholics as being "hopeless drunks" or individuals of "weak moral character." To what extent can we consider alcoholism to be "self-inflicted" in a society that spends thousands of dollars promoting the sale and distribution of alcoholic beverages? Or, what is "weak" about an individual who musters up sufficient courage and energy in reporting to work on Monday, when Saturday and Sunday are but a murky alcoholic blur to him/her?

Such negative and pessimistic misconceptions and myths surrounding the problem of alcoholism are widespread and suggest that there is a great need to educate and inform not only boys and girls of alcoholic parents but also to educate and inform the general public

about the nature and treatment of this disease. Counselors can make valuable contributions in meeting this educational need.

RECOVERY HOUSE INFORMATION SESSIONS

- 1st Week: Therapy! What is it?; Disease Concept: Phases of Alcoholism; Effects on the Body; Helping Relationships.
- 2nd Week: Self Awareness; Defense Mechanisms; Communication Skills; Emotional Maturity; Film: Time for Decision.
- 3rd Week: Acceptance and Surrender; Hurdles in Continued Sobriety; Alcoholics Anonymous; Drinking and Driving; Other Addictive Drugs.
- 4th Week: Family; Marital Relationships; Children; Pre-departure Assessment; Hope.

RESUME: Cet article traite de l'organisation, du développement et de l'application d'une approche communautaire au problème de l'alcoolisme. On discute de façon détaillée les services de traitement aux alcooliques, nommément leurs objectifs, les activités, les procédures d'évaluation et les plus récents résultats. On parle aussi des services éducatifs aux membres de la communauté en général, tels les médecins, les infirmières, le clergé, les professeurs, les travailleurs sociaux, etc. On accorde une importance majeure au rôle critique du counseling ainsi qu'aux tâches du conseiller tant à l'intérieur qu'à l'extérieur du programme. Finalement, on traite des implications du rôle et de la responsabilité du conseiller scolaire vis-à-vis des membres de la famille de l'alcoolique.

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