



AlcoholismAnswers.net

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www.alcoholismanswers.net
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<http://grief-recovery.com/>
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Contact Us

www.Alcoholismanswers.net
ernieh@sbcglobal.net

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Ernest Hooker, NCAC II

In the thirty plus years I worked in the addiction treatment I observed numerous changes in the treatment field. Treatment changed and not always for the better.

What was lost when treatment decided to improve on the twelve steps

In this second newsletter I want to discuss the role of step work, specifically step one from a treatment outlook. Several years ago step one powerlessness was viewed as loss or grief work. Most treatment centers had specially trained clergy counselors to assist with various phases of step work. The clergy was very well equipped to guide patients in the grief process. This makes sense when you consider that financial, professional health and other losses due to addiction are huge. Strong feelings of grief were the *result* of addiction and not the cause.

Particularly in the eighties treatment centers were growing at a fever pitch. Consequently large numbers of employees were hired to work in the treatment field. Some had degrees in various disciplines while others had little or no experience or training. Many had little or no working knowledge of the twelve steps and yet they were expected to assist patients with step work. In general it was a disaster and in some cases it diluted twelve step groups and treatment groups to the point that they were no longer spiritual or therapy programs.

In the late seventies I worked in a state hospital with six separate treatment units. One of the clergy counselors was a Catholic priest who was very involved in Alcoholics Anonymous. He brought in a stack of pamphlets about eighteen inches high and said they were all separate guides to working on

Alcoholism Myths

Eating something sweet helps the alcoholic stay off alcohol.

Actually the opposite is true. Studies have been done in treatment that show those with a lot of sugar in their diet have significantly more craving for alcohol and consequently tend to relapse at a higher rate.

Hypoglycemia causes alcoholism.

Highly unlikely. Most alcoholics show some hypoglycemic tendencies in early recovery; however, after a few months all but a few tend to have normal blood sugar levels.

When it is clear that the person is alcoholic there is no more need for diagnosis.

Accurate diagnosis is time consuming and necessary for a good treatment outcome. Here are a couple of examples: The patient has a bad liver and his ammonia level is high

step four. He went on to show us that most of the authors did not demonstrate any actual knowledge of understanding step work. Now, don't misunderstand me, I believe that psychologists, physicians and other disciplines can be of enormous help to alcoholics and addicts; however, they need to stay in the role where they are qualified to treat patients.

Hazelden has been training clergy counselors for many decades. The last report I had indicated it was a fifty-five week full-time course. To assume such a role without any specific training appears to be quite courageous.

Several decades ago the book "On Death and Dying" by Elisabeth Kubler-Ross was very popular and gave some insight into the stages patients go through when they know they are dying. Somehow this was considered by some to be a therapy book on all forms of grief and loss. That simply wasn't true. Elisabeth Kubler-Ross never claimed her work to be a therapy strategy. It was just what it was supposed to be - an excellent study of the stages of grief when a person is dying. Some still teach this as a gold standard in therapy for loss. There is excellent information on grief, loss and step work at Hazelden and other sources. My favorite is the Grief Recovery Institute.

Along the way focusing on powerlessness as loss became out of fashion in much of treatment. The patient might get some generic label of depression instead. In some cases this attitude was taken into twelve step groups and then venting and discussion replaced the original step work. It was at the point where hard core twelve step people had to be very careful about their choice of groups. Some even had groups that were not commonly known about to keep the original focus on the steps.

Patients at times ended up with the best advice from their local church. Patients that recognized grief as a primary problem and attempted to seek a therapist that would focus on grief often had a difficult task. Therapists frequently preferred to talk about a generic diagnosis of depression and avoid any mention of grief or loss. Of course, there were also those who ended up being prescribed antidepressants for their problem. Now I don't have a concern about the use of antidepressants for certain depressed patients; however, I think it is an inadequate answer to grief issues.

Due to the lack of help for the recovering alcoholic working on loss the Grief Institute was started. I know of no other place that offers more to the recovering alcoholic or addict on dealing with loss. I strongly believe that anyone directly or indirectly affected by addiction should at the very least have the "The Grief Recovery Handbook". The Grief Recovery Institute can be contacted on the internet at: <http://www.grief-recovery.com/> They offer training for professionals with certification, personal workshops

which may cause dementia. This usually is temporary; however, if this hasn't been recognized he may be viewed as unable to benefit from treatment or be an unwilling patient. In one study 40% of the patients had brain damage serious enough to impair their functioning. The damage was usually due to falls and accidents. If this isn't recognized they may not receive proper treatment. Inadequate diagnosis often results in the "bad patient" problem.

Next issue: Diagnosis of alcoholism

and more.

Both the Grief Institute and Alcoholics Anonymous Back to Basics came out of an unfulfilled need.

Ernie

Please forward to those who are interested in addiction information.