

About AA

Bringing Up the Touchy Subject of a Patient's Drinking

Broaching the subject of alcohol with a patient or client who shows signs of a drinking problem can be awkward. Drinkers often feel ashamed of their problem, at the same time that they downplay its seriousness. Directly confronting them may do no more than provoke a flat denial. For these reasons professionals very often steer clear of the matter. But to wait for that patient or client to bring up the subject amounts to giving up on the issue, according to some with first-hand experience in the matter.

"In 30 years of practice it almost never happens that someone comes in and announces that they have a problem with alcohol," says Carvel Taylor-Valentine, a licensed clinical social worker.

"Patients would rather that their problems are about anything other than alcohol or drugs. They would rather admit to some kind of mental illness, even schizophrenia, than to call themselves an alcoholic."

The reason for this, says Ms. Taylor-Valentine, who is a certified addictions counselor, is simple: "They don't want to stop drinking. Alcohol is a feel-good substance, and they are afraid of giving it up."

Marsha Epstein, M.D., medical director, Tucker Health Center, a unit of the Los Angeles Department of Public Health, agrees. "No one is quick to admit to current problems with alcohol or drugs. When I was in private practice years ago, I saw about 2,000 patients over four and a half years and none ever admitted current heavy drinking."

Dr. Epstein, who also has a master's degree in public health, remembers a phone call from the daughter of a woman patient disclosing that the mother drank alcoholically. "I believed the daughter, but I never brought up any problem with alcohol to her mother. I did not know how."

Both Dr. Epstein and Ms. Taylor-Valentine have found that the information forms filled out by new patients are the best place to introduce questions about drinking problems, especially if the questions are about alcohol abuse in a patient's family.

"It was at a medical conference that I was introduced to a woman who was a member of Al-Anon and who told me about that program," says Dr. Epstein. [Al-Anon is a Twelve Step program for those who have problem drinkers in their lives.] "When I returned from that conference, I added a question about drinking problems among family members to the medical history forms filled out by patients."

Happy to Discuss Anyone Else's Drinking

Whereas practically no patient would talk about their drinking problem, "lots admitted that they had family members who drank

too much," says Dr. Epstein. Nowadays, when the conversations get to a patient's drinking, Dr. Epstein says, "instead of asking if someone has a problem with alcohol, I ask when was the last time they overdid it. Not asking specific questions is a mistake."

When a patient opens up about their alcohol abuse, Dr. Epstein steers them to Alcoholics Anonymous. "Here's the number for A.A. meetings — just go. You don't have to say anything, and you can sit in the back."

Back in her time in private practice, Dr. Epstein also made use of Al-Anon. "If they checked 'yes' on that question about a family drinking history, I would suggest they go to an Al-Anon meeting and come back and tell me how it was."

What Dr. Epstein discovered was that some of her patients found their way to Alcoholics Anonymous through Al-Anon. "Over the course of a few years, five patients who had gone to Al-Anon returned to tell me that they discovered in that program that they had a problem with alcohol. I suspect there were many others who got to A.A. through Al-Anon. It never occurred to me that it would work this way."

Introducing Pertinent Questions On Assessment Forms

According to Ms. Taylor-Valentine, who practices in Norfolk, Virginia, "It all starts with a thorough assessment. I ask a series of questions about a person—their past health, illnesses, allergies, family health history, etc. Mixed in are questions about a person's family's drinking. As reluctant as people are to talk about their own drinking, they are very willing to talk about the drinking problems of those in their family."

She then proceeds to explore with patients their own drinking patterns.

"I ask them about their first drink. Almost invariably, they remember it—in detail," says Ms. Taylor-Valentine. "Then I'll ask them how much they drank the past week, and was it the same amount as the week before, and the same as a year earlier. If they protest that their drinking has nothing to do with the problem that brought them into therapy—be it depression or a marital problem—I tell them that I need the whole picture."

When it comes to suggesting to a patient that they may have a problem with drinking, Ms. Taylor-Valentine chooses her words carefully. "I never say 'you are an alcoholic.' Rather, I say, 'you may have a problem with alcohol.' I'll say, 'your father had a problem with alcohol, and there's a documented genetic component, and you therefore are a high-risk candidate.' And if they came to me for depression, for example, I'll explain how there might be a link.

Then I tell them about their options, that first of all, there's A.A."

Ms. Taylor-Valentine says that she has become familiar with a few A.A. meetings in the area through her patients.

"I coach my patients on what to expect at a meeting—that they won't have to say anything, the general format, that it's free, that it is not group therapy, that it's all volunteer," she says.

"I have to rely on A.A. for patients with drinking problems because I have only 45 minutes a week with them. I tell my patients that therapists will come and go but A.A. will always be there."

A Few Basic Facts About A.A.

Alcoholics Anonymous is well-known as an organization for people who want to stop drinking. At the same time, there are some points about A.A. that may be unclear to the general public and even to professionals working to help problem drinkers.

Founded in the United States in 1935, when one alcoholic discovered he could stay sober by helping another alcoholic, Alcoholics Anonymous now has more than two million members in some 180 countries.

A.A.'s sole purpose is helping people recover from the disease of alcoholism, and it has no affiliation with any other group or organization. Members anywhere in the world can come together to form an A.A. group, of which there are an estimated 106,000 worldwide.

Among other facts about Alcoholics Anonymous are:

- *Membership is free.* A.A. groups usually pass a basket around at meetings to cover the cost of renting the meeting room and for other incidental expenses, such as coffee.

- *A.A. is not a religious organization;* it is not allied with any religious organization, and requires no religious belief as a condition of membership. Members include Catholics, Protestants, Jews, Muslims, Hindus, agnostics, and atheists.

- *A.A. does no recruiting.* The only requirement for membership is a desire to stop drinking. There are no other requirements to be met, no initiation fees to be paid, and no forms to be filled out. It is completely up to anyone considering joining A.A. to determine if they have a problem with alcohol and whether they will deal with it in Alcoholics Anonymous. A person becomes a member of A.A. simply by deciding they want to be a member.

- *A.A. groups are autonomous* and run by the members themselves.

- *A.A. is not a temperance society.* Members acknowledge their inability to drink safely but have nothing to say about the drinking of others. It is a principle of A.A. that it has no opinion on what are termed outside issues.

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- *A.A. is not affiliated with any hospital or rehab, or any other such facility.* No professional services of any kind are offered or performed under A.A. sponsorship.

- *A.A. meetings take several forms,* but at any meeting there will be alcoholics talking about how drinking affected their lives and what life as a sober member of A.A. is like.

- *Anonymity is respected.* Newcomers can turn to A.A. with the assurance that their attendance at meetings will be kept private.

- *"Open" Meetings of A.A.* are meetings which anyone may attend to observe how A.A. works. "Closed" meetings are reserved for those with a drinking problem.

- *Contacting A.A.* Information on how to find local A.A. meetings can be found in telephone directories and at numerous Internet sites, including www.aa.org.

Variety of A.A. Groups Reflects a Diverse Fellowship

Alcoholics Anonymous is known for the diversity of its membership, with A.A. members from every walk of life sitting side by side in the approximately 60,000 A.A. groups in the United States and Canada. Over the years, though, professionals—doctors, lawyers, airplane pilots, and others—have established a few A.A. groups for those in their field.

Given their common concerns and issues, these members have found A.A. meetings with peers useful. Such groups, which are autonomous along with every other A.A. group, are usually found in large metropolitan areas. They function as any other A.A. meeting.

Among their other purposes, these groups can allay the fears of new A.A. members who may feel more comfortable in a meeting of their peers. The preamble read at "Birds of a Feather" A.A. meetings, which are attended by airline cockpit crew members, refers to the "occupational sensitivity of its members."

One of the hurdles facing those seeking help in A.A. may be fear of exposure or the shameful sense that their problem is unique to them. Local A.A. offices—called central offices or intergroups—sometimes have lists of A.A. members willing to talk one-on-one with a person seeking information about Alcoholics Anonymous. On these lists are representatives of many professions who will be able to reassure a prospective A.A. member that they are not alone.

There are also A.A. groups for women, men, gays, lesbians, and young people, among others. Information on where to find these groups or any other local meetings is available at A.A. offices around the country.

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