

About AA

Bringing Up the Touchy Subject of a Patient's Drinking

"In 30 years of practice it almost never happens that someone comes in and announces that they have a problem with alcohol," says one licensed clinical social worker and certified addictions counselor practicing in Norfolk, Virginia.

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

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

Another professional in the addictions field, a doctor and medical director of 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."

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 waiting for that patient or client to bring up the subject on their own amounts to giving up on the issue, according to some with first-hand experience in the matter.

Happy to Discuss Anyone Else's Drinking

Whereas practically no patient would talk about their own drinking problem, "lots admitted that they had family members who drank too much," says the doctor. The doctor, who also has a master's degree in public health, remembers a phone call from the daughter of a woman patient disclosing that her mother drank alcoholically. "I believed the daughter, but I never brought up any problem with alcohol to her mother. I did not know how."

Nowadays, she says, when the conversations get to a patient's drinking, "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, the doctor tries to steer 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, the doctor also made use of Al-Anon. [Al-Anon is a Twelve Step Fellowship for those who have problem drinkers in their lives.] She was introduced to a woman at a medical convention who was a member of Al-Anon and who told her about it. "When I returned from that conference," she says, "I added

a question about drinking problems among family members to the medical history forms filled out by patients. 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 she 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 there 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

Both professionals have found that the information forms filled out by new patients are often the best place to introduce questions about drinking problems, especially if the questions are about alcohol abuse in a patient's family. From the social worker's perspective, "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," she says. "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, as a therapist she 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."

As a social worker and addictions counselor, she 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."

The Role of A.A.'s Class A (nonalcoholic) Trustees

Corliss Burke has a long association with Alcoholics Anonymous. Her addictions experience began with the Alberta Alcohol and Drug Abuse Commission (AADAC) in 1977 as a counselor and later as director of AADAC's Northern Division. Most recently, Corliss held the position of executive director of the Yukon Alcohol and Drug Secretariat, reporting to the Minister of Health and Social Services, where she supervised the planning, design, development, and implementation of the complete range of gender-specific adolescent and adult addictions programming.

"Early in my career," says Corliss, "I began to attend open A.A. meetings so that I could, in an informed way, recommend the program to my clients. I began to realize that the program was relevant to my own life as well, even though I have not experienced an addiction to alcohol." Recognizing the great value of A.A. in both her personal and professional lives, Corliss began to work directly with the A.A. community. "The selfless dedication of A.A. members, whenever I asked for assistance in helping a client to become involved with A.A., was amazing to me."

Corliss believes deeply in A.A., convinced that it is "a great leveler" in the sense that the steps to recovery are the same for everyone. "Alcoholism does not affect people exclusively from any occupation, educational level, socio-economic background, race, or status – it doesn't discriminate. The wonderful thing about A.A. is that it is available to everyone who wants to stop drinking, and it works."

Corliss is one of seven Class A (nonalcoholic) trustees now serving on A.A.'s General Service Board. Chosen for their professional or business backgrounds and the unique personal experience they can bring to A.A., Class A trustees have always provided A.A. with critical service as it fulfills its mandate of carrying the message of recovery to suffering alcoholics. Importantly, the Class A trustees have been able to do certain things the board's 14 Class B (alcoholic) trustees cannot do, such as addressing the media head-on or using their last names in public without violating the Traditions of anonymity designed to keep A.A. members out of the public eye.

Says Corliss, "With no concern about my own anonymity, I am able to participate in media interviews, where I strive to communicate accurate information about A.A. to the public, and especially to anyone who might need A.A."

Historically, over the span of A.A.'s nearly 80 years, the part played by such nonalcoholic trustees has been, according to A.A. cofounder Bill W., "quite beyond reckoning." Wrote Bill in January of 1966: "In the days when A.A. was unknown, it was the nonalcoholic trustees who held up our hands before the general public. They supplied us with ideas that are now a part of the working structures of our Headquarters. They voluntarily spent hours on end, working side by side with us and among the grubbier of details. They gave freely of their professional and financial wisdom. Now and then they helpfully mediated our difficulties."

For Michele Grinberg, an attorney specializing in the areas of health care policy and legislation, joining the board as a Class A trustee has been an opportunity to expand her knowledge base about recovery and to give something back to the Fellowship she has grown quite fond of.

Michele first came into contact with A.A. over 20 years ago, she says, having seen the miracle of recovery in people around her — family members, friends and colleagues. "I've seen people in the

throes of the disease and then have seen the change. I began to ask some questions." What she discovered led her to A.A.

In terms of the role of a Class A, she concurs with the statement made by Bill W. and echoed by Corliss Burke. "As friends of A.A., Class A trustees can share the positives of A.A. in the media and to government entities and the health care community, articulating clearly what A.A. is and what it is not."

Over the years, A.A.'s Class A trustees have numbered among their ranks medical doctors, psychiatrists, lawyers, social workers, clergy, businessmen and women, journalists, public health executives, law enforcement and prison officials, each bringing a valuable perspective to the work of the board. "Because of their detached position," wrote Bill W. in November 1951, "they have often shown better judgment than we mercurial and prejudiced alcoholics. Not only have they stabilized our Headquarters operation; they have definitely saved the Foundation from disaster on several occasions."

Sociologist Joan Jackson, a past Class A trustee, describes the various functions of A.A.'s nonalcoholic trustees: "We come to the board without the preconceptions that are so much a part of the thinking of members of A.A. In having to explain everything to us, Class B trustees have to clarify their own thinking about what they may take for granted; to review what they do, think, and stand for; to examine the whys as well as the whats and the hows.

"Coming from the outside world, we bring the outside world's perspective to what we hear and learn and do as board members. Class As can bring perspective to the board when problems of relating to the outside world are under consideration, and we interpret many aspects of A.A. to the outside world. If we are respected in our professions — and, in part, we are chosen because of our background — our nonalcoholic colleagues will listen.

Much as A.A.'s nonalcoholic trustees provide an invaluable service to the Fellowship, being a Class A trustee can have some return benefits on a personal level, as well. "Being part of this Fellowship is a gift," says Michele. "I experience a spiritual bonding that is unlike anything else in my life. The work I do is my opportunity, on behalf of all the grateful nonalcoholic families and friends, to pay a little advance on the debt that I and others feel they owe to A.A. for the loved ones who have found themselves in recovery."

By her own admission, Michele is normally very analytical, "But I have learned to have a healthy respect for the spiritual side," she says. "With all the evidence of a higher power in people around me, I have to put aside some of that skepticism. It doesn't serve me anymore."

Says Corliss, "It is a life changing experience to serve as a Class A trustee on the board. Together — alcoholics and nonalcoholics — we are all committed to helping the still-suffering alcoholic anywhere in the world, to find sobriety with the help of this Fellowship."

How Can A.A. Help You?

Would you be interested in having an A.A. presentation at one of your professional gatherings? Or would you like information about recovery from alcoholism in A.A.? If so, please contact the C.P.C. desk at the General Service Office, P.O. Box 459, Grand Central Station, New York, NY 10163, or cpc@aa.org. We welcome your questions, comments and requests.

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