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Hour House and the Practicum Student: Suggested Guidelines

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HOUR HOUSE AND THE PRACTICUM STUDENT:

SUGGESTED GUIDELINES

(TITLE)

BY

STAN G. HARRIS

THESIS

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CHAPTER I

INTRODUCTION

Background

An increasing number of students in both Bachelor's and Master's Degree programs at E.I.U. are interested in Hour House as a practicum site. Students from Psychology, Guidance and Counseling and Recreation have been recent practicum participants. Many of these students had no prior knowledge of alcoholism at the Hour House when they began the practicum.

The Hour House Staff has expressed the need for a written introduction to the Hour House which would give the incoming practicum student an orientation to the Hour House as well as a general introduction to alcoholism treatment.

The guidelines have been developed at the request of both student and staff to make the orientation to Hour House a more structured and hopefully more meaningful experience.

Statement of the Problem

This study proposes to establish guidelines for the practicum

student which will include structured experiences designed to clarify the student's attitudes about alcohol, a discussion of the Hour House program components, and suggested readings and activities designed to increase the student's knowledge of alcohol and drug abuse.

Procedure

Since no such guidelines previously existed for the Hour House, these guidelines result from library research, suggestions from the Hour House staff and practicum students, and materials received from other alcoholism treatment centers.

Definition of Terms

Alcoholic - Defined by the Illinois Alcoholism and Treatment Act of July 1, 1976, as "a person who suffers from an illness characterized by preoccupation with alcohol which is typically associated with physical disability and impaired emotional, occupational, or social adjustments as direct consequence of loss of control over consumption of alcohol demonstrated by persistent and excessive use of alcohol such as to lead usually to intoxification if drinking is begun; by chronicity; by progression; and by tendency toward relapse."[1]

Alcoholics Anonymous (AA) - An organization dedicated to the treatment of alcoholics. AA meetings and philosophy are an important part of the Hour House treatment program.

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[1]PA 78-1270 (SB 1674) as amended by PA 79-59 (SB 822), PA 79-1242 (HB 3834) and PA 79 5th S.S. 1 (HB 3916).

Detoxification Center (Detox) - The component of the Hour House which provides for mental and physical withdrawl from drugs, including alcohol.

Driving While Intoxicated (DWI) Court Referral Project - This project is funded by the Department of Transportation of the State of Illinois and is an independent component with offices in the Hour House.

Guidelines - Suggested readings and activities designed to enhance the practicum experience.

Hour House - A residential treatment facility offering three programs: emergency treatment (detoxification unit), intermediate care treatment, and out-patient treatment. Aftercare is also a responsibility of the program.

National Clearinghouse for Alcohol Information (NCALI) - Established as a service of NIAAA for the purpose of making widely available the current knowledge on alcohol-related subjects; NCALI offers a wide variety of free materials.

National Institute on Alcohol Abuse and Alcoholism (NIAAA) - The Alcohol Drug Abuse and Mental Health Administration component of the U.S. Department of Health Education and Welfare.

Practicum Student - Any student working at the Hour House in connection with an academic degree program at E.I.U. or Lake Land College.

Limitations

These guidelines have been developed specifically for use at the

Hour House. Some of the suggestions contained in the guidelines might be useful to practicum students working in similar facilities.

The guidelines are intended to increase the flexibility of the practicum experience rather than to limit it. Each individual student may choose those suggestions which seem most relevant to him. Previous experience in counseling alcoholics, amount of professional training, and personal relationships with staff and residents are primary variables which will individualize the entire practicum experience, and determine the usefulness of these guidelines for each practicum student.

CHAPTER II

REVIEW OF DETERMINING FACTORS

Guidelines in Existence

Guidelines for practicum students in alcoholism treatment centers were requested. Some of the material received consisted of course outlines and objectives which were sent from academic degree programs, such as at Governors State, where ties exist between an educational institution and a treatment facility.

Other treatment facilities sent letters explaining their practicum philosophy, or lists of practicum goals and objectives. Many of the inquiries received no response. This may be because no guidelines exist in some treatment centers, or because some centers are unwilling to share their materials.

Specific handbooks for the training of alcoholism counselors are not numerous. The Alcoholism Center of the Baltimore City Health Department has published an excellent Handbook for the Alcoholism Counselor.[2] Alcoholism counseling, legal problems related to alcohol, and the relationship of the clergy, the family, and industry to alcoholism

[2]Robert E. Farber, Handbook for the Alcoholism Counselor (Baltimore: Baltimore City Health Department, n. d.).

are discussed. This handbook provides an excellent introduction to the study of alcoholism and related problems. Another useful source for the relationship between alcoholism and counseling techniques is Becoming Naturally Therapeutic,[3] which contains relevant suggestions for training alcoholism counselors.

Other types of handbooks were also consulted. Preparing a High School Handbook by Larry Bradford offered useful suggestions about what to include in a handbook or a set of guidelines.[4]

Related Literature

A NCALI computer search was requested concerning the training of practicum students who wish to work in an alcoholism treatment facility. Treatment facilities in Illinois whose names were listed in the NIAAA Illinois directory were also contacted directly. Materials used from these sources are specifically identified in the bibliography and footnotes.

In general, most of the other current literature about student training and alcoholism deals with the training of doctors and social workers, and with in-service training of hospital personnel. Twenty of twenty-seven sources in the NCALI computer search deal with these types of training. The increase of professional training programs at

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[3]Jacquelyn Small, Becoming Naturally Therapeutic (Austin: The Texas Commission on Alcoholism, 1974).

[4]Larry R. Bradford, "Preparing a High School Handbook," Specialist in Education Thesis, Eastern Illinois University, 1975.

the Masters level and above and of paraprofessional programs is quite evident in the literature.[5]

Staff and Practicum Student Input

The Hour House staff was quite helpful in suggesting readings in alcoholism treatment. They also offered useful suggestions about the necessity of becoming familiar with each of the Hour House program components. The Bibliography and the Hour House program section of the guidelines most closely reflect their input.

Present and former practicum students were contacted and asked whether they thought guidelines might be useful and what specifics they might contain. From the practicum students came many of the ideas for the personal attitudes section of the guidelines. Attitudes, says Father Joseph Martin in the film "Chalk Talk,"[6] are the key to understanding alcoholism.

Contents

After reviewing the materials received from other treatment centers and the staff and student input, decisions had to be made about what to include and what to exclude. The four primary areas of interest seemed to be ethics, Hour House programs, personal attitudes

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[5]See Selected Publications on Education and Training about Alcohol (Rockville, MD.: NIAAA/HEW, 1976), pp. 5-6.

[6]Joseph Martin, S.J., "Chalk Talk" (Los Angeles: F.M.S. Productions, n.d.).

about alcoholism, and knowledge about alcoholism and alcoholism treatment. It was determined that the guidelines should be capable of being mass produced for easy distribution. When possible, material was excluded rather than included in order to keep the guidelines short enough to be readable. The amount of literature on alcoholism treatment, for example, is difficult to reduce to the most readable and relevant choices. An attempt was made to include sutdent evaluation of the guidelines. A separate table of contents for the guidelines was developed to make the contents easily accessible at a glance, and to give the student a quick idea of the basic, important elements of the practicum experience.

CHAPTER III

HOUR HOUSE AND THE PRACTICUM STUDENT: SUGGESTED GUIDELINES

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HOUR HOUSE AND THE PRACTICUM STUDENT: SUGGESTED GUIDELINES

According to Wendy Russell, Executive Director of the Hour House, the practicum is designed to provide an understanding of alcoholism treatment at an emotional level, as well as at an intellectual level. The practicum experience is a two-way street. Each practicum student has special interests and special talents to offer the Hour House. In return the student receives practical knowledge about alcoholism and alcoholism treatment. The more time devoted, the more benefits received. As an absolute minimum, 8 hours per week spent at Hour House are suggested for a one semester practicum. Additional time should be spent on evaluation, readings, progress notes, and discussion with fellow practicum students.

The practicum student who is a recovering alcoholic already possesses an emotional understanding of alcoholism. AA believes the recovering alcoholic to be the best potential alcoholism counselor.

There is a place in alcoholism treatment for the trained counselor who is not an alcoholic. According to Jacquelyn Small, author of Becoming Naturally Therapeutic,

> Many people believe that alcoholism counseling is something unique or mystical, or that it requires a special kind of training

> and expertise. Many people believe that you cannot counsel with an alcoholic client effectively unless you have experienced alcoholism yourself. Neither belief is true.[7]

Please read all of these guidelines as soon as possible since becoming aware of your own attitudes about alcohol and drug abuse, getting to know the Hour House programs, and reading about alcoholism are simultaneous activities. Please be aware of the ethical responsibilities of the practicum student before becoming involved in group activities or working with individual clients.

These guidelines are written for the non-alcoholic practicum student who is relatively uninformed about alcoholism and alcoholism treatment. Those who have had previous experience with alcoholism may find some of the suggested activities less relevant. Choose those which seem most useful, and add your own contributions to these guidelines on the last page.

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[7]Jacquelyn Small, Becoming Naturally Therapeutic, p. 55.

Personal Qualifications and Ethics

The personal qualifications and ethical responsibilities of the practicum counselor are the same as those of staff members.[8]

Personal Qualifications

1. Personal integrity
2. Emotional maturity
3. Positive philosophy of life; respect for oneself both in appearance and behavior
4. Ability to work with people
5. Respect for the integrity of the individual and group
6. Professional demeanor
7. Capacity for leadership and resourcefulness

No prospective employee shall be denied employment for reasons of sex, race, religion, or any other reason not related to effective performance of his job. Previous personal experience with alcohol, its use or abuse, is not considered necessary or detrimental to prospective employment.

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[8]Material in this section is taken from the personnel policies and procedures in the Hour House staff manual.

Education and Experience

These needs will vary with the position held. Everyone connected with the program, volunteers included, is expected to display at least a minimum of the qualifications deemed necessary to effectively perform his job. Professional staff members are expected to display the responsible attitude demanded by their jobs. All volunteers will be under the supervision of the professional staff members to the extent deemed necessary by those members.

Dress Code

All employees of the Coles County Council on Alcoholism will maintain by appearance and behavior the professional dignity of their position with the Council. Specifically, employees are not to wear blue-jeans; dress slacks are acceptable for men and women, and all employees are to be well-groomed and neat in appearance.

Fraternization

There is to be no fraternization between employees and residents.

Professional Code

A professional code of ethics is stated as a basic guide for all counselors.

1. Respect for the confidentiality of all records, materials and communications concerning clients.
2. Respect for client by maintaining an objective, non-possessive, professional relationship at all times.

3. No discrimination among clients or professionals on the basis of race, color, creed, age or sexual orientation.
4. Respect for rights and views of other alcoholism workers and other professionals.
5. Respect for institutional policies and cooperation with management functions. Initiative toward improving institutional policies and management functions.
6. Evidence of a genuine interest in helping persons with alcoholism problems, and dedication to helping them help themselves as much as possible.
7. Willingness to assess one's own personal and vocational strengths and limitations, biases and effectiveness. Ability and willingness to recognize when it is to the client's best interest to refer or release him to another individual or program.
8. Willingness to take personal responsibility for continued growth through further education or training.
9. Total commitment to providing the highest quality of care through both personal effort and the utilization of any other helath professionals or services which may assist the client in his or her recovery plan.

Confidentiality of Client Records

It is the policy of the Coles County Council on Alcoholism to

abide by the "Confidentiality of Alcohol and Drug Abuse Patient Records", NEW Federal Register, July 1, 1975.

1. Client must sign a Release of Information authorization for each request for information.
2. Accompanying client's records must be a statement against any redisclosure.
3. Coles County Council on Alcoholism may not admit a particular person is, or was, a client or that the person is not, or was not, a client, except under a specific Court Order.
4. Discharge from treatment negates any and all consents signed by discharged clients.
5. Disclosure to Department of Mental Health and Developmental Disabilities Subregion staff is permitted for third-party or reimbursement functions, but the use of client-identifying information for evaluation functions is prohibited.
6. If a client's record is subpoenaed by specific Court Order, it is accompanied by the appropriate staff member and a copy of entire record is kept in the client's file.

Hour House Resident's Rights and Responsibilities

You have a right to considerate and respectful care.

You have a right to understand what your problem is, what treatment is recommended and why, who will give the treatment and what outcome to expect.

You have the right to privacy and to confidentiality regarding the things you tell the treatment staff. You have the right to receive information necessary to give informed consent prior to the start of any procedure and/or treatment.

You have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of such action.

You have the right that all communications and records pertaining to your care are treated as confidential. You must give permission for this facility to release information about you except to those specifically legally entitled to the information.

You have a right to be advised if this facility proposes to engage in experimentation affecting your care and treatment. You have the absolute right to consent or refuse to participate in such experimentation, and your refusal is a bar to this facility including you in any such program.

You have the right to expect reasonable continuity of care or training once you have left this facility.

You have the right to examine and receive an explanation of your bill, regardless of source of payment.

You have the right to know how this facility's rules and regulations apply to your conduct as a resident.

You have the responsibility to be honest; to tell those who are working with you how you feel and bring out any problems that are bothering you.

You have the responsibility to follow your treatment plan, to know your medicine, to know your staff, especially your primary therapist.

You have the responsibility to be considerate of others, their privacy and the use of telephone, T. V., smoking regulations, etc.

You have the responsibility to maintain your personal hygiene, clothes and bedroom area.

All functions and activities of this facility must be conducted with an overriding concern for the resident, and above all, the recognition of his dignity as a human being.

Any complaints regarding discrimination of your rights should be directed to your counselor, Program Director, or Executive Director, and in case of inability to resolve the difficulty, to the Board of Directors of the Coles County Council on Alcoholism.

Revised April, 1976

Getting to Know Hour House

General Priorities of Hour House

Hour House is under the jurisdiction of the Central East Alcohol and Drug Council. The general priorities of this organization are:

1. The first priority of the organization should be to continue its operation in the best manner possible. This is not to say that the organization is more important than the client, but rather that we have a responsibility to a large number of individuals who need our services. In view of this consideration, the organization cannot endanger its total operation and the services it will provide to several clients for any one individual client. Therefore, as distasteful as it might be, any specific client's well-being may be considered secondary to the well-being of the many clients. In essence, the operation must remain open in order to provide services and that situation cannot be endangered.
2. The second level of priority is the individual client. Every effort must be made to assist him in finding viable solutions to his problems. This means that every resource at the agency's command should be utilized in providing these solutions. While the staff are

not asked to endanger their lives or sanity in the provision of these services, every effort up to the point of personal danger should be made.

3. Third in the priority list is the agency's staff and volunteers. Every effort should be made to provide pleasant working conditions and insure staff and volunteer well-being up to the point where this effort interferes with the first and second priorities. When, however, the staff's or volunteers' continued association with the agency endangers priorities one or two, that association should be terminated.
4. The fourth and final priority is the community at large. The agency should attempt to comply with the wishes of the community and to avoid conflict with their interests. When, however, it is determined that those wishes and interests are in conflict with any or all of the preceding priorities, they will be considered as secondary. It must be realized, however, that often community interests and wishes have a direct bearing on priority one.

Hour House is a residential treatment facility offering three programs: emergency treatment (detoxification unit), intermediate care treatment, and out-patient treatment. Aftercare is also a responsibility of the program.

Detoxification

Detoxification is the physical withdrawal from alcohol. It is the first necessary step towards recovery. Alcohol is a poison in the

system and must be removed first so that the body and mind are free of alcohol. Then, recovery can begin.

During the detoxification phase, which may last from five to eight days, the client is given an intake interview. This interview contains a medical history and evaluation, and a psycho-social evaluation. Family relationships, drinking history, current emotional state, and family relationships comprise the psycho-social history. A short-term treatment plan is worked out by the client and his counselor regarding goals and objectives of the treatment plan, as well as possible referral to other agencies. A certain amount of time should be spent working in the detox component and learning to understand its role.

After detoxification, the client enters phase I of the treatment plan. The intermediate care, out-patient, and aftercase programs are perhaps best described by the following discussion taken from the Hour House staff manual.

Intermediate Care

Philosophy

Provision of the continuum of care for the client and consideration of that individual as a whole person guides those working in the program. The client is encouraged to take responsibility for his rehabilitative process from inception of the treatment plan to termination of contact with Hour House. He is expected to take the initiative in fulfilling the needs that occur at different stages in the treatment process.

The primary concept upon which all else flows is the adaptation of the program to meet the needs of the client rather than making him try to fit into the program.

Goals

The ultimate goal of the entire treatment process is the development of an individual who is not dependent on any substance and who has achieved an autonomous state of personal and social well-being. Specific goals within this program include (but are not limited to):

1. help resident become aware of needs and supply tools with which he can fulfill them.
2. help resident handle immediate life problems.
3. help resident see himself and aid in guiding him toward emotional stability.
4. help resident decrease crisis situations.
5. sobriety and human growth (serenity).

As a client moves through the continuum of care the following are considered some criteria of progress towards goal attainment. They thus become subgoals in themselves.

1. interruption of addictive behavior
2. improved health
3. fewer negative statements and self-destructive behaviors
4. positive attitude judged more positive verbalization and adaptive behaviors

5. resocialization
6. employment
7. reduction of crisis judged by feedback from client and those close to him
8. sobriety--"one day at a time"

To facilitate progress towards the goals Hour House utilizes many different service modalities. Each has the sole purpose of enhancement of the client's chances for attaining his goals. Some of the instruments and resources available include the RAP scale test, the MAST, physiological examination, licensed practical nurses, psychologists, community service agencies, etc.

The resident has continual input into his treatment plan (setting goals and determining means of attaining them) from the time the treatment plan is decided upon in conjunction with his counselor throughout the period of contact with the program. A checklist is maintained in each file to indicate progress on the client's part as well as to supplement the progress notes written by the counselor.

Organization

The individual in charge of the intermediate care component is the Hour House program director. This person is responsible for the following duties:

1. assignment of a counselor to each resident
2. maintain cooperation of all counselors for the benefit of the residents

3. designation of personnel to give lecture, lead groups, and aid a client in the absence of his counselor
4. coordinate counselor interaction at staff meetings and adapt input from each in order that the treatment program may be upgraded
5. assume responsibility for an in-service training program and work to ensure that the content of the program is applicable to counselor needs
6. periodic review of counselor assignments and training requirements

Note: The training program mentioned above can be found in the personnel policies manual under staff development (XVII).

All counselors in the program are directly answerable to the program director. Each, having been assigned certain clients, is responsible for the provision of any and all services to meet that client's needs. Some of the responsibilities that fall to counselors include the following:

1. Didactic lectures
2. Individual counseling
3. Group counseling
4. Family and spouse counseling
5. AA meetings
6. Recreation activities
7. Referral to other community resources

8. Intervention on behalf of the client with employers and/or courts

Resources

In addition to its most important resource, the staff, Hour House provides other services to its residents. These include the following:

1. Individual Counseling--designed to assess needs and help the resident set goals, to enable that individual to return to a productive role in society.
2. Group Therapy--provides an opportunity for the client to receive input as to how others perceive him. The client's personality is hopefully enhanced and so is his ability to cope with reality.
3. Family and Spouse Groups--designed to establish better communications among family members through education of alcoholism and its effects on all members' personalities and emotions.
4. AA meetings--an integral part of recovery. Two are held on the premises each week, one Al-Anon and one Al-Ateen. Outside AA meetings are available three nights a week to residents.
5. Work Activities--daily work activity is assigned and required. This is considered one aspect of the client's therapy process in that it facilitiate recovery through the assumption of responsibility.
6. Recreation Activities--it is imperative to structure free time to positive use. Various activities are available for residents to select but participation should always be self-motivated.

7. Antabuse Therapy--if a client so chooses, in consultation with his counselor, he may be administered antabuse on a regular basis to provide added support to attainment of permanent sobriety.
8. Counselor Intercession on Client's behalf--problems may arise for a client with his employer and/or law enforcement agencies. Due to lack of experience the client may often be unable to cope satisfactorily with these stresses. Problems may also arise due to ignorance or misunderstanding on the part of those who deal with the recovering alcoholic. The client's counselor will intercede in his behalf to educate and/or deal with those people that may be a source of stress for the client.
9. Referral--on occasion, the client may need or desire services not available in the Hour House program. He will then be referred to the appropriate community service agency that is expected to best fulfill those needs. The client's counselor is responsible for insuring that Hour House services are available until the client no longer desires them and for maintaining a follow-up record on the client.

The park adjacent to Hour House provides an opportunity for residents to commune with nature, be alone, get daily exercise, or do whatever else they choose. The interior strives to lend a warm, home-like atmosphere free of the taint of institutionalization. Hour House is fortunate to be able to provide necessary space for freedom of movement as well as privacy which are essential for effective implementation of the program's philosophy and goals.

During Phase II of the intermediate care program, residents rely upon the support of the Hour House environment while working or completing school or vocational training.

Outpatient Care

The outpatient program is designed to provide effective follow-up and continuum of care. It is offered both to former residents and community people. The basic philosophy is the same as intermediate care--treating the whole person with help for his life problems. The support of the program is an ongoing experience: for the former resident, it helps the transition back into society and aids him to grow; for a member of the community, outpatient services often negate the need for inpatient services and helps maintain the person in the community. To fulfill the specific needs of the individual, the expertise of the total staff--recovered alcoholics, drug abusers, and addicts, as well as physicians, psychologists, and therapists--is utilized. All other health services in the community are used to provide specific needs not met by Hour House staff. Referral to other health resources are made when the needs of the client so demand. During the transition period, the resources of Hour House continue to be available to the client.

The outpatient program is designed to: (1) help the client become aware of his needs and to supply tools with which they can be fulfilled; (2) aid the client in handling immediate life problems; (3) help the individual cope with crisis situations; (4) facilitate the process of

the client gaining a realistic self-image; (5) support the client's efforts to maintain sobriety and work towards further growth.

The modalities used in the outpatient program are:

1. Individual Counseling: to assess the needs and help the client set goals to enable him to return to a productive role in society.
2. Group Therapy: to make it easier for the individual to see himself as others do.
3. Family and Spouse's Groups: designed to establish better communication among all members through education about alcoholism and its effects on all members, personalities, and emotions.
4. AA Meetings: AA is an integral part of recovery. AA attendance for the alcoholic client, AL-Anon for the family members, and Al-Ateen for the children are strongly encouraged for all outpatients. A series of educational lectures are set up on an ongoing basis to acquaint the client and his family with the physiological, psychological, and sociological problems of alcoholism.

Consultation with the client's employer

According to Hour House philosophy of treatment, helping a resident with his life problems, if there is difficulty with an employer he is contacted with the purpose of acquainting him with the facts about alcoholism and aiding communication between him and the client.

Consultation with clients in court

If a client is legally involved with the court, Hour House counselors work with both to help resolve existing problems.

Chemical Therapy

Disulfiram (antabuse) is an aid to those patients who want to remain sober. It is given only on an individual basis in order to discourage a person from drinking. A highly unpleasant reaction is evoked when alcohol is used. Disulfiram is not a cure for alcoholism; however, as long as it is taken, it is easier to avoid drinking because of the violent reaction.

Indicators of progress

As with all components of the continuum of care, the ultimate goal is an individual who is not dependent on any substance and who has achieved an autonomous state of personal and social well-being. Indicators as to how well the person is achieving are measured by his: (1) interruption of addictive behavior; (2) improved health; (3) adequate coping ability; (4) resocialization; (5) employment; (6) reduction of crises in the client's life; (7) sobriety.

Procedures

As a former resident the outpatient works on a program that he and his counselor have set up. As a new client, the outpatient has a diagnostic intake interview almost identical to that performed with new

admissions to the treatment program. The results of this diagnostic assessment are used by the counselor who is assigned to the client to work with said client in setting up an appropriate program. The program director is responsible for the assignment of a counselor to the outpatient and the cooperation of all counselors for the benefit of the client. The program director is responsible to see that a counselor is designated for outpatient lectures, and that a counselor is designated for outpatient groups. The program director also assigns a specific counselor to an outpatient and facilitates the interaction of counselors at staff meetings where clients' treatment is discussed.

The counselor assigned to each specific client is responsible to implement service availability and provision for any need the client might have. The counselor will also see to it that family members are involved when appropriate, and that the employer, or desired community agency, is involved when necessary. All documentation of the client's activity is the responsibility of the counselor. The counselor is expected to follow up the client and provide any aftercare necessary in line with Hour House's doctrine of a continuum of care.

Aftercare

Aftercare is the component of the Hour House program which begins after outpatient care, and continues throughout the resocialization period.

Effective utilization of the resources available to the aftercare

component depends upon adherence to the philosophy of Hour House. That is, the client is to be provided with a continuum of care for the entire period of his recovery and resocialization. This recognizes the necessity of a long-term commitment on the part of the recovered alcoholic and an extended period of continued sobriety. Any and all procedures utilized by aftercare counselors are done with this philosophy forming the framework.

The goals of aftercare vary with each individual client but are generally the same as those for the other care components. The difference is not in kind but in degree. The client is expected to exhibit desirable traits such as better socialization, increased ability to cope with problems, autonomy, etc., to a greater extent than with other programs further down the continuum of care. The counselor maintains a follow-up file on the client with 90-day review periods indicated. Progress is measured by counselor observations of client behavior, both direct and by third party. Other indices include job progress, subjective impressions of others who must deal with the client regularly, and other goals specified by the client in conjunction with the counselor.

The Hour House program director is responsible for assigning counselors to clients in this component, as well as choosing those who will conduct groups and/or give lectures. All counselors are responsible directly to the program director. Each individual counselor is responsible for: (1) Writing up a plan of progress with the client. (2) Involving family, employer, and/or other community agencies when appropriate.

(3) Maintaining an up-to-date file on the client's progress. (4) Providing any services necessary or desirable to the client.

Hour House maintains continual liaison with other community service agencies in an effort to provide the best care possible for each client. These agreements for reciprocal provision of services are documented by contracts and availability is open to clients and counselors whenever desired.

Referral mechanisms are identical with those of the other treatment modalities and the counselor maintains regular communication with the client to ensure continuum of care and support during the sometimes difficult transition period from Hour House to a different agency. After the client has been accepted by another service provider, the counselor continues follow-up procedures to assess further progress.

Recognizing that aftercare cannot exist without some other component of Hour House's program having been utilized previously, the treatment plan for aftercare client's is derived from consultation with those who had prior contact with the client as well as his counselor and family. When the client desires service from the aftercare component, he need simply contact the counselor assigned to him. This applies to services beyond the scope of Hour House as well as those readily available.

The services provided to clients by Hour House include but are not limited to the following:

1. Individual Counseling--the needs of the client are assessed and the counselor attempts to meet them on a one-to-one basis.
2. Group Therapy--the use of communication techniques and feedback aids the client in gaining a realistic self-image of himself. It is important that the client be aware of how others perceive him.
3. Family and Spouse's Groups--the close next-of-kin to the client are invited to share feelings and establish better communication on an interpersonal level. Didactic instruction on alcoholism is available if requested.
4. AA Meetings--this is considered an essential part of the alcoholic's continuing recovery. Al-Anon and Al-Ateen are also available for family members to further understanding of the problems created by alcohol dependency.

Recognizing the changeable nature of one's needs, there is provision for periodic review and updating of a client's treatment plan. The frequency of this will be determined by those personnel taking part in the formulation of the original treatment plan. Occasionally a client's behavior warrants return to one of the earlier phases of treatment in the Hour House program. Criteria for taking this step should be established during the initial consultation period, or when deemed necessary later on. There are no rigid specifications for readmission to a prior component of treatment, each case is judged on its own merits.

Training of aftercare personnel is to be carried out as part of the regular in-service training program. The Hour House program director is responsible for this and for seeing that the content is applicable to the situations encountered.

Records of clients in the aftercare component are reviewed at least every ninety days to assess progress and quality of care provision.

The DWI Court Referral Program

The DWI (Driving While Intoxicated) Court Referral Project is an independently funded component of Hour House. The following explanation is taken from the Hour House Staff manual.

> The philosophy of the DWI Court Referral Program is two-fold. First, to create a profound awareness for the DWI offender, their family, and interested members of the community of the relationship between alcohol and its effects upon the body and driving. This aspect of our goal can be accomplished by a concentrated effort in public information and educational programs. Second, to detect the problem drinker and/or alcoholic and curb their inebriary especially while driving. This aspect of our goal can be accomplished by properly conducted investigations and appropriate treatment. By meeting this goal, we hope to reverse the trend of increasing accidents and their concomitant usuries and fatalities. In addition, we hope to reduce the recidivism rate of DWI's, especially problem drinkers and alcoholics are reportedly responsible for the majority of alcohol related accidents. The project involves a complex of governmental and community agencies and is designed to include four phases: pre-sentence investigation, referral, education, and treatment.

The DWI program should be completed in its entirety. See the DWI secretary for additional pamphlets.

Becoming Aware of Personal Attitudes about Alcohol and Drug Abuse

Please keep a daily log of readings and experiences to use in conjunction with the evaluation check list found after the bibliography. Your instructor may want to use these progress notes as a part of the evaluation procedure.

Participation in the practicum requires getting to know your fellow practicum students. Try to establish a regularly scheduled meeting of all practicum students to discuss aspects of your experience at the Hour House other than the Self-Denial experiment. Ideally, the practicum group should meet regularly with a trained facilitator from the staff or the University.

The non-alcoholic who wishes to counsel alcoholics needs first to examine his own attitudes toward alcoholism. Perhaps you might find the following questions useful in understanding alcoholism and your relationship to it.

What Are the Signs of Alcoholism?[9]

The following questions will help a person learn if he has some of the symptoms of alcoholism. He might use the questionnaire as a rough checklist to determine whether he or a member of his family may need help.

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[9]What Are the Signs of Alcoholism? (New York: National Council on Alcoholism, n. d.).

Yes	No	
___	___	1. Do you occasionally drink heavily after a disappointment, a quarrel, or when the boss gives you a hard time?
___	___	2. When you have trouble or feel under pressure, do you always drink more heavily than usual?
___	___	3. Have you noticed that you are able to handle more liquor than you did when you were first drinking?
___	___	4. Did you ever wake up on the "morning after" and discover that you could not remember part of the evening before even though your friends tell you that you did not "pass out"?
___	___	5. When drinking with other people, do you try to have a few extra drinks when others will not know it?
___	___	6. Are there certain occasions when you feel uncomfortable if alcohol is not available?
___	___	7. Have you recently noticed that when you begin drinking you are in more of a hurry to get the first drink than you used to be?
___	___	8. Do you sometimes feel a little guilty about your drinking?
___	___	9. Are you secretly irritated when your family or friends discuss your drinking?
___	___	10. Have you recently noticed an increase in the frequency of your memory "blackouts"?
___	___	11. Do you often find that you wish to continue drinking after your friends say they have had enough?
___	___	12. Do you usually have a reason for the occasions when you drink heavily?
___	___	13. When you are sober, do you often regret things you have done or said while drinking?
___	___	14. Have you tried switching brands or following different plans for controlling your drinking?

Yes	No	
___	___	15. Have you often failed to keep the promises you have made to yourself about controlling or cutting down on your drinking?
___	___	16. Have you ever tried to control your drinking by making a change in jobs, or moving to a new location?
___	___	17. Do you try to avoid family or close friends while you are drinking?
___	___	18. Are you having an increasing number of financial and work problems?
___	___	19. Do more people seem to be treating you unfairly without good reason?
___	___	20. Do you eat very little or irregularly when you are drinking?
___	___	21. Do you sometimes have the "shakes" in the morning and find that it helps to have a little drink?
___	___	22. Have you recently noticed that you cannot drink as much as you once did?
___	___	23. Do you sometimes stay drunk for several days at a time?
___	___	24. Do you sometimes feel very depressed and wonder whether life is worth living?
___	___	25. Sometimes after periods of drinking, do you see or hear things that aren't there?
___	___	26. Do you get terribly frightened after you have been drinking heavily?

If you answered "yes" to any of the questions, you have some of the symptoms that may indicate alcoholism.

"Yes" answers to several of the questions indicate the following stages of alcoholism:

Questions 1 - 8 -- Early Stage
Questions 9 - 21 -- Middle Stage
Questions 22 - 26 -- The beginning of the final stage

A Test of Attitudes toward Alcoholism

You might wish to take the following attitude test both before and after the practicum. Simply mark "Y" after the items you agree with.

Attitudes toward Alcoholism[10]

Attitude Statements	Agreement Before	Agreement After
1. Nature and Etiology of Alcoholism		
a. Alcoholism is primarily the result of a physiological disposition.		
b. Alcoholism is primarily the result of underlying emotional problems.		
c. Alcoholism results from a combination of physiological predisposition and underlying emotional problems.		
d. Alcoholism is a disease.		
e. Alcoholism is a psychosomatic illness.		
f. The suicide rate among alcoholics is much higher than that of the general population.		
2. Nature of Marriage to an Alcoholic		
g. Wives of alcoholics have an emotional need for their husbands to continue drinking.		
h. If an alcoholic succeeds in achieving lasting sobriety, his wife will become more disturbed.		
3. Moralism		
i. It is hard to be truly accepting of alcoholics, when one considers how seriously they damage their children.		

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[10]Margaret B. Bailey, "Attitudes toward alcoholism before and after a training program for social caseworkers," Quarterly Journal of Studies in Alcohol, 31, no. 3 (1970): 669-683.

Before After

j. Excessive drinking as an escape from normal responsibility is evidence of lack of will power.

k. The alcoholic is responsible for the development of his alcoholism, since after all, he is the one who does the drinking.

l. An alcoholic is harder to relate to than an individual whose illness is not self-inflected.

4. Abstinence and Insight

m. The great majority of alcoholics can never again drink moderately, even after many years of abstinence.

n. Life-long abstinence is a necessary goal, although not the only goal, of treatment for alcoholism.

o. Very little can be done to help an alcoholic solve his other problems until he first stops drinking.

p. Symptomatic treatment which succeeds in stopping the drinking is frequently enough help to enable an alcoholic to mobilize his resources and develop a satisfying life.

q. Before an alcoholic is able to stop drinking, he needs to gain some insight into the reasons for his drinking.

r. If an alcoholic can be helped to gain some insight into the reasons for his drinking, the amount he drinks will decrease.

5. Optimism-Pessimism

s. The majority of alcoholics can recover with treatment.

t. An alcoholic's relapses into drinking can often provide a foundation on which to build successful treatment.

u. Casework with the alcoholic's wife can often result in motivating the alcoholic to seek help.

v. It is discouraging to work with wives of alcoholics, because so few of these women show any improvement.

Before After

6. Treatment Relationships

w. The immediacy of an alcoholic's demands makes it very difficult to maintain a professional relationship with him.

x. It is difficult to be treatment-minded with alcoholics, because so much of their behavior is narcissistic.

y. Forcing an alcoholic to face and suffer the consequences of his behavior often increases his motivation for treatment.

z. Motivation of the alcoholic for treatment is often effective when brought about under external duress.

aa. If an alcoholic fails to stay in treatment, the responsibility for breaking off contact usually lies with him.

bb. If an alcoholic fails to stay in treatment, the responsibility usually lies with the professional.

cc. Wives of alcoholics often prematurely break off treatment because these women do not really want help.

7. Treatment Resources

dd. Treatment of alcoholics is beyond the skill of social workers.

ee. Treatment of alcoholics for their alcoholism (aside from necessary medical care for physical effects) should be left in the hands of psychiatrists.

ff. The best thing that can be done for an alcoholic is to have the members of Alcoholics Anonymous take over the responsibility for helping him.

gg. A combination of professional help and membership in Alcoholics Anonymous is the treatment of choice for alcoholism.

hh. Alcoholism has so many features that its professional treatment should be referred to clinics, hospitals and physicians that specialize in alcoholism.

	Before	After
8. Nonalcoholic Drinking		
ii. Getting drunk a few nights a year should not be regarded as of much importance, provided the individual is not driving.		
jj. Individuals who voluntarily abstain from drinking are better off than those who take any alcohol.		
kk. Drinking in moderation is a positive good, if used to promote sociability.		
ll. Using a moderate amount of alcohol to relax from tension is beneficial for the individual.		

The Self Denial Experiment

An excellent way to examine alcoholism is to participate in a Self Denial Experiment.[11] Do not begin until after one month of practicum.

In order to participate in this experiment, you will need a counselor to help deal with problems you may encounter. Choose someone from the Hour House staff or from your academic department, if possible. Those who participate in the experiment with you should not act as counselors.

For one month you must refrain from drinking. You must keep a daily diary on all feelings, experiences, insights and thoughts--not only your own, but of the many friends and colleagues with whom you have been in contact that offer drinks. The diary may be part of progress notes.

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[11]Sue Holt, "A Study in Self Denial," A. D. P. A. Convention presentation, Chicago, 1975.

On the first page of the diary, list all the places you normally go for socializing.

A list might look like this:

1. Bars
2. Friends homes
3. Church
4. Fishing
5. Bowling
6. School parties
7. Movies
8. Pool hall
9. Entertain at home
10. Relaxing after work
11. Camping

Then, each day thereafter for thirty days, note your experiences and feelings.

You are allowed to give any excuse or reason to peers as to why you are not drinking but you cannot reveal that you are participating in an experiment. Why? It defeats the object of the task. In reality the alcoholic does not proclaim to the world every time he encounters a social situation where drinking is involved, "I am an alcoholic!" No, he usually must says, "No, thank you", or, "I don't drink." Then others have the responsibility to either respect his wishes and accept him "as is" or make something of it. This experiment gives the non-addicted counselor the same type of situation and his feelings will be very close to what the addicted person feels.

In order to carry out the experiment successfully,

1. all practicum students should begin the experiment together.

2. keep in mind that this project is not just for fun. You will

gain basic personal knowledge and insight.

3. Date each page as you go, making sure there is a page for each day. Put on the page where you went and if any drinking was done, feelings about sustaining, what reason you gave as to why you don't drink--reactions of the host or hostess and guests, remarks, etc. Note particularly any pressures felt, either by you or the group you were in or any individual.
4. If no situation occurred for drinking that day, make note of any thoughts about a drink.
5. Anyone "slipping" and taking a drink is to explain circumstances, feelings such as guilt, breaking contract, etc. Be very explicit and discuss in detail.
6. Any feelings and reactions should be written down in detail, especially anger, if any, about the project.
7. If you feel the pressure is too much, write down particular feelings of build-up and frustration. Discuss these feelings with your counselor.
8. A feedback sheet will be given to you after the experiment by your counselor, who will evaluate the experiment.
9. Upon completion of the experiment, a group meeting of practicum students should be held to discuss the project.

Becoming Knowledgeable about Alcoholism and Drug Abuse

Background Reading

Background reading is essential for the practicum student unfamiliar with alcoholism. Read Becoming Naturally Therapeutic by Jacquelyn Small and the Handbook for the Alcoholism Counselor by Robert E. Farber. Order additional material from the AA and NCALI order forms at the end of the additional readings. Get to know Hour House programs be reading the various pamphlets available from the secretary. Ask permission to read the materials given to the residents as they enter. Read the staff manual for more information. Read a client file, with permission.

Many of the Hour House staff have found Glasser's Reality Therapy useful in working with alcoholics. If you have not read about reality therapy you might wish to do so.

Although AA meetings are held at the Hour House, the two organizations are distinctly separate. Lectures are given to residents concerning the basic AA principles, as found in the 12 steps and 12 traditions. For a basic understanding of AA, read The Big Book and Twelve Steps and Twelve Traditions.

Attend as many open AA meetings as possible.

A certain amount of time must be spent socializing with residents and getting to know the staff. The amount will vary according to your personality and previous experiences with alcoholism. The practicum student must ask permission before joining any of the structured groups.

Hour House Group Schedule
November 1976

Monday	9:00 - 10:00 a.m.	Principles of Recovery
	10:30 - 11:30 a.m.	Residents Rap Session
	1:30 - 2:30 p.m.	Discussion Therapy
	7:00 - 8:00 p.m.	Partners with a Purpose
	7:00 - 8:00 p.m.	What's Happening (With You)?
	8:00 p.m.	AA - Sullivan
Tuesday	9:00 - 10:00 a.m.	The VIP's
	10:30 - 11:30 a.m.	Responsibility
	1:30 - 2:30 p.m.	The VIP's
	6:00 - 7:00 p.m.	House Meeting
	7:00 - 8:00 p.m.	Touch Me, Touch You
	8:00 p.m.	AA - Effingham
Wednesday	9:00 - 10:00 a.m.	Principles of Recovery
	10:30 - 11:30 a.m.	Residents Rap Session
	1:30 - 2:30 p.m.	AA - Hour House
	8:00 - 9:00 p.m.	Exchange Fellowship
	8:00 p.m.	AA - Mattoon
Thursday	9:00 - 10:00 a.m.	Principles of Recovery
	10:30 - 11:30 a.m.	Responsibility
	1:30 - 2:30 p.m.	Discussion Therapy
	7:00 - 8:00 p.m.	For Women Only
	7:00 - 8:00 p.m.	Message for Men
Friday	9:00 - 10:00 a.m.	Principles of Recovery
	10:30 - 11:30 a.m.	Residents Rap Session
	1:30 - 2:30 p.m.	Discussion Therapy
	8:00 p.m.	AA - Charleston

Saturday	2:00 p.m.	Film and Group Discussion
	8:00 p.m.	AA - Toledo
	3:00 p.m.	AA - Young People - Charleston
Sunday	7:00 p.m.	AA - Hour House

Films

A variety of films about alcoholism are shown Saturday at 2:00.

Ninety-nine Bottles of Beer - Teen-age

Conspiracy of Silence - Family

DWI Phoenix - Traffic Safety

C.R.A.S.H. - Traffic Safety

Verdict at 1:32 - Traffic Safety & Medical (Alcohol on the Brain)

To Your Health - Alcohol and your body

The Summer We Moved to Elm Street - Family

Chalk Talk - Alcohol Education

Point Zero Eight - Traffic Safety

Ladies and Gentlemen of the Jury - Traffic Safety

Alcohol, Drugs, or Alternatives - Teen-age

Alcoholism Film - Alcoholism

We Don't Want to Lose You - Job related

Five Drinking Drivers - Traffic Safety

Fifth Street LA - Alcoholism (Skid Row)

Silent Witness - Traffic Safety

Signal 30 - Traffic

Drink, Drive, Rationalize - Humorous Drinking and Driving

Living Sober: Class of 1976 - AA oriented

Guidelines - Alcohol Education

The Secret Love of Sandra Blain - Family

Tapes

The Hazelden Lectures are an excellent series of taped lectures on alcoholism from one of the most respected alcoholism treatment facilities. Ask the Program Director for them.

#1 - ANXIETY, Part 1, Side 1, by Daniel J. Anderson, Ph. D.

Dr. Anderson analyzes the six personality traits relating to anxiety that are most often found in chemically dependent people as well as other anxiety-prone persons.

CONFLICTS, Part 2, Side 2

Dr. Anderson concludes this two-part lecture on anxiety by explaining some of the internal emotional conflicts found in chemically dependent people which tend to cause a high level of anxiety.

#2 - DIAGNOSIS OF DRUG DEPENDENCY, Side 1, by Richard O. Heilman, M. D.

The symptoms indicating alcoholism or other chemical dependency, from pre-occupation to black-out, are described in detail by Dr. Heilman. He notes that the best way to determine whether or not a person is hooked on a chemical is to observe the way he uses it. Knowledge of these symptoms and characteristics can facilitate the early diagnosis and treatment of chemical dependency.

NATURE OF DRUG DEPENDENCY, Side 2

Dr. Heilman observes that while it is difficult to specifically define chemical dependency or alcoholism, we can describe four characteristics invariably associated with this sickness. He also comments on contemporary social attitudes toward chemical dependency, and emphasizes the need for greater social awareness and understanding of this disease.

#3 - HISTORICAL AND CULTURAL ATTITUDES, Parts 1 and 2 - Sides 1 and 2, by Daniel J. Anderson, Ph. D.

Dr. Anderson notes that all through recorded history society has been see-sawing with regard to the proper use of alcohol and other psycho-active drugs. He concluded that even today we live in a society that is terribly ambivalent toward the use of beverage alcohol, and that this wet vs. dry cultural inconsistency may well be a factor contributing to the high incidence of chemical dependency in our culture.

#4 - MOOD ALTERING DRUGS, Parts 1 and 2, Sides 1 and 2, by Dee Smith, R. N.

In this two-part lecture, the speaker discusses all common drugs of the mood-altering group, i.e., drugs that change the way you feel. These include alcohol, opiates, amphetamines, tranquilizers, barbiturates, and sedatives. The nautre of many of these drugs is discussed as well as the methods for and degree of difficulty experienced in physical withdrawal from

the excessive use of each particular drug. She emphasizes the need for chemically dependent persons to refrain from taking any drug which changes the way they feel, including a variety of over-the-counter drugs which have mood altering effects.

#5 - THE REVOLUTION IN PSYCHO-THERAPY, Parts 1 and 2, Sides 1 and 2, by Daniel J. Anderson, Ph.D.

The "revolution" is described as the development of the mutual self-help movement in psychotherapy that has come to supplement or, in some cases, supplant individual psychotherapy. The practical originator of this peer group therapy movement, Dr. Anderson observes, was Alcoholics Anonymous. He notes that group therapy has since branched into literally hundreds of fields. Dr. Anderson goes on to explain how these groups function to improve the mental health of the participants.

#6 - USE OF DRUGS IN OUR SOCIETY, Side 1, by Richard O. Heilman, M.D.

Dr. Heilman observes the widespread use and abuse of drugs in our society, including coffee (caffeine) and cigarettes (nicotine) as well as alcohol and other drugs. He notes that society has many blind spots concerning the staggering economic and social costs of drug use.

A CONSIDERATION FOR HEREDITY IN DRUG DEPENDENCY, Side 2

Different people respond to different drugs in different ways, Dr. Heilman points out. These differences cannot always be

explained psychologically or sociologically he notes, concluding that physiological differences in chemically dependent people may be the primary reason for the difference in their response to drugs.

Album No. 2 - Hazelden Lectures

#1 - CHEMICAL DEPENDENCY IN THE FAMILY, Slides 1 and 2, by Harold A. Swift.

In this two-part lecture, Mr. Swift describes the family unit as a living "organism" usually composed of mother, father, and children. When one member of that family unit becomes chemically dependent, the entire organism has a tendency to change and adopt a pattern of abnormal behavior. The family tends to go through stages much like those of the progressing chemical dependent: i.e., (a) denial, (b) home cures, (c) containing the problem, and (d) placing the blame. The speaker describes how leadership roles in the family are altered as a result of the illness and how attitudes are affected during and after the illness. Mr. Swift is Director of Rehabilitation at Hazelden.

#2 - COUNT THE COST, Side 1, by John G. Hendrickson

The cost of chemical dependency is not only calculated in the billions of dollars lost to industry, paid for medical expenses, and indirectly through agencies such as welfare; the greatest cost, which is incalculable, is the toll in human suffering. Mr.

Hendrickson examines these costs, to the spouse, children and friends, in detail. This lecture is an eye opener for anyone who is ever inclined to deny or minimize the consequences of his drinking.

PAGE 63, Side 2, by John G. Hendrickson

The speaker tells what page 63 of the "Big Book" had to do with his own recovery. He details his thoughts as he worked his way through the second and third steps of the AA program. Hendrickson is a former Hazelden counselor.

#3 - THE DEPENDENT WOMAN, Side 1, by Patricia C. McGuire

The disease is the same whether it manifests itself in a man or a woman, but the psychological impact is different primarily because of society's attitude toward the woman alcoholic, Ms. McGuire points out. She explains how chemically dependent women, because of their role in life (housewife) tend to more frequently become "lone" drinkers at home or visit the medicine cabinet (drugs) too often. However, she leaves no room for excuses, and emphasizes the need to overcome dependency before life will open up.

THE LIBERATED WOMAN, Side 2, by Patricia C. McGuire

The liberated woman, the speaker says, is not the radical type, but simply a person able to be responsible for herself who does not need to use chemicals. She concludes by pointing the way toward liberation not only from alcohol and drugs, but from

unsatisfactory life styles as well. Ms. McGuire is a counselor on the Hazelden staff who specializes in counseling chemically dependent women.

#4 - KING BABY, Side 1, by Robert E. Brissett

The "baby" describes any of us who live under the common delusion that the "world revolves around us". Mr. Brissett describes the six chief characteristics of the King Baby syndrome, and discusses ways to recognize and control these attitudes. It is difficult for any listener not to identify, in some degree, with some part of this lecture.

FREEDOM OF CHOICE, Side 2, by Robert E. Brissett

The speaker asks, "Why did I do it? Why do I drink?" Then goes on to answer this puzzler, common to almost all chemical dependents. In the answer lies the psychology of "Freedom of Choice." Mr. Brissett is one of Hazelden's Senior Counselors and head of a primary rehabilitation unit.

#5 - WHAT TO DO ABOUT CHARLES, Sides 1 and 2, by Charles W. Crewe

Chuck Crewe, in this biographical sketch, vividly describes public and professional attitudes toward alcoholism prior to and during the early years of Alcoholics Anonymous. He tells of his association with the first AA group in the Twin City area, and his experiences with attempted "treatment" before AA had come into existence. Mr. Crewe, the author of "A Look at

Relapse" also describes his extensive study of this subject as well as his personal experience with relapse after many years of sobriety. Today, more help is available to alcoholics, he says, and AA is by far the most significant contributing factor. Mr. Crewe is Chief Therapist of Continuation Programs at Hazelden.

#6 - YA, BUT!, Side 1, by Edward D. Juergens

Most of us fail to realize the number of times in a day we make excuses. "ya, but!" is the story of making excuses or justifying illogical actions by rationalizations. Mr. Juergens points out that chemically dependent people are especially adept at attempting to rationalize themselves out of their illness. He makes a sound point on the need for self-honesty before recovery can begin.

DEATH OF A SALESMAN, Side 2, by Edward D. Juergens

Selling is "causing people to accept" the speaker notes. When the selling becomes "causing people to like me but being scared to death they may not," the trouble begins. "Death of a Salesman" is a descriptive story of fear of rejection, and the methaphor symbolizes the conquest of this fear in the recovery process. Mr. Juergens is a Counselor on Hazelden's staff with wide experience in the chemical dependency field.

Ask the staff for copies of other informative tapes by AA speakers such as Chuck C. and Norm A.

Additional Resources

General Sources of Information

The following offer a variety of free information about alcoholism treatment.

Alcoholics Anonymous World Services Inc.
Box 459, Grand Central Station New York, N.Y. 10017

Here is a partial list of AA pamphlets which may be of special interest to professional men and women who deal with alcoholics.

Alcoholics Anonymous in Your Community
Cooperation but Not Affiliation
Alcoholics Anonymous and the Medical Profession
A.A. in Hospitals
A Clergyman Asks About A.A.
A.A. in Prisons
Alcoholism is a Management Problem
A.A. Suggests One Solution
A.A. and the Alcoholic Employee
A Brief Guide to Alcoholics Anonymous
Understanding Anonymity
Let's Be Friendly With Our Friends
Sedatives, Stimulants, and the Alcoholic
Profile of an A.A. Meeting

National Council on Alcoholism, Suite 1405, 733 Third Avenue, New York, N.Y. 10017.

National Institute of Mental Health. National Institute on Alcohol Abuse and Alcoholism, 500 Fishers Lane, Rockville, Md. 20852.

See order forms at the end of the additional resources.

Suggested Readings

The following 5 books have been published by AA World Services and are highly recommended:

Alcoholic Anonymous Comes of Age, 1975

Alcoholics Anonymous: The Big Book, 1955

Came to Believe, 1973

Living Sober, 1975

Twleve Steps and Twelve Traditions, 1953

ACCREDITATION MANUAL FOR ALCOHOLISM PROGRAMS, Chicago: Joint Commission on Accreditation of Hospitals

Alcoholism: A Merry-Go-Round Named Denial. New York: Al-Anon Family Group Headquarters, 1969

Alcoholism and You. Des Moines: Iowa State Commission on Alcoholism, n. d.

Del Ameida, Steven. "The Alcoholism Rehabilitation Manual: A Whole Person Approach to Disability Treatment." Wichita, Kansas, n. d.

Experimentation: The Fallacy of Controlled Drinking Where Alcoholism Exists. New York: Christopher D. Smithers Foundation, n. d.

Gideon, W. L., ed. Alcoholism and Counseling. 3 vols. Matteson, Ill.: Good and Golden, 1976.

Glasser, William. Reality Therapy. New York: Harper and Row, 1965.

Farber, Robert E. Handbook for the Alcoholism Counselor. Baltimore City Health Department, n. d., reprinted by NIAAA-HEW.

Hanson, Phillip L. Sick and Tired of Being Sick and Tired. Lake Mills, Iowa: Graphic Publishing, n. d.

Johnson, Vernon. I'll Quit Tomorrow. New York: Harper and Row, 1973.

Madsen, William. The American Alcoholic. Springfield: Charles Thomas, 1974.

Milam, James R. The Emergent Comprehensive Concept of Alcoholism. Rockville, Md.: NIAAA-HEW, 1971.

Pittman, David J. and Snyder, Charles R. Society, Culture and Drinking Patterns. Carbondale: S.I.U. Press, 1962.

Powell, John. Why Am I Afraid To Tell You Who I Am? Niles, Ill.: Argus, n.d.

Quarterly Journal of Studies on Alcohol. New Brunswick, N. J.: Rutgers University Press.

Scott, Edward M. Struggles in An Alcoholic Family. Springfield, Ill.: Charles C. Thomas, 1970.

Selected Publications on Education and Training about Alcohol. Rockville, Md.: NIAAA-HEW, Winter, 1976.

Small, Jacquelyn. Becoming Naturally Therapeutic. Austin: The Texas Commission on Alcoholism, 1974.

Steiner, Claude. Games Alcoholics Play. New York: Grove Press, 1971.

Understanding Alcoholism. New York: Christopher D. Smithers Foundation, n.d.

W., Bill. "Let's Be Friendly With Our Friends," AA Grapevine, March, 1958. Reprint.

The Whole College Catalog About Drinking. Rockville, Md.: NIAAA-HEW, 1976.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

NATIONAL CLEARINGHOUSE FOR ALCOHOL INFORMATION

DESCRIPTION OF SERVICES AND ORDERING INSTRUCTIONS

The National Clearinghouse for Alcohol Information has been established as a service of the National Institute on Alcohol Abuse and Alcoholism for the purpose of making widely available the current knowledge on alcohol-related subjects.

There are a number of services you can receive at no charge from the National Clearinghouse for Alcohol Information. These include:

REFERENCE SERVICES:

Searches	Automated searches of NCALI computerized files for specific information regarding literature, statistics, studies and papers.
Bibliographies	Preassembled bibliographies in commonly requested areas covering a broad range of topics.
Responses and Referrals	Answers to individual letters of a personal or technical nature and referrals to local treatment and counseling organizations.

PRINTED MATERIALS:

Publications	Books, pamphlets, and directories are available in limited quantities. To order: Fill in yellow publications order form.
Individual Notification	Citation cards abstracting the latest articles and books in specialized interest areas; issued monthly. To order: Fill in green registration form.
Grouped Interest Guides	Bibliography booklets giving an overview of selected publications in each of 15 broad subject areas. To order: Fill in green registration form.
NIAAA Information and Feature Service	Presents articles on trends, opinions and programs across the nation; highlights the activities of the NIAAA and other alcoholism organizations; and spotlights topics of special interest. It is designed so that articles can be easily reproduced by other publications. To order: Check appropriate box on yellow publications order form.
Alcohol Health and Research World	A quarterly bulletin for those engaged in research, prevention or treatment of alcoholism; features survey articles, program reports, interviews, book reviews and exchanges of opinion. This is a paid subscription magazine which may be ordered from the U.S. Government Printing Office. To order: Check appropriate box on yellow publications order form to receive further information and a GPO order form.

RETURN ALL FORMS TO: The National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, Md. 20852

ENCAS7301

NATIONAL CLEARINGHOUSE FOR ALCOHOL INFORMATION

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

PUBLICATIONS ORDER FORM

The National Clearinghouse for Alcohol Information (NCALI) distributes alcohol-related pamphlets, books, posters, and other materials published by the National Institute on Alcohol Abuse and Alcoholism. If you would like to receive a copy of any of the items listed below, check the box next to the title. Materials provided in limited quantity by NCALI are free of charge. Information is available on how to obtain larger quantities. Please indicate materials where this information is desired.

ORGANIZATION

LAST NAME FIRST

OCCUPATION

STREET ADDRESS

CITY

STATE ZIP COUNTRY

☐ NIAAA INFORMATION AND FEATURE SERVICE. This news service presents articles on trends, opinions, and programs across the nation, highlights the activities of the NIAAA and other alcoholism organizations, and spotlights topics of special interest. It is designed so that articles can be easily reproduced by other publications. There is no charge for a subscription to this publication; check the box to have your name placed on the mailing list.

☐ ALCOHOL HEALTH & RESEARCH WORLD. Intended for all professionals involved in the treatment, research and prevention of alcohol abuse and alcoholism, this periodic bulletin provides in-depth coverage of specific topics related to alcohol. THIS IS A PAID SUBSCRIPTION PUBLICATION: CHECK THE BOX FOR MORE INFORMATION AND A SUBSCRIPTION ORDER FORM.

SPECIAL INTEREST

☐ PH10 OCCUPATIONAL ALCOHOLISM, SOME PROBLEMS AND SOME SOLUTIONS. Industrial alcoholism programs are discussed from an historical perspoctivc; alcoholism counseling programs are considered; and various treatment possibilities are outlined. A suggestion for a company policy statement is presented. 6 pp.

☐ PH73 ALCOHOL ABUSE AND WOMEN: A GUIDE TO GETTING HELP. Offers support and treatment information for the woman with an alcohol problem, with emphasis on the particular difficulties faced by the woman problem drinker. 25 pp.

☐ PH12 FROM PROGRAM TO PEOPLE: TOWARDS A NATIONAL POLICY ON ALCOHOLISM SERVICES. Provides guidelines and objectives for prevention and treatment programs, emphasizing "people-oriented" activities. 36 pp.

☐ PH108 TREATING ALCOHOLISM: THE ILLNESS, THE SYMPTOMS, THE TREATMENT. Causes and symptoms of alcoholism and its effects on the body are described along with types of therapies and treatment facilities. National organizations and other sources for additional information are named. 16 pp.

☐ AV151 GUIDE TO AUDIOVISUAL MATERIALS. Lists selected films dealing with alcohol abuse and alcoholism. Information includes synopsis of film, audience level, distributor, sale price, and rental fee.

☐ DR DIRECTORY OF STATE AND LOCAL ALCOHOLISM SERVICES. Indicate the state for which you would like to receive a directory. DR_____(Complete directory of all states available only through Alcohol and Drug Problems Association of North America for $7.50. Write ADPA, 1101 Fifteenth Street, N.W., Suite 204, Washington, D.C. 20005).

☐ MS32 ALCOHOLISM PROGRAM CONTACTS. Lists names and addresses of national and state alcoholism organizations.

☐ DR26 Nationwide directory of Occupational Alcoholism Consultants.

See other side for continuation

GENERAL

☐ PH23 DIUNKING ETIQUETTE. Takes a look at the ways people drink and proposes some guidelines to help host, hostess, and guest develop a drinking etiquette thereby avoiding many of the problems which come with unwise drinking. 13 pp.

☐ PH24 THE DRINKING QUESTION. Addresses questions teenagers ask about drinking. Answers are concise and factual but non-technical. It is suitable for use by teenagers and parents. 28 pp.

☐ PH101 THINKING ABOUT DRINKING. Prepared for young people as a basis for discussion of attitudes about drinking. 31 pp.

☐ PH104 SOMEONE CLOSE DRINKS TOO MUCH. Suggestions are offered on how a person can play a key role in the turnabout, treatment, and recovery of "someone close" with an alcohol problem. 15 pp.

☐ PH105 ALCOHOL: SOME QUESTIONS AND ANSWERS. Briefly answers several questions concerning the effects of alcohol on the body and the reasons why people drink. 14 pp.

☐ PH106 FACTS ABOUT ALCOHOL. A digest of Alcohol and Alcoholism presenting factual and easily understandable information about alcohol and its effects on man and society. 44 pp.

☐ PH111 HOW TO HELP: WHAT YOU CAN DO TO HELP YOUR COMMUNITY HELP ALCOHOLIC PEOPLE. Suggests ways to initiate and implement change in alcoholism services on a local level. 16 pp.

☐ PH158 TEACHING ABOUT DRINKING. Suggests classroom techniques for encouraging safe drinking attitudes. 10 pp.

☐ AV88 POSTERS. Complete set 14" x 17", color. Individual posters listed below.

AV88.3 ☐ What Kind of Drinker are You
AV88.4 ☐ Ten Terrific Hangover Cures
AV88.5 ☐ If You Drink a Lot of Beer
AV88.6 ☐ Typical Alcoholic
AV88.7 ☐ Getting Drunk

TRAFFIC SAFETY

☐ DT401 THE DRINKING DRIVER AND THE POLICE. Offers advice to the police administrator and the law enforcement officer in dealing with the drunk driver. 10 pp.

☐ DT402 THE DRINKING DRIVER AND THE COURTS. Suggests alternate courses of action for judges, prosecutors, and defense attorneys in dealing with DWI cases. 12 pp.

☐ DT403 YOUNG AMERICANS: DRINKING, DRIVING, DYING. Gives information on what young people can do to control drinking and driving. 12 pp.

☐ DT404 FIRST AID FOR THE DRUNKEN DRIVER BEGINS IN YOUR OFFICE. Written for physicians, provides information on the relationship between blood alcohol concentration and relative risk of crash. 11 pp.

☐ DT405 THE NATIONAL ALCOHOL COUNTERMEASURES PROGRAM. Describes steps for combating drunk driving including information on research and development programs, a public education campaign, state and community action programs, and Alcohol Safety Action Projects. 12 pp.

☐ DT406 THE PROBLEM DRINKER AND YOU. Included are suggestions on what a person can do to help stop alcohol-related traffic accidents, a list of Alcohol Safety Action Project Directors, and a list of Governors' Highway Safety Action Representatives. 15 pp.

☐ DT408 NEW HOPES, NEW POSSIBILITIES: A REPORT TO THE RELIGIOUS COMMUNITIES ON THE ALCOHOL SAFETY ACTION PROJECTS. Offers suggestions on how religious congregations and individual citizens can help the problem drinker. 26 pp.

☐ DT411 HOW TO KEEP THE LIFE OF THE PARTY ALIVE. Practical steps in avoiding possible drunken driving by a guest are offered to the host and hostess along with suggestions on what to do for a guest who has had too much to drink. A Blood Alcohol Concentration chart indicates your own safe-driving limit according to body weight and number of drinks. 4 pp.

☐ DT415 HOW TO TALK TO YOUR TEENAGER ABOUT DRINKING AND DRIVING. Offers facts about drinking as well as specific guidelines for parents in discussing alcohol use with their high school age children. 12 pp.

Mail completed form to: NCALI
P.O. Box 2345
Rockville, Md. 20852

NATIONAL CLEARINGHOUSE FOR ALCOHOL INFORMATION

CURRENT AWARENESS SERVICES

The National Clearinghouse for Alcohol Information (NCALI) has been established to share knowledge on alcohol abuse and alcoholism. The Current Awareness Services of NCALI offer two types of selective, continuing notification of recent technical and scientific books, journal articles, and conference proceedings covering the spectrum of alcohol-related subjects. Register one time and you will receive materials on a continuing basis at no charge.

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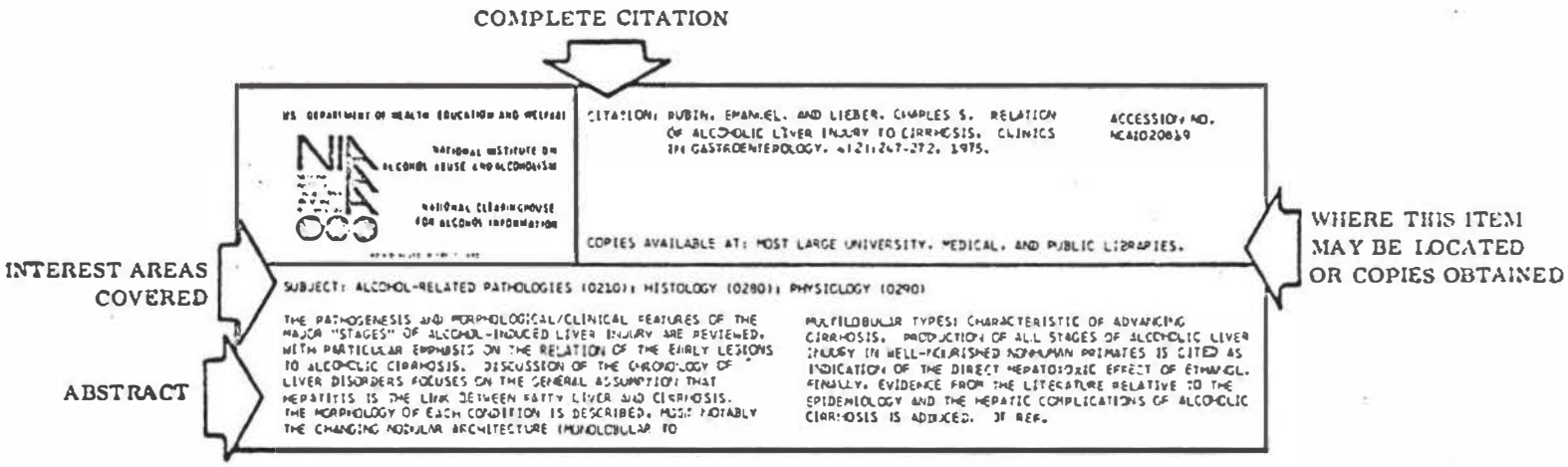
A monthly service keeps you up-to-date on the latest literature in over 100 special interest areas and new audio-visual materials. Abstract cards provide complete bibliographic references and also tell you how to obtain copies of the material; in some cases document reprints are available from the Clearinghouse. We recommend a limit of 15 interest areas from the list, on reverse side.



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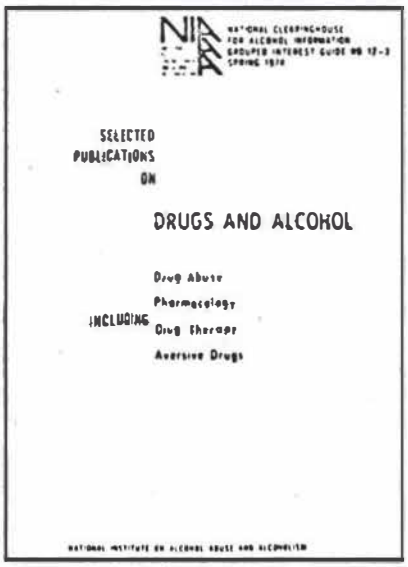
GROUPED INTEREST GUIDES

Bibliography booklets in 15 subject areas contain references and annotations for recent documents which have been judged significant because of their valuable technical content. A new issue of each Guide will be distributed automatically every six months. We recommend a limit of five titles from the list, on reverse side. Please check the number(s) of the titles you desire.



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INDIVIDUALIZED INTEREST CARDS

BIOLOGICAL STUDIES

- 5 Sexuality
- 0 Alcoholic Personality
- 0 Behavioral Theories
- 0 Tests and Testing
- 2 MMPI
- 0 Drug Abuse
- 0 Sensory Perception
- 2 Vision
- 4 Temporal Perception
- 0 Perceptual-Motor Skills
- 0 Stress, Conflict, and Anxiety
- 0 Electrophysiology
- 5 Sleep Studies
- 0 Memory
- 5 Thought Processes

BIOLOGY, BIOCHEMISTRY, MEDICINE

- 5 Alcoholism Diagnosis
- 0 Alcohol-related Pathologies
- 5 Neurological Pathologies
- 0 Nutrition and Diet
- 0 Pharmacology (includes drug evaluations and cross-tolerance studies)
- 0 Genetics and Heredity
- 0 Ethanol Metabolism
- 0 Dependence and Withdrawal Syndromes
- 5 Hangover
- 0 Etiology
- 0 Histology
- 0 Physiology

RESEARCH USING ANIMALS

- 0 Physiology and Metabolism
- 5 Alcohol Preference and Consumption
- 0 Reinforcement and Learning
- 5 Avoidance Behavior
- 0 Dependence, Tolerance, and Withdrawal
- 0 Strain Differences
- 0 Drug Interactions
- 0 Stress and Conflict

PROGRAMS, SERVICES, AND FACILITIES

- 0 Detoxification Centers
- 0 Hospital Programs

__0424 Alcoholism Units
__0428 Emergency Services
__0430 Community Programs
__0440 Correctional Institutions
__0450 Social Service Agencies
__0460 Evaluation
__0490 Rehabilitation Programs

TREATMENT AND THERAPIES

__0510 Individual Therapy
__0520 Group Therapy
__0530 Behavior Modification
__0540 Drug Therapy
__0545 Aversive Drugs
__0550 Electrotherapy
__0560 Other Therapies
__0570 Detoxification Modalities
__0580 Side-effects and Evaluation

MENTAL HEALTH

__0605 Homicide and Suicide
__0610 Marriage and Family
__0615 Children of Alcoholic Parents
__0630 Drinking Patterns
__0640 Case Histories
__0650 Organizations
__0655 Alcoholics Anonymous
__0660 Attitudes
__0670 Abstention
__0680 Religion
__0690 Counseling and Guidance

CRIMINAL JUSTICE AND LEGISLATION

__0710 Laws and Legislation
__0715 Vehicle and Traffic Laws
__0718 Blood Alcohol Concentration
__0720 Criminal Offenses
__0725 Intoxication as a Crime
__0730 Parole
__0740 Commitment (voluntary and involuntary)
__0750 Civil Rights

SAFETY AND ACCIDENTS

__0810 Drinking and Driving (DWI)
__0820 Traffic Accidents
__0830 Occupational Safety
__0840 Other Accidents

SOCIOLOGY AND CULTURAL ANTHROPOLOGY

__0910 Drink Habits--Cultural
__0920 Socioeconomic Status
__0930 Social Forces
__0990 History of Alcohol Use

EDUCATION AND TRAINING PROGRAMS

__1010 Elementary Education Programs
__1020 High School Education Programs
__1024 Junior High Schools
__1028 Senior High Schools
__1030 University Education Programs
__1070 Paraprofessional Training Programs
__1080 Professional Training Programs
__1090 Prevention

EMPLOYMENT, LABOR, AND INDUSTRY

__1110 Economic Factors
__1120 Employee Alcoholism Programs
__1130 Vocational Training and Rehab.
__1140 Health Insurance

MILITARY, CIVIL SERVICE, AND VETERANS

__1210 Military Programs
__1220 Civil Service Programs
__1230 Veterans Programs

STATISTICS AND DEMOGRAPHY

__1300 Statistics and Demography

POPULATIONS

__1410 Youth
__1420 Elderly
__1430 Economically Disadvantaged Persons
__1460 Racial and Ethnic Groups
__1464 American Indians
__1470 Religious Groups
__1480 Alcoholic Females

IN FOCUS: ALCOHOL AND ALCOHOLISM MEDIA

__1500 Abstracts of audiovisual materials dealing with alcohol and alcoholism

GROUPED INTEREST GUIDES

__GG 1 Sociocultural Aspects of Alcohol Use and Alcoholism
__GG 2 Occupational Alcoholism Programs
__GG 3 Legal Aspects of Alcohol Use and Abuse
__GG 4 Animal Research on Alcohol Effects
__GG 5 Alcohol, Accidents, and Highway Safety
__GG 6 Heredity, Genetics, and Alcohol Abuse
__GG 7 Education and Training About Alcohol
__GG 8 Teenagers and Alcohol
__GG 9 Physiologic Concomitants of Alcohol Use and Abuse
__GG10 Rehabilitation Strategies for Alcohol Abusers
__GG11 Alcoholism Treatment Modalities
__GG12 Drugs and Alcohol
__GG13 Alcohol and Mental Health
__GG14 Psychological Studies of Alcohol and Alcoholism
__GG15 Statistical and Demographic Research on Alcohol Use and Abuse

ORGANIZATION

LAST NAME FIRST

OCCUPATION

STREET ADDRESS

CITY

STATE ZIP COUNTRY

Evaluation Checklist

_____ Progress notes started

_____ Self denial experiment

_____ Number of Practicum group meetings

_____ Becoming Naturally Therapeutic

_____ Handbook for the Alcoholism Counselor

_____ Hour House pamphlets

_____ Staff manual

_____ Resident information

_____ Client file

Groups attended (list type and number)

_____ AA Meetings

_____ Films (list)

_____ Hazelden tapes or other tapes (list)

_____ Number of staff meetings

_____ Number of in-service meetings

_____ Time (in hours) spent in Detox

_____ DWI Program

Other activities which reflect your special interests:

Student Input for Improving the Guidelines

I would like to offer the following suggestions to improve the guidelines for practicum students:

(Please return to the Program Director)

CHAPTER IV

SUMMARY

The Practicum Student as an Important Member of the Treatment Team

Recommendations

Practicum students at Hour House are generally unsure of the role they are expected to play in the treatment process. The lack of organization is very evident. Often the practicum students have not even been introduced to each other until several weeks have passed.

Practicum students have been allowed to:

1. Observe the Hour House treatment program in action.
2. Participate in regularly scheduled staff meetings.
3. Participate in in-service training for the staff and occasionally give an in-service workshop about their area of specialization.
4. Participate in general rehabilitation and socialization with clients in spontaneous groups.
5. Attend didactic groups.

6. Read and discuss literature, films, and tapes relevant to alcoholism treatment, which results in an acquired knowledge about symptoms, treatment modalities, and community resources.

All of these are useful experiences for the practicum student. Many more desirable possibilities exist for making the practicum student an integral part of the treatment staff.

Following the guidelines may lead to more meaningful participation. Other recommendations which could improve the practicum experience are:

Recommendation 1: Regularly scheduled meetings of practicum students should be held with a trained facilitator from the Hour House staff or the University. Students from several different academic departments may be involved.

The members of the Hour House staff have varying attitudes about the role practicum students should play in the treatment process. Some say practicum students should be seen and not heard. Others are more than willing to allow full participation in groups, including co-facilitating.

Recommendation 2: The Hour House staff and instructors of practicum and field experience courses should meet and attempt to formalize, in writing, the role of the practicum student.

The following recommendations deal with defining the role of the practicum student.

Recommendation 3: The amount of time required of the practicum student should be clearly specified.

Pastor Donald L. Tastad, Regional Program Administrator for the Lutheran Welfare Services of Illinois states:

> I believe that if a person is to be trained to become an alcoholism counselor, that person needs a full time practicum of a minimum of 6 months and if they have had no professional education, a minimum of 12 months.[12]

Recommendation 4: Practicum students should participate fully in all client activities. This would mean that the following competencies would be developed:

a. the practicum student would function as an individual and group therapist, and become comfortable working in a therapeutic atmosphere.

b. the practicum student would learn to do psycho-social evaluations and intake interviews.

c. the practicum student would learn to develop individual treatment plans for short- and long-range continuity of care based on information from psycho-social evaluations.

d. The practicum student would learn to evaluate the needs of the client and make appropriate referrals to cooperating agencies.

Recommendation 5: All work done by the practicum student should be closely supervised and evaluated as follows.

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[12] Letter of October 15, 1976.

Evaluation

Evaluation will be done on an ongoing basis whereby the views of the practicum student and the practicum instructor will be examined and discussed jointly throughout the entire practicum period.[13]

Criteria for Evaluation

a. Competence as a therapist will be assessed by discussion with the staff member with whom co-therapy is done, by discussion with the practicum instructor, and by evaluation of the progress notes of the practicum student.

b. Comfort in working with people in a therapeutic environment will be assessed by observation of all the professionals involved.

c. The psycho-social evaluations completed will be evaluated by the practicum instructor.

d. The treatment plans developed will be evaluated by discussions with the staff member with whom co-therapy is done and with the practicum instructor.

e. Participation as a member of the treatment service team will be evaluated by observation and ongoing discussions.

f. Knowledge of different treatment modalities will be evaluated through discussion with the practicum instructor and by ob-

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[13]Many of the recommendations for evaluation are modeled on the practicum proposal used by the St. Clair County, Illinois Alcoholism Treatment Center.

servation of applications of different modalities in therapy.

g. Understanding of patients' needs and community services will be evaluated by discussion of the appropriateness of the referrals suggested.

Method of Evaluation

a. There will be meetings with the practicum instructor periodically to assess progress.

b. Written reports will be evaluated as they are completed.

c. All therapy will be supervised and evaluated.

d. There will be a final evaluation by the practicum instructor, the appropriate staff members, and the practicum student.

Practicum means practice, not observation. These recommendations would help make the practicum student an active member of the treatment staff.

Preparation of the Guidelines

Conclusions

The following conclusions were drawn from the preparation of the above guidelines:

1. These guidelines would allow Hour House administrators to evaluate their policies and procedures as they appear to the practicum student.
2. The role of the practicum student might consequently be more formally defined in the organization policy.
3. Practicum student interest in the guidelines is quite evident. Their assistance was gladly given and greatly appreciated.
4. Many aspects of the Hour House routine may be taken for granted by the administrators.
5. Beginning practicum students are unfamiliar with this routine, and would like to have it explained in writing.
6. Beginning practicum students can use the guidelines to examine their personal attitudes about alcohol and alcohol abuse.
7. The beginning practicum student can benefit from an orienta-

tion to the learning resources available for the study of alcoholism and drug abuse treatment.

8. Many treatment centers apparently do not use written guidelines to orient practicum students. Such written material might prove useful to institutions similar to Hour House.

Recommendations

1. The guidelines should be used to serve incoming practicum students at Hour House. Written orientation is both desirable and necessary.
2. The guidelines must be periodically revised to reflect changes in Hour House policy, alcoholism and drug treatment methods, and practicum student rights and responsibilities.
3. Through the use of suggestions for improving the guidelines, practicum students should be involved in the continuing evaluation and improvement of these guidelines.
4. Treatment centers with no written guidelines for practicum students should consider such a project.
5. The guidelines developed by any treatment center should reflect the unique aspects of the center as well as the common aspects of alcoholism treatment.

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