

PROACTIVE STANCE OF SOCIAL WORKERS AND PHYSICIANS
TOWARD WORKING WITH INDIVIDUALS AND FAMILIES
AFFECTED BY ALCOHOLISM

Major John James Cassidy, Ph.D.

I. STATEMENT OF THE PROBLEM

Abuse of the substance of alcohol is a serious public health problem in the United States today. It permeates every area of life from industry to home. Two estimates of the yearly financial cost to society are \$31 billion (Berry and Boland, 1971) and \$42 billion (4th Special Report to Congress, 1981). Many in the field see these estimates as extremely conservative. If alcoholism is left untreated, the result is usually psychiatric, physiological, and/or legal problems or eventually death. Alcohol is responsible for up to fifty percent of traffic fatalities, and traffic accidents represent the leading cause of death for those under age 35.

When viewing alcoholism from a systems framework, it is obvious that the problem is a family illness or a family crisis. The alcoholic does not have an isolated illness that only affects him/her. There is at least an emotionally contagious effect which results in the alcoholic's family members, fellow workers, or significant others being affected by the problems associated with alcohol. Because of this, intervention and treatment efforts are of the utmost significance in attempting to lessen the magnitude of this problem. The ramifications for program design aimed at reaching all subsystems affected by this problem are many and complex.

Historically, one can trace the importance of the influence of attitudes of various groups of society on the social policies and programs which have attempted to deal with this problem. One need only to review the conflicting views and practices during the prohibition years to see the impact that one such formal piece of legislation (The 18th Amendment) had on members of society. Although a law had been enacted which in theory prohibited the manufacture and sales of alcohol, the attitudes of a major part of the population did not change and therefore still condoned the manufacture and sales of alcohol under certain conditions.

Just as there have been varying attitudinal changes in the general public throughout the years regarding alcohol use and abuse, there have been variations of opinions by professional health care practitioners regarding the topic. The emphasis placed during the 1960's and 1970's on health care and prevention efforts gave health care providers the task of helping to identify a variety of disabling conditions in their early stages. In the fields of cancer and heart research, the number of technical advances has contributed to earlier detection of conditions previously considered terminal and has consequently increased the life expectancy of Americans with such conditions.

Earlier identification of alcohol problems allows many individuals to take corrective action in time to avoid life threatening conditions and situations which gravely threaten the stability of families. A body of literature exists which begins to address the possible relationship between the attitudes of health care practitioners and the extent of their clinical involvement with individuals with drinking problems. 4 - 20 Much of this literature states that often the attitudes of practitioners prevent them from helping persons with alcohol problems. 21 However, there is also a smaller segment of this literature which questions the significance of attitudes of health care practitioners to the diagnosis and treatment of alcohol problems. Thus this area is one which lends itself to further exploration and research. 22, 23

The possibility exists that negative attitudes of practitioners may deter problem identification. Some writers believe that negative attitudes of practitioners (including physicians and social workers who are in earlier interaction phases with patients) may interfere with the identification of and engagement of clients and their families in treatment process. In such cases early detection can be a factor in prevention efforts. The professionals in these earlier interaction phases will be referred to as front-line professionals. There are other professionals besides these two previously mentioned who also may be considered in front-line positions, but this study will focus on social workers and physicians.

The importance of these particular professional groups is attested to in the literature. The physician group will consist primarily of general medicine and family practice physicians but will also include a smaller number of other specialties including emergency medicine, internal medicine, and psychiatry. The selection of general medicine/family practice is in part due to the expectation that their training aims at preparing them for early intervention in any professional way which will increase the overall health of the individual and/or the family. Fisher et al. (1975) and Fisher et al. (1976) specifically address family practice physicians. 24, 25 Family practice medicine is especially significant because of the fact that in the 1970's family medicine became the most rapidly growing medical specialty. The report of the 1978 President's Commission on Mental Health revealed that "family physicians were providing a large quantity of mental health care, using whatever skills and intuitions they possessed to help their patients cope with psychiatric problems." 26

Review of recent family practice medicine literature shows a striking parallel to social work literature focused on generic social work, systems theory, and a more holistic approach to individuals and their families. In addition to that, this author's past 12 years in medical settings have validated the

fact that many general medicine and family practice physicians are faced with a variety of psycho-social as well as medical patient problems and a close relationship between social work and medicine is a necessity if quality care is to be provided.

Even the linkage between Family Practice Medicine and Social Work deserves special attention. Both fields share "an interconnectedness between physical and psychosocial aspects of human well-being." An appreciation of General Systems Theory lends itself well to each of these fields. 2 7

The selection of emergency room physicians as part of a front-line group is supported by Solomon et al. (1980). They state that physicians' negative attitudes toward alcohol abusers and drug addicts affect the necessary physician-patient interaction. Their study found that emergency room physicians tended to identify as alcoholics or as alcohol abusers less than half of their patients who were identified as alcoholics by the Alcohol Abuse Scale or brief version of the Michigan Alcoholism Screening Test. 2 8

Clinical social workers were chosen because they constitute one of the primary sources for directors of alcohol treatment centers and for staffs of mental health clinics, as well as representing a large source of staffing for alcohol-related programs. The 4TH SPECIAL REPORT states that Master's level social workers (MSW's) are increasingly assuming administrative and supervisory responsibility in alcoholism treatment in addition to their case management and therapeutic responsibilities: "Currently MSW's comprise the largest professional group among director's of community mental health centers." 2 9

This study will use a sample of 225 professionals in the U.S. Air Force. There are several reasons for focusing on frontline professionals in a military setting. The U.S. Air Force offers a structure where similar policies and procedures exist within the medical system. Therefore, a number of variables will be automatically controlled for. In addition to that, in June 1979, a Rand report was released which presented some very detailed statistics regarding the prevalence of alcohol problems in the Air Force community. That study did not specifically address the role of health care practitioners and their attitudes but did provide a very current assessment of a problem population and a great deal of descriptive information upon which further alcohol-related studies can be evaluated. Its approach departed from the single-minded emphasis on "alcoholism" and recognized a "core syndrome of alcohol dependence exhibiting many of the facets commonly ascribed to alcoholism." 3 0

Thus "problem drinkers" will include those individuals classified under Alcohol Dependence and those classified under

Adverse Effects of Alcohol, the two categories described in the 1979 Rand study in the following manner.

-ALCOHOL DEPENDENCE- A chronic behavioral pattern indicating that the individual consumes high amount of alcohol and relies on alcohol in everyday functioning.

-ADVERSE EFFECTS OF ALCOHOL- Any type of serious consequence of drinking not reflected under alcohol dependence if it results in concrete and serious damage or disruption to the individuals's life or to the Air Force.31

Another reason for selecting the Air Force is that this branch of the armed forces has indicated its concern for the area of alcoholism and alcohol-related problems by increasing its funding of such programs in the last 10 years. It has supported alcohol research by funding several independent projects including the 1977 Rand study of Air Force treatment efforts from 1971-1977, which revealed that statistically the ratio of costs avoided to costs incurred was determined to be 3.15 to 1. 3 2

The Air Force has also continued to increase its number of social workers. Much of this was related to the focus on advocacy programs for family members. (i.e. Child Advocacy Program, begun in 1975 to address child abuse issues and Family Advocacy Program begun in 1980 to address spouse abuse and other related high risk family problems.) The Air Force Social Work staffing has gone from 28 in 1961, 62 in 1972, 175 in 1979, to 207 in 1985.

The U.S. Air Force concern for alcoholism research and cost-effective programs could be expanded by maximizing the potential of the health care professionals in front-line positions. Professional intervention by health care practitioners such as emergency room and family practice/general medicine physicians and clinical social workers represents one important means for identifying individuals with alcohol-related problems.

II. RESEARCH QUESTIONS

This study addressed three major research questions: (1.) What are the attitudes and practices of selected health care practitioners in the Air Force? (2.) Can specific characteristics of a selected group of Air Force professional (social workers and physicians) be identified that will be predictive of positive attitudes toward working with problem drinkers? (3.) Is there a correlation between the attitudes of selected health care practitioners and rates of identification, diagnosis, and/or treatment of problem drinkers? The study also dealt with seventeen minor research questions which further explored this

area of attitudes and behaviors of health care practitioners in the alcohol treatment field.

III. METHODOLOGY/RESEARCH DESIGN

The basic research design was an exploratory cross-sectional survey. The setting was the U.S. Air Force, with the intent to look at the attitudes and practices of two types of practitioners (168 physicians and 57 social workers) toward alcoholics and problem drinkers. The use of mail surveys distributed to and returned by an administrative officer at each of 48 selected medical facilities allowed for the maximum amount of anonymity and confidentiality for each respondent.

The primary dependent variables were (a) attitudes toward problem drinkers, (b) desire and willingness to work with such clients, and (c) practice techniques employed when working with them. The basic purpose was to determine if and how knowledge of and attitudes toward problem drinkers relate to practice techniques employed with problem drinkers.

The questionnaire which was utilized for this project drew from and built on materials from a variety of sources including Keith Kilty (1975), Cartwright (1980), Jep Hostetler (1977), and Atkins and Gwynn (1959). 3 3 - 3 7

Some of the items used were presented in their original form while others were adapted to more readily apply to an Air Force population. Further methodology details can be garnered by referral to the project in its entirety. 3 8

IV. RESEARCH FINDINGS/RESULTS

The mean score on six factors (derived from a principal components factor analysis of 64 belief statements) revealed a practitioner who: disagreed somewhat that personal and professional role support were available for practitioners working with problem drinkers; was somewhat undecided about the adequacy of his/her alcohol-related knowledge and somewhat undecided about the concepts of "alcohol patients being difficult" and alcoholism as a treatable disease; weakly agreed that abstinence was necessary for problem drinkers; and agreed that alcohol problems warrant a public health problem perspective.

The data reflected a good knowledge base among the respondents in regard to the test items. The author recommends the use of an extended version of the multiple-choice broad base test for further research. This study found that many of the practi-

tioners, scoring well on the knowledge tests and having fairly positive attitudes, experienced difficulty in translating that knowledge base and attitudinal stance into proactive treatment behaviors.

A comparison of social workers and physicians showed that social workers tended to display a more proactive treatment stance and more positive attitude, estimate higher rates of problem drinkers and recommend support services such as Alcoholics Anonymous and Social Actions more than did physicians.

The author concluded with recommendations for primary, secondary, and tertiary levels of presentation. Linkages of civilian and military health care providers were stressed from a systems perspective in order to maximize potential benefits for individuals and families at all levels of intervention.

V. IMPLICATIONS FOR SOCIAL WORK PRACTICE WITH OR ON BEHALF OF FAMILIES

The discussion of the implications will be broken into two parts. First, this author will present the general implications contained in the original research. Secondly, this author will attempt to share his experiences of carrying some of these research findings back into the practice field over the last 30 months and attempting to incorporate them in a manner to provide optimal treatment for families experiencing problems with alcoholism.

A. General Implications - What gaps have been narrowed or eliminated as a result of this study? One area concerns the material in the alcohol literature by and about social workers. This social worker-authored study has contributed to the literature in providing some specifics regarding attitudes and behaviors of social workers in their dealings with problem drinkers, as well as in comparing social workers with other professionals (in this case, physicians). Another area which has been approached is the attempt to see possible linkages between attitudes and behaviors of practitioners. This study also contributes to the discussion regarding the involvement of professionals with grassroots organizations such as Alcoholics Anonymous. This topic is not well covered in general alcohol literature.

This study supports the contention that educational programs based on attitude improvement efforts probably will produce improvement in proactive treatment stance of practitioners, at least in regard to samples similar to this respondent sample. A public health perspective toward alcohol problems is also supported.

This study's support of early professional intervention efforts in the form of primary or secondary prevention points to recommendations for better ground-level training in colleges and universities and for continuing education programs for those in the field. Such efforts seem relevant from both a quality of life perspective as well as an economically advantageous viewpoint.

This practitioner study made some prescriptive recommendations geared at increasing sponsorship and funding for alcohol-related PhD research in Social Work, Public Administration, and medical specialties. The paucity of such doctoral research by social workers underscores the need for increased efforts in this direction.

The discussion of the use of the social worker as a key professional in the alcohol treatment field has great relevance for civilian and military populations and has great ramifications for the educational institutions which are training these key professionals. Authors such as H.C. Mowles provide a strong testimony to support the social work professional as being perhaps the best suited from a systems framework for work in fields such as substance abuse. This study's analysis of findings also supported this belief.

The findings of this health care practitioner study have direct bearing on improving the linkages between doctoral scholarship and the practice of social work. They concluded that a combination of having both practice experiences and alcohol-related courses was correlated with a more proactive treatment stance.

B. Specific Family Implications - What relevance do these findings have for social workers involved with families?

This author after completing this research study eagerly took his findings back into the practice field. (First, for two years as the Chief of an out-patient mental health clinic as well as the sole social worker designated to provide social work services for a military community of approximately 10,000 persons, and secondly for the past seven months as the clinical director of a 36 bed in-patient alcoholism rehabilitation facility which serves the needs of military members and their families, retired members and their families, and veterans and civilian Department of Defense employees stationed in Hawaii and other areas of the Pacific.

The first reality was to recognize that the findings and directions for action were not necessarily going to be welcomed. Political, systemic, and individualized roadblocks were encountered which required education, diplomacy and persistence in order to reach the intended objectives. The key again seemed to

be to demonstrate to the military and the civilian community how they could benefit from some of the recommendations of the research findings.

The medical practitioners were certainly knowledgeable in the area of alcoholism information. However, they appeared less trusting of translating some of that into concrete actions and behaviors. This necessitated the use of staff in-service presentations, small groups and individual discussions to assure the care-givers of the pending rewards. Many physicians, clergy, and other professionals had been caught in the bind of seeing a significant other in the family of the alcoholic and not knowing what to do with the knowledge and information they had garnered. Areas of confidentiality were also high priority.

This research study had stated "the mean score revealed a respondent who is undecided regarding the use of five proactive techniques taken together to form a treatment stance." Post-research practical experiences tend to confirm this.

The research also had recommended a "focus on a broader arena of action," such as more linkages by military with the civilian community. Without civilian support, military people-programs do not get funded by Congress (since these types of programs are often the most vulnerable when budget-cutting time rolls around) and don't get supported in the civilian communities in which military bases are located and throughout which military families are scattered.

1. Implications for Out-Patient Treatment Efforts

It was interesting to note that the civilian community, in this case, a county school system in the Midwest had the same difficulty in translating a sound body of knowledge into concrete action. After attendance at several advisory board meetings with the school superintendent and his representatives, this author learned that although the community had some very progressive thinkers, they were lamenting their failure to successfully follow up on planned projects. One involved a needs assessment of the substance abuse problems for the entire school system. The other involved the use of celebrities or personalities to become involved in public relations efforts with the community and the student population. This author volunteered to prepare a one page needs-assessment sheet for the high school. This triggered the commitment by a teacher to prepare a draft of one for the middle school and the elementary school teachers agreed on small group sessions as vehicles are assessing needs of the younger students. Within one month the project was initiated and the data was gathered. The road blocks were down and the next stages for action were set in motion. The point is that negative attitudes pertain not only toward the topic of substance abuse,

but also toward the idea of whether initiatives in this area can even be implemented. A previous mental health professional had also served on the advisory board but had admitted to a pessimistic attitude toward this topic and toward further endeavors in that area. Sometimes as practitioners, we can underestimate our strengths, abilities and influences.

These efforts also spawned FAMILY AWARENESS nights at the schools and other Social Work directed mini-projects regarding self-esteem of middle school children. If attitudinal change is to take place it is necessary to begin these efforts at all levels of schooling in order to complement what families do at home.

This research project, under its "Implications and Future Recommendations" had suggested improved public relations and direct involvement by media, celebrities, and local political and community leaders, An example of putting this recommendation into action resulted in this author's personal contact with recovering personalities who explained how they could be involved with the students in the school systems=. This information was then relayed to the school for their use. Some brief focused facilitation and or intervention to help the community can often trigger a reaction from other members of the community who needed the prodding to become energized.

2. Implications for In-Patient Treatment Efforts

For the last seven months, this author has been attempting to apply the findings and recommendations of the research project to his work as the Clinical Director of a 36 bed in-patient alcoholism recovery facility. The results have centered around the following major areas: Attitudes and Behaviors of Staff; Attitudes and Behaviors of Patients and Families (or significant others); and Cross-Cultural Factors Affecting Attitudes and Behaviors.

a. Attitudes and Behavior of Staff

The following includes some general issues which have surfaced in the area and which relate to implications from the original research.

"Training for Health Care Practitioners", a subsection in the implications section recommended the statistically supported need for both relevant courses and experiences for those working in the substance abuse field. The program with which this author is affiliated, which subsequently will be referred to as Program A., has separate training programs (which include both courses and practical experi-

ences) for nursing students, psychiatric residents, MSW social work students, PhD psychology students, and a 10-day Visiting Professional Program which takes in a variety of disciplines. Other individualized training programs are designed as may be warranted.

"Utility of a Team Approach", another subsection under the implications section of the research must stand out as one of the most important concepts facing those working in the substance abuse field. The substance abuse field and alcoholism is particular may be quite unique in regard to composition of treatment teams. There, one may encounter professionals from many different disciplines such as Social Work, Psychiatry, Psychology, Nursing, Clergy, etc. as well as educators, paraprofessionals, and members of self-help or mutual-help groups. Another variable of recovering status is added. In most treatment arenas, the recovering individual will be required to have a minimum of two years sobriety before being permitted to function as a counselor or therapeutic team member.

This author's experiences are prejudiced toward conceptualizing an "ideal team" as incorporating a mix of these possibilities. That allows the team to assemble a "collective repertoire" of behaviors and experiences that encompass a great deal of areas of expertise.

J.G. Cooney, when exploring the role of the psychiatrist in the changing alcoholism scene, stressed the systems perspective and stated that constant contact with colleagues of different disciplines in the field of alcoholism will help to ensure an openminded and flexible attitude on the part of the psychiatrist. 3 9

The original research stressed the benefits of the team approach. This author's experiences have alerted to the fact that every benefit seems to have accompanying risks, and effective teamwork is no exception.

Experience tends to confirm the risks inherent in such a phenomenon. As long as practitioners are aware of these risks, the problems can be minimal. For example, a shared framework or theoretical grounding seems desirable. 4 0 This may consist solely of a belief in the fact that alcoholism is a disease or an illness. There can still be dialogue among professionals (as indicated in the Implications portion of this project) to clarify the illness concept. However, the point is that team members must at least believe in what they are doing. If not, the major issues may need to be settled within the team. This may even result in certain members realizing they cannot function within the confines of that team approach. Such an honest

appraisal is much more therapeutic than unsettled disharmony which is obvious to patients and which can be countertherapeutic to the established goals of the program.

b. Attitudes and Behaviors of Patients and Families (or Significant Others)

Program A has seen that its aggressive Family Program approach has aided the family members in making some highly important treatment decisions. Since an increasing amount of family-focused literature in the chemical dependency treatment field is pointing toward an increased recovery rate among alcoholics or other chemically dependent patients who have their family members or significant others actively involved in their program, Program A decided to make therapeutic passes contingent on family participation (if families or significant others existed for the patients.) This in practice meant that spouses (just to use spouse as an example of a significant other) had to attend at least two spouses' groups and two couples' groups prior to the patient being considered for his/her first therapeutic pass. # 1

This more precisely defined policy was greeted at first by anger and resentment, but as time went by, the percentage of family members attending the treatment groups approached and hovered close to the 100% point. The discussion here is meant to highlight the fact that therapeutic leverage (or directive facilitation) can result in attitudinal and behavioral change at a time when family members may be more susceptible to proactive therapeutic interventions.

c. Cross-Cultural Factors Affecting Attitudes & Behaviors

This author's particular experiences have included work with many families of varying ethnic and cultural groups. Since Program A is a military program located in Hawaii, an average 36 patient population, may bring with it individuals, spouse and family members from the Hawaiian Island, Samoa, Japan, Korea, Europe, China, etc. Even the concept of group therapy has to be delicately and strategically approached in order to respect the cultural characteristics that are specific to each group. The beauty is that if each patient and his/her support systems are looked at individually, the differences can be converted from stumbling blocks into positive self-esteem and therapeutically enhancing advantages.

SUMMARY

This research study has addressed the public health problem of alcoholism as a family disease or a family crisis. The findings suggest that attitudes and behaviors of professionals are directly related to how proactive they will be in attempting to intervene to help families in such crisis. j The point is also made that practitioners and especially social workers seem to be prime candidates for key roles in these practice arenas. The necessity there is to link statistically significant social work-authored research with humanistically-significant social work rendered practice.

A more aggressive and optimistic approach seems in order. Examples were given how roadblocks can be removed and therapeutic expressways can be designed. The biggest roadblock seems to arise when practitioners including social workers undervalue their own potential and thus hesitate to translate their knowledge and capabilities into specific practice behaviors which can offer great promise for the individuals and families in various patient/client/consumer populations. 4 3

FOOTNOTES

- 1
Ralph E. Berry and James P. Boland, THE ECONOMIC COST OF ALCOHOL ABUSE, (N.Y.: The Free Press, 1977), Quote Inside Flap of Book Cover.
- 2
John R. Deluca (ed.), FOURTH SPECIAL REPORT TO EH U.S. CONGRESS ON ALCOHOL AND HEALTH (Rockville, Md.: NIAAA, 1981), pp. 3-13.
- 3
NIAAA, FIFTH SPECIAL REPORT TO THE U.S. CONGRESS ON ALCOHOL AND HEALTH (Rockville, Md.: NIAAA, 1983), p. XIX
- 4
John Solomon, Nitza Vanga, et al., "Emergency Room Physicians' Recognition of Alcohol Misuse" in JOURNAL OF STUDIES ON ALCOHOL, Vol. 41, No. 5., (1980), p. 585.
- 5
Benjamin Kissin and Henri Begleiter, TREATMENT AND REHABILITATION OF THE CHRONIC ALCOHOLIC, (New York: Plenum Press, 1979, 1979), p. 161.
- 8
IBID., p.162.
- 7
W. M. Lukash, "The Family Physician and Confrontation in Alcoholism," in CANCER RESEARCH, 39, (July 1979), pp. 2834-2835.
- 8
Kissin and Begleiter, TREATMENT, p. 163.
- 9
Michael O'Leary et al., "Interpersonal Attractiveness and Clinical Decisions in Alcoholism Treatment," in AMERICAN JOURNAL OF PSYCHIATRY, 136.4B, (April 1977), pp. 618-622.
- 10
P. E. Harlow and M. J. Goby, "Changing Nursing Students' Attitudes Toward Alcoholic Patients: Examining Effect of a Clinical Practicum," in NURSING RESEARCH, Vol. 29, No. 11, (1980), pp. 59-60.
- 11
J. D. Orcutt, et al., "Professional and Public Conceptions of Alcoholism," in JOURNAL OF STUDIES ON ALCOHOL, Vol. 41, No. 7, (1980), pp. 652-661.

12

Ruth Engs, "Medical, Nursing, and Pharmacy Students' Attitudes Towards Alcoholism in Queensland, Australia," in ALCOHOLISM: CLINICAL AND EXPERIMENTAL RESEARCH, Vol. 6, No. 2, (Spring, 1982), p. 288.

13

Anne Geller, "Smithers Center - Physicians Training Program in Alcoholism," in ALCOHOLISM: CLINICAL AND EXPERIMENTAL RESEARCH, Vol. 6, No. 2, (Spring, 1982), pp. 320-321.

14

A.K.J. Cartwright, "The Attitudes of Helping Agents Towards the Alcoholic Client," in BRITISH JOURNAL OF ADDICTION, Vol. 75, No. 4., (1982), pp. 413-431.

15

Wilma Knox, "Attitudes of Social Workers and Other Professional Groups Toward Alcoholism," in QUARTERLY JOURNAL OF STUDIES ON ALCOHOLISM, 34, (1973), pp. 1270-1278.

16

Keith Kilty, "Attitudes Toward Alcohol and Alcoholism Among Professionals and Nonprofessional," in JOURNAL OF STUDIES ON ALCOHOL, 36, (1975), pp. 327-349.

17

Keith Kilty, "Some Effects of Type of Group and Sex on Attitudes Toward Alcohol and Alcoholism," in BRITISH JOURNAL OF ADDICTION, Vol. 73, No. 1, (March, 1978), pp. 11-17.

18

Keith Kilty and Allen Feld, "Professional Education in Understanding and Treating Alcoholism," in JOURNAL OF STUDIES ON ALCOHOL, Vol. 40, No. 11, (1979), pp. 929-942.

19

H. Trice and J. Relasco, "Supervisory Training About Alcoholics and Other Problem Employees," in QUARTERLY JOURNAL OF STUDIES ON ALCOHOL, 29, (1968), pp. 382-398.

20

J. Fisher et al., "Physicians and Alcoholics," in JOURNAL OF STUDIES ON ALCOHOL, 37, (1976), pp. 1686-1693.

21

Sheldon Zimberg, PRACTICAL APPROACHES TO ALCOHOLISM PSYCHOTHERAPY, (N.Y.: Plenum Press, 1978), pp. VII-IX.

22

Trice and Belasco, Q.. JNL. STUD. ALC., pp. 382-398.

- 23
Kilty and Feld, JNL. STUD. ALC., p. 930.
- 24
J. Fisher et al., "Physicians and Alcoholics," in JOURNAL OF STUDIES ON ALCOHOL, 36, (1975), pp. 626-633.
- 25
J. Fisher et al., INT. STUD ALC., (1976), pp. 1686-1693.
- 26
L.R. Jones, MD, L.W. Badger, MSW, et al., "Mental Health Training in Family Practice Residency Programs," in THE JOURNAL OF FAMILY PRACTICE, Vol. 15, No. 2: 329-335, 1982.
- 27
G. Greene, K. Kruse and R. Arthur, "Family Practice Social Work: A New Area of Specialization," SOCIAL WORK IN HEALTH CARE, Vol. 10, No. 3, (Spring, 1985), pp. 53-73.
- 28
Solomon et al., JNL. STUD. ALC., p. 585.
- 29
John R. DeLuca (ed.), FOURTH SPECIAL REPORT TO THE U.S. CONGRESS ON ALCOHOL AND HEALTH, (Rockville, Md.: NIAAA, 1981), p. 188.
- 30
J. Polich and B. Orvis, ALCOHOL PROBLEMS: PATTERNS AND PREVALENCE IN THE U.S. AIR FORCE, Santa Monica, California: Rand Co., (June 1979), p. 2.
- 31
IBID., p. 12.
- 32
Captain John E. Killeen and Major Ronald H. Lynde, ANALYSIS OF POST-TREATMENT PERFORMANCE OF REHABILITATED ALCOHOLIC ABUSERS, (Washington, D.C.: Dept. of the Air Force, June 1977), pp. 1-7.
- 33
Kilty, JNL. STUD. ALC., (1975), pp. 327-349.
- 34
Cartwright, BR. JNL. ADDC., pp. 413-431.
- 35
Preventive Medicine Dept., Ohio State University, STANDARDIZED SURVEY OF ATTITUDES TOWARD SUBSTANCE ABUSE (Fifth Revision), Columbus, Ohio: Ohio State University, n.d.

36

Jep Hostetler, Prevention Medicine Dept., Ohio State University, ALCOHOL AND OTHER DRUGS, Columbus, Ohio: Ohio State University, (1977).

37

A. J. Atkins and J. Minor Gwynn, TEACHING ALCOHOL EDUCATION IN THE SCHOOLS, N.Y.: MacMillan Press, (1959).

38

John James Cassidy, A STUDY OF THE ATTITUDES AND BEHAVIORS OF AIR FORCE SOCIAL WORKERS AND PHYSICIANS TOWARD PROBLEM DRINKERS, Columbus, Ohio: The Ohio State University Press, (1983).

39

J. G. Cooney, "Alcoholism and Psychiatrist," JOURNAL OF THE IRISH MEDICAL ASSOCIATION, 73(3), (1980), pp. 104-111.

40

Kent Poey, "Guidelines for Practice of Brief, Dynamic Group Therapy" in INTERNATIONAL JOURNAL OF GROUP PSYCHOTHERAPY, Vol. 35, No. 3, (July 1985), pp. 331-354.

41

Mansell Pattison, Lecture at the Alcohol Rehabilitation Centers Conference at Andrews AFB, MD, September 1985.

42

Ruth J. Willets, "Cross-Cultural Training in Operating Community Care Homes," in SOCIAL WORK, Vol. 23, No. 1, (Jan. 1978), pp. 31-35.

43

John James Cassidy, "Reflections on Therapeutic Interventions: Quiet Successes in Practice," Unpublished Article, (Honolulu, Hawaii: Tripler Army Medical Center, 1985).