A COMPARATIVE STUDY
OF ALCOHOLIC TREATMENT
CENTERS IN THE MUNCIE AREA

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I. ALCOHOLISM

A problem drinker is anyone for whom the use of alcohol creates a problem. Problems may occur with friends or a spouse, or with the police. Increased frequency of drinking, as well as increased tolerance of alcohol may also be a sign of problem drinking. While a problem drinker can stop drinking because he or she is not addicted to alcohol, an alcoholic cannot. Problem drinkers may be on their way to becoming alcoholics. Once an alcoholic begins to drink, he or she cannot normally control how long or how much they will drink because they are psychologically and physically dependent upon it. Recognizing alcoholism as a disease implies several things:

1. The illness can be described.
2. The cause of the illness is predictable and progressive.
3. The disease is primary - that is, it is not just a symptom of some other underlying disorder.
4. It is permanent.
5. It is terminal - if left untreated, it inevitably results in premature death.

A common self defense that most alcoholics use is that of denial. They deny that they have an alcohol problem and they keep making excuses for their drinking. Denial takes
two major forms. First, the alcoholic insists that he or she can drink like other people, socially and normally. This means that there are always ready excuses for the exceptional times - for the fights, the drunk driving arrests, for the blackouts and the incapacitating hangovers. The alcoholic always thinks situations like these are someone else's fault. Whether it is harassment from the boss, too much pressure from the family or just bad luck, the alcoholic always thinks it's someone else's fault. Secondly, the alcoholic insists that he or she is different from "real" alcoholics. There is always an example of a "real" alcoholic who serves as a model of alcoholic degeneration - unkempt, jobless, homeless, friendless and a little on the "strange" side. Therefore, an alcoholic in the stage of denial is convinced he or she is not a "real" alcoholic.

Treatment for alcoholism is available. Although many alcoholics are aware of this, they delay seeking help for many years. By using the denial defense, most alcoholics won't admit they have a problem and need help. It usually takes many years of conflict, trouble and heartaches before treatment is sought. The alcoholic isn't the only one who makes excuses for his or her drinking habits. A spouse that "puts up with it" or makes excuses for the drinker is only enabling the alcoholic to hide his or her problem and continue drinking. Also, the employer who is aware of an employee's excessive drinking isn't doing anyone a favor by letting the alcoholic slide in order to keep his job or his pride. He is only giving the alcoholic more time and excuses to drink.
Often those closest to an alcoholic find it hardest to see and admit that someone they care about is an alcoholic. The spouse of an alcoholic becomes a co-alcoholic even if he or she doesn't drink. The alcoholic forces his problem on his spouse by making his alcoholism the focal point of their lives. For example, if the husband is an alcoholic, chances are his wife cleans up after him, calls in sick for him at work when he's drunk or hungover, and makes excuses for not going out to parties or dinner with friends when he is out drinking or is too drunk to go. Soon, the family plans and activities are centered around the father's drinking and how he feels - physically. This usually leads to situations where the spouse is abused, alone, has no money and yet is responsible for the children, if there are any. This type of situation will most likely continue until the spouse confronts the alcoholic giving him either - or alternatives and sticking to them. An example of these alternatives would be telling the alcoholic to quit drinking and get help or else the spouse and children are moving out (or in some cases the spouse asks the alcoholic to leave). This confrontation limits the alcoholic's actions and forces him to decide which is more important to him, his family or his drinking.

In a family where the parent or parents are alcoholics, the children are also greatly affected. Some children must cope with fear of the alcoholic and fear of physical abuse by the alcoholic. Eventually, the children become ashamed of their alcoholic parent(s) and don't want to do things
like bring friends home with them in case the alcoholic is drunk, obnoxious or fighting with the spouse. Sometimes the children don't want their alcoholic parent to come to any school related functions for fear that they might show up drunk and cause a scene. The children in an alcoholic family are usually very close to one another, mainly for support and protective reasons. Promises made by the alcoholic to the children are frequently broken which causes much heartache for the kids and usually leads them to feel angry and hateful towards the alcoholic. Also, the kids tend to lose respect for the parent since all trust is nonexistent. There are usually four roles that allow children to survive in an alcoholic home. An only or eldest child is apt to be very responsible, not only for himself, but for others in the family. A child who takes on the role of the adjuster follows directions easily and is flexible as to avoid making any conflicts. The third role is that of the placating child. This person often tries to make others feel good and laugh, as if he feels guilty for the alcoholism. The last role is that of the lost child. These children detach themselves, removing themselves emotionally from an environment which they cannot control or effect.

Alcoholism takes no standard form. It happens to males, females, old and young alike and has no favorites among them. It affects spouses in families in the worst way which demonstrates the need for family therapy, which most treatment centers offer in addition to individualized treatment for
for the alcoholic. Most therapists think that they must change the environment which is conducive to the drinking habits of the alcoholic and this includes treating the family.
II. IN PATIENT - OUT PATIENT

One of the main differences between alcoholism treatment centers is whether it offers an in-patient or out-patient service. An in-patient treatment plan is designed so the patient actually lives at the hospital or treatment center for the duration of his or her therapy. Once the patient is admitted, he or she eats, sleeps and goes to therapy sessions without going home or leaving the center. These types of treatment centers are usually based on a treatment plan lasting roughly one month. After the patient completes this stage of treatment, he or she is released and is required to return to the center for the aftercare program which is usually one or two times per week for a therapy session. Although the treatment program is shorter than out-patient treatment, in-patient therapy is much more rigid and intense. The patient is treated twenty-four hours per day, everyday, for one month and his or her lifestyle is greatly changed. There is constant support from other patients and staff members and there are no outside environmental deterrents to the therapy treatment. The alcoholic receiving in-patient treatment doesn't have to cope with any outside responsibilities and can focus his attention solely on treating his problem away from his "normal drinking" environment.

Out-patient therapy includes clients who visit a clinic or office anywhere from one to five times per week for a few hours to receive treatment. The treatment program is
longer in length, somewhere between six months and two years, but only requires a few hours per week instead of twenty-four hours a day as with in-patient therapy. The out-patient treatment isn't quite as effective as in-patient treatment, but is usually more convenient and affordable for most clients. However, more people tend to quit going to their weekly sessions than do people involved in an in-patient program. This is due partially to the high cost and intensity of the in-patient service. Whether an alcoholic chooses to attend an in-patient program or an out-patient program isn't that crucial; the choice is usually the result of which program is convenient, affordable, available and fits the alcoholic's needs. The important point is that the alcoholic has realized that he or she has a problem with alcohol and has chosen to receive some type of treatment. After all, any treatment is better than no treatment at all.
III. THE MIDDLETOWN CENTER

The Middletown Center for chemical dependency is an in-patient treatment center located in Ball Memorial Hospital. This is a fairly new service to the Muncie area as it has only been operating since November, 1983. The Middletown Center is based on the medical model of alcoholism which finds that alcoholism is a disease; people don't want this disease and it isn't their fault that they have it. Alcoholics have an illness which needs medical attention and treatment designed to treat the whole person. Trained professionals work to meet each patient's physical, psychological, interpersonal and spiritual needs.

Clients are referred to the Middletown Center by employers and families and some just walk in themselves. The basic treatment involves a twenty-eight day plan where the patient is kept in the hospital for the entire session. However, specific treatment plans are made for each individual according to his or her needs. This is a very structured and rigid program and requires complete dedication by each patient. The cost of this treatment is four thousand dollars per month and this includes the patient's twenty-eight day treatment plan, one week of family counseling, and two years of aftercare. This may seem like a lot of money for such a short time, but you must remember that the patient's life at the center for the entire month and eighty percent of the patients who follow through their specific plans recover. Also, most insurance does pay for all or most of the treatment fee and there is no additional cost for the family therapy or aftercare as there is at some other centers.
The Middletown Center can accommodate twenty-eight patients at one time and it is usually full to capacity. The Middletown Center's average patient is a forty-five year old male, blue collar worker who has an alcohol problem. There is a 3:1 male to female ratio at the center. Ninety-five percent of the patients treated are heavily involved with the alcohol, although there are some patients who have problems with drugs other than alcohol.

As I stated earlier, this is a very intense structured treatment program. There are three phases to the twenty-eight day plan; evaluation, primary treatment (This includes the family therapy), and aftercare.

PHASE I: Evaluation

Following admission, all patients are monitored closely by the medical staff to ensure safe withdrawal from mood-altering chemicals. This is referred to as detoxification and is done in rooms equipped with special machines and equipment to monitor the patients behavior and condition. This process of detoxification can take anywhere from one to three days, depending on the patient's condition. Although each patient must stay in the detoxification room for at least twenty-four hours, some never show any withdrawal symptoms.

Once the patient is satisfactorily detoxed, the counseling staff begins to assess the patient's chemical use as well as his or her social and psychological histories through structured interviews and psychological testing. The patient is oriented to the disease concept of chemical dependency,
group therapy and the treatment program. Based on the assessments, the counseling staff makes recommendations that become the basis of each patient's treatment plan.

PHASE II: Treatment

Each patient is assigned to a multi-disciplinary team which consists of a physician, a chemical dependency counselor, nurses and a spiritual care counselor. A normal day for the patients involves getting up at 5:00 a.m. and participating in groups, lectures, meals, discussions and speaker lectures until about 9:00 p.m. The treatment helps each patient identify and share his or her feelings of inadequacy, hurt and anger with peers and concerned persons. The patients usually go to bed early since their day is so busy and they get very tired. There is a lounge available for socializing, watching movies, reading or playing cards if patients want to. The center also sends the patients to the Human Performance Laboratory at Ball State University for one hour each day so they can participate in an exercise program. This varies from walking one mile to jogging five miles according to each patient's physical tolerance. The staff at Middletown believes that patients who are involved in any type of regular activity program have a higher recovery rate. The patients at Middletown are only able to have visitors for two hours on the weekends.

Phase II also includes the family program. Since chemical dependency seriously affects those who are close to the chemically dependent person. The family program provides
group therapy, lectures, selected readings, assistance with family problems, and help in developing plans to resolve these issues. The family program lasts five days. It begins on a Monday and concludes on Friday and runs from 8:00 a.m. to 3:00 p.m. each day.

PHASE III: Aftercare

Adopting new lifestyles for the patient, family and friends requires time, care and support. Prior to discharge from primary treatment, the patient meets with an aftercare counselor to discuss problems related to sobriety and to develop an Aftercare Plan. Each patient will be assigned to a weekly support group to provide direction and sobriety. The aftercare program is available to discharged patients, family members and co-dependents (friend or spouse) for two years.
IV. **JACKSON CLINIC**

The Jackson Clinic is a private out-patient clinic located at 3300 S. Main Street in Anderson. This clinic provides services for adult and child guidance and anxiety/fear/phobia problems as well as an addiction services program. The clients they serve may walk in themselves or be referred to the clinic by physicians, employers, the courts or other family members. Most of the clients they treat are fairly young, usually early to late thirties, who have a short history of drinking and/or divorce. The clinicians at Jackson treat more alcohol related problems than drug related problems. These clients don't usually have a rigid denial feeling. As I stated earlier, this clinic provides out-patient services so the treatment isn't quite as intense or rigid as an in-patient treatment center. The staff at Jackson Clinic consists of twelve clinicians, most of whom work part time (20-30 hours per week). The staff is comprised of professionals in the areas of psychiatry, psychology, psychiatric social work and specialized substance abuse counselors. A consulting physician is available to evaluate a clients need for detoxification or withdrawal from chemicals. On a busy day, a clinician will see approximately nine clients; on a slow day, one.

Prior to admission, the client will be screened by a staff member to determine what the client's needs are and if the clinic is suitable for the treatment. The staff member helps the client determine if another alternative treatment program would be more beneficial for the clients recovery.
Through this assessment, an individual treatment program will be developed to determine the length of treatment and degree of needs. The list that follows consists of questions frequently asked new clients to assess their degree of alcoholism and to find out the history behind their problems.

1. What was your age when you started drinking?
2. What was your age when you started drinking on a regular basis?
3. When did you realize that you had a problem?
4. Have you ever had blackouts? Are they frequent?
5. Did you notice a gross personality change?
6. Has anyone ever suggested that you quit drinking?
7. Have you ever been arrested due to alcohol?
8. Have you had any alcohol related medical problems?

After the client answers these questions, the staff double checks his or her answers with a spouse or relative to see if the answers given are correct. If the spouse gives a different answer, the staff member will believe the spouse because sometimes the alcoholic will tend to give answers that will help him or her keep their drinking habit. One thing the staff member tries to uncover is the reasons that people drink and then try to break the habits.

The Jackson Clinic focuses mainly on individualized treatment, but family members and significant others are included in the treatment process when possible. Group therapy is an additional component offered along with the individualized and family sessions. An example of a treatment program would consist of four hour sessions on Monday, Tuesday,
Thursday and Saturday with Monday and Thursday being therapy discussions and problem solving and Tuesday and Saturday being educational lectures and movies. An aftercare program will follow the intensive phase and will assist clients as they start their new lifestyle. The length of the treatment is determined on an individualized basis. The cost of this type of treatment is eighty dollars for an initial visit with the psychiatrist and then thirty-five to forty for each succeeding visit with the psychiatrist. It also costs sixty-five dollars per hour for consultation and therapy with one of the other clinicians. However, some of this cost may be paid by insurance depending on the particular insurance company.

The Jackson Clinic is in the process of developing a new program which would consist of four weeks of intense treatment and then monthly visits for the following year. This program would involve more group therapy and the sessions would be three hours twice a week. The cost of the program would only be fifteen dollars per hour. However, Jackson Clinic will not turn people away if they are unable to pay the regular fees for the current or new program. They will set up an individual payment plan so treatment can still be given.
V. **AQUARIUS HOUSE**

The Aquarius House is a publicly funded substance abuse out-patient counseling and information center located at 413 South Liberty Street in Muncie. Aquarius House is a non-profit corporation which was established in January of 1971 in response to the growing number of young people who were experiencing drug related problems. The Aquarius House also provides services for women in violence which provides short term counseling for rape victims, a youth awareness program for youths twelve to eighteen, and a public education program consisting of films and lectures. They also offer a twenty-four hour hotline for the community dealing with drug, alcohol or related problems. The hotline is staffed by community volunteers.

Seventy-five percent of Aquarius House Clients are referred to them through the legal system. Many are people who have been arrested for drunken driving and have been given counseling in conjunction with a probation sentence. Aquarius House does take other referrals and walk-ins also. Eighty percent of the clients using Aquarius House services are Male. This clinic serves all ages of clients; particularly between seventeen and twenty-five years of age and many of these people are single. The clinic is staffed by approximately ten professionals, all of whom hold bachelor degrees and some also have masters and doctoral degrees.

The clinic treats more alcohol related cases than drug related. During an average month, two hundred clients will
visit the clinic roughly one time per week. As I stated previously, this program is strictly a drug and alcohol out-patient service. The staff will refer clients to an in-patient treatment center for detoxification or other reasons if necessary. The payment plan and method of treatment are discussed on a patient's initial visit to Aquarius House. On the next visit, the client will see a counselor to identify the problem or to determine if there is a problem. This is done through testing and questionnaires. Many of the clients are found not to have a serious drinking problem, but that they used bad judgment in a certain situation. The average client visits the clinic one to two times per week for counseling. Seventy-five percent of the treatment is done on an individualized basis, while twenty-five percent is group therapy. The counselors like to include the family whenever possible. Although the length of treatment is determined according to personal needs, the average treatment program runs for less than one year. The following is some statistics for 1983:

36% of the clients had 1-2 sessions.
48% of the clients had 3-9 sessions.
16% of the clients had 10 or more sessions.

At Aquarius House, clients do have the right to stop counseling at any time whether or not your counselor agrees with your decision. However, terminations should always be discussed with a counselor (or probation officer, if necessary) before counseling is terminated.
Aquarius House is publicly funded, although a small fee is charged to each client to maintain a quality program. Ninety-five percent of the funding is done by the state according to units of service given. Aquarius House is supported by the National Institute on Drug Abuse, the Indiana Department of Mental Health; Division of Addiction Services, community contributions and voluntary energy. The fee each client is asked to pay is based on his or her income and dependents. Seventy-five percent of the clients pay two-twelve dollars per session. However, Aquarius House will not refuse treatment due to inability to pay.
VI. RESPONSIBLE ACTION PROGRAM - Ball State University/Aquarius House, Inc.

The Professional Psychological Clinic of Ball State University and Aquarius House, Inc., have joined together to design a drug and alcohol education program. This program is available for individuals with alcohol and drug problems related to court charges, employment or family. Individuals are referred to this treatment program through the court system, employers and concerned persons.

The program consists of lectures, group interaction and educational media. The program is presented by both the professional staff from Aquarius House and the Professional Psychological Clinic staff. The Responsible Action Program is a two-day (weekend) workshop. It provides seven components, which are:

1. orientation and explanation to the participant of the program and its requirements;
2. an evaluation of the participant's psycho-social functioning in regard to use and abuse of substances as they relate to social relationships, family and vocation;
3. education in alcohol and drug use and abuse and assessment of need for further treatment;
4. selected psychological testing will be conducted as part of the evaluation process in assessing recommendations and referral suggestions;
5. referral to appropriate community resources, if indicated;
6. coordination and communication with court officials and employers; and

7. follow-up with the participant upon completion of the program to evaluate individual and program success.

Most people who attend are between 17-25 years of age and there are more male participants than female. An average size group for the weekend is between ten and fifteen and most of them are first time offenders of the law. About five to ten percent are Ball State students while the remainder is made up of quite a few out of state college students who are originally from this area. The program costs one hundred dollars for the weekend and is not covered by insurance. This program has been very successful thus far as very few people who attend are arrested again after participating.
VII. ALCOHOLICS ANONYMOUS

Alcoholics Anonymous is a voluntary, worldwide fellowship of men and women from all walks of life who meet together to attain and maintain sobriety. The only requirement for membership is a desire to stop drinking. Anonymity is the foundation of Alcoholics Anonymous. They keep no case histories and no membership list. There are no dues or fees for A.A. membership, although some local chapters "pass the hat" at group meetings to help with the building rental and other meeting expenses such as coffee and sandwiches. A.A. is entirely self-supporting and no outside contributions are accepted. A.A. was started in 1935 by a New York stockbroker and an Ohio surgeon (both now deceased), who had been "hopeless" drunks. They founded A.A. in an effort to help others who suffered from the disease of alcoholism and to stay sober themselves. A.A. has grown throughout the United States and world. There are local A.A. meetings held during the week in the Muncie area and can be contacted through the telephone directory. A.A. is a program of total abstinence. Members stay away from one drink, one day at a time. Sobriety is maintained through sharing experience, strength and hope at group meetings and through the suggested twelve steps for recovery from alcoholism, which are as follows:

1. We admitted we were powerless over alcohol - that our lives had become unmanageable;

2. came to believe that a power greater than ourselves could restore us to sanity;
3. made a decision to turn our will and our lives over to the care of God as we understood him;
4. made a searching and fearless moral inventory of ourselves;
5. admitted to God, to ourselves, and to other human beings the exact nature of our wrongs;
6. were entirely ready to have God remove all these defects of character;
7. humbly asked him to remove our shortcomings;
8. made a list of all persons we had harmed and became willing to make amends to them all;
9. made direct amends to such people where ever possible, except when to do so would injure them or others;
10. continued to take personal inventory and when we were wrong, promptly admitted it;
11. sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out;
12. having a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

Anyone may attend open meetings of A.A. They usually consist of talks by a designated group leader and two speakers who share experience as it relates to their past illness and their recovery in A.A. Some meetings are held for the specific purpose of informing the non-alcoholic public about A.A. Closed discussion meetings are for alcoholics only. Meetings
usually last approximately one hour and the group meets once per week. However, a person could go to an A.A. meeting just about every night of the week at different meeting spots as there are usually that many held each week. A.A. does not keep membership records or case histories. They do not engage in or sponsor research, join councils or social organizations. The group does not follow up or try to control its members or make medical prognoses. A.A. also does not provide drying out services, offer religious services or provide housing, food, clothing, jobs, money or other welfare services to its members. No letters of reference to parole boards, lawyers, court officials or employers are provided by A.A. either.

There are also twelve traditions of Alcoholics Anonymous:

1. Our common welfare should come first; our personal recovery depends upon A.A. unity.
2. For our group purpose, there is but one ultimate authority - a loving God as he may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose - to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never to endorse, finance or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting declining outside contributions.

8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.

9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. A.A. has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.

12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

Since Alcoholics Anonymous is a voluntary, uncommitted organization, it is very convenient and attractive to alcoholics. There is no rigid treatment program to follow, no restrictions and no fee for treatment. All of the therapy is done by alcoholics helping each other and so far, A.A. has been very successful.
VIII. AL-ANON/ALATEEN

Al-Anon Family groups are a fellowship of men and women who are husbands, wives, relatives or close friends of alcoholics. Al-Anon was founded by families of alcoholics who had found sobriety in Alcoholics Anonymous. The Al-Anon program shows people how to cope with difficulties associated to their loved one's drinking and to find a more positive approach to life. Improved attitudes by family members and friends may also influence the alcoholic to seek the help he or she needs. Many times those closest to an alcoholic are the ones who suffer the most from the drinking. Al-Anon offers support to these people by letting them share their similar experiences. It is difficult for a non-alcoholic to realize that the alcoholic did not deliberately and willfully get into his present condition; that the drinking has become a compulsive urge which he cannot control by himself. The alcoholic needs encouragement and understanding both before and after he has become sober. This support needs to come from family and friends and these people need to know what to expect and how to handle situations. Al-Anon has weekly meetings similar to Alcoholics Anonymous where one or more members will give short talks and occasionally have a question and answer session. Al-Anon follows twelve basic philosophies which parallel those of A.A. There is no fee or charge for these meetings. Al-Anon just gives support and reassurance to those close to an alcoholic, who in turn, may be able to help the alcoholic and make their lives more controllable.
Just as there is a support group for family and friends of alcoholics, there is also help for young Al-Anon members, usually teenagers, whose lives have been affected by someone else's drinking. These young people come together in a group called Alateen to share experiences, strength and hope with each other, discuss difficulties, learn ways to cope and encourage one another. Members of Alateen also learn that compulsive drinking is a disease and that they can detach themselves emotionally from the drinker's problems while continuing to love the person. These young people are not the cause of anyone else's drinking or behavior and they cannot control anyone but themselves. Despite the lifestyles Alateen members may have now, they can develop satisfying and rewarding lives for themselves. Every Alateen group needs an active adult member of Al-Anon to serve as a sponsor. The sponsor is an active part of the group sharing knowledge of the twelve steps and traditions.

Al-Anon and Alateen group meetings are held in hospitals, rehabilitations facilities, clinics and abused families residences. There are three types of meetings:

1. Closed - for those considering membership.
2. Open - for people interested in learning more about the program.
3. "Meeting-on-wheels" - open to all and consists of a brief presentation of an Al-Anon/Alateen meeting.

Experienced Al-Anon and Alateen members conduct these meetings. There is no charge to attend either one of these meetings. These groups are supported by members of regular groups,
Districts, Institution Committees and Information Services. Information concerning these groups can be obtained through a telephone directory.
BIBLIOGRAPHY

I. Alcoholism pamphlets

III. Middletown Center
    Drew Edwards - coordinator and counselor pamphlets

IV. Jackson Clinic
    Vann Hudson - clinician pamphlets

V. Aquarious House
    Bill Calvert - counselor pamphlets

VI. Responsible Action Program
    Fred Evans - counselor (Aquarius House) pamphlets

VII. Alcoholics Anonymous pamphlets
    personal visit to A.A. meeting

VIII. Alateen/Al-Anon pamphlets