

# Doctor fights stigma, misery of alcoholics

Dr. Kenneth Williams, medical director at the recently opened Henry Ford Hospital Maplegrove Center for the Treatment of Alcoholism in West Bloomfield, has specialized in the treatment of alcoholism for more than 14 years. As Maplegrove medical director, he was responsible for developing the 28-day program at the 50-bed facility. Before joining the HFH staff, he was an associate professor of psychiatry and internal medicine at the University of Pittsburgh School of Medicine and director of the alcohol and drug abuse program at Pittsburgh's Western Psychiatric Institute and Clinic. He is also on the board of Alcoholics Anonymous and set up the first hospital-based AA group in the country. His experience treating alcoholics dates from his years as an assistant resident at the Yale-New Haven Hospital in Connecticut. The following excerpts are from a recent interview with Dr. Williams.

*'One thing that this moral weakness talk does is reinforce the social stigma of alcoholism, the idea that it's evil. This keeps the alcoholic from reaching out for help . . .'*  
— Dr. Kenneth Williams



By Ron Garbinksi  
staff writer

Some people say alcoholism is a disease, while others call it a moral weakness. What's your opinion?

For every one who says it's a moral weakness, I can find you 200-300 who specialize in alcoholism treatment, those who know best and those who see the alcoholic recover or die, that are in 99 percent agreement that it's a disease. One thing that this moral weakness talk does is reinforce the social stigma of alcoholism, the idea that it's evil. This keeps the alcoholic from reaching out for help, it keeps families trapped in the stigma, afraid to reach out. The person doesn't want to face the fact that he or she has a drinking problem. They tend to blame others, project the blame on other problems rather than alcohol.

Is this disease concept a new approach to treating alcoholism?

The history of alcoholism as a disease dates back about 40-50 years. At that time it really wasn't considered a disease. It really began about 20 years ago. Scientific evidence in support of it being a disease has been growing in the past several years. There is very good evidence to support the fact at least the predisposition to react to alcohol in the particular way alcoholics do is an inherited biochemical phenomenon.

Why can some people drink more than others?

If you watch people drink, you see them respond differently. One out of 10 drinkers respond with alcoholism. Their response is characterized by psychologically and biochemically particular ways. Such physical and mental interaction is difficult to separate. For example, when one person's blood sugar drops, he often responds by craving a drink. You would think of craving a drink as mental, but the blood sugar thing is physical. They're somehow tied together. Some people can drink a tremendous amount while others can't. We're all born that way. Most tolerance is inborn, genetic. This is one of the predisposing factors of alcoholism — being able to drink a lot of alcohol.

What kind of patients are at Maplegrove?

I can simplify that by saying there is a cross-section here at Maplegrove. One woman, for example, and this is a record for me, drank 6 1/2 fifth in one day. Her regular drinking was about 3 1/2 fifth. Now I could never do that and most others can't either. But through years of drinking, she developed a tolerance. Most of us could never do that no matter how much drinking we tried to do. Our bodies aren't set up for that, but alcoholics have that capacity. What happens after a while to them is liver disease. A reverse tolerance sets in. They're able to take in less and less. Then brain damage develops where their brain goes till.

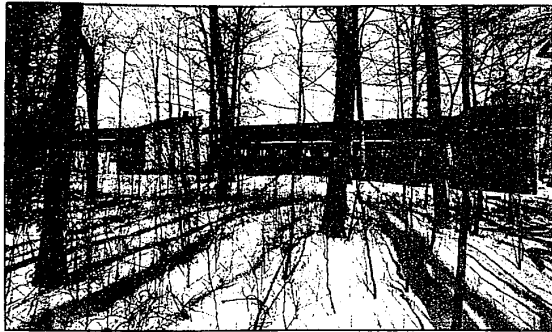
What happens to someone like the lady who drank all that alcohol?

She goes through withdrawal symptoms just as someone does when trying to stop using an addictive drug. Patients in the program sometimes do crave a drink. When that happens, we talk to them, have them drink juice and get them involved in conversation.

How would you compare Maplegrove to other alcoholism treatment centers around the country?

It's one of the finest in the nation, among the top five. Maybe two, I willing to say, are finer or more comfortable than Maplegrove. It's a typical 28-day treatment program based essentially on the principles and philosophies of AA. The unique aspect of it though is the structured after care of counseling and AA meetings. This distinguishes it from many other centers. Phase Three of the program is continuing therapy after the patient is discharged.

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The 40,000-square-foot, 50-bed Maplegrove Center for the Treatment of Alcoholism in West Bloomfield.

It opened earlier this year on a 78-acre site in West Bloomfield.

## Maplegrove

### Treatment center provides hope for drinking problems

By Ron Garbinksi  
staff writer

Few alcoholics will ever enter Maplegrove. . . . But for those who do, it's an opportunity to use the 28-day program as a springboard to a new life without alcohol.

Henry Ford Hospital's Maplegrove Center for the Treatment of Alcoholism is nestled in a quiet, 78-acre wooded setting in West Bloomfield behind HFH's outpatient facility on Maple Road.

The 40,000-square-foot, 50-bed center opened earlier this year. Former First Lady Betty Ford, an admitted recovering alcoholic herself, was on hand for dedication ceremonies in February.

"One advantage of the center is we planned the facility during a time when alcoholism is coming into focus. It's being recognized as a disease. People are willing to talk about it now and that helps," Maplegrove Administrator Carol Sarosik said.

"Maplegrove is, in a sense, a hybrid of the best components of the top programs around. It's unique

because we have taken the cream off of everybody's program. It's taken several years to plan."

The center uses a team approach, combining the talents of clinically trained professionals and non-clinically trained staffers, Sarosik says that from a clinical standpoint, "you won't find this kind of approach anywhere else in Michigan."

THE CENTER IS currently involved in establishing a family program, another first in Michigan.

During the third week of program, the patient's entire family is obligated to spend 40 hours with the patient at the facility.

"That may mean taking a week vacation, leaving school for week, whatever," Sarosik added. "The whole idea is to get the patient involved again with the family."

The center, considered one of the best in the nation, "utilizes a strong after-care program that ensures continuity of program," the administrator said.

"You'll find that most alcoholism facilities have either a good outpatient program or a good inpatient one. We have both."

The after-care plan includes Alcoholics Anonymous sessions and group and individual therapy for 6-12 months after patients are discharged.

There is a two-week waiting list to get into the program. Patients come from the tri-county area. "One unique aspect of program is the 10-patient group. Patients are admitted in groups and continue through the program with the same people they were admitted with. This way they have identity and support throughout the program," Sarosik said.

THE PROGRAM is divided into three parts. Phase one lasts about a week or so and allows patients to dry out.

Phase two is the actual residential part of the program where patients are permitted to use the facilities and become involved in group and individual sessions. All patients live at the facility and aren't permitted to leave during their stay.

Phase 3 is the continuing counseling and therapy after discharge.

"The program starts at 8 a.m. and ends at 8 p.m. It's pretty structured and all patients are required keep a diary of their experiences," Sarosik said.

"The significance of the program for most is that they can use the 28-day program as a springboard to new life. And that's all that really matters."



Carol Sarosik  
administrator

## BABES offers children facts of adult alcoholism

By Susan Tauber  
special writer

Children don't need anyone to teach them that adults drink alcoholic beverages. They easily learn by watching television, movies or, perhaps, their parents.

What they do need to learn, Maxine Willis believes, is how to cope with a family member who drinks too much.

Mrs. Willis visits nursery, kindergarten and elementary school classes in Oakland, Macomb and Wayne counties to help children between 3-8 years old learn facts about alcoholism in order to better understand it.

"I was made aware of the effect of alcoholism on children when I taught school," said the former preschool and elementary school teacher in Baldwin, Michigan and Detroit.

When she began working for the National Council on Alcoholism-Greater Detroit Area three years ago, Mrs. Willis developed a program of six two-hour sessions called BABES (Beginning Alcohol Basic Education Studies).

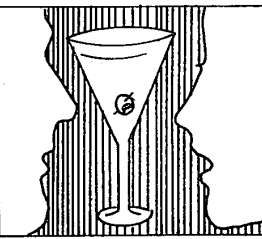
"I based much of the program on questions students had asked me about alcoholism," Mrs. Willis explained.

The purpose of BABES is to educate young children about alcoholism. But Mrs. Willis doesn't limit her teachings to alcohol abuse.

WITH THE HELP of six cuddly animal puppets, play-acting and drawing sessions, Mrs. Willis and the students discuss self-image, coping skills for various situations, decision making and peer pressure, being healthy and seeking help for problems.

"I don't make judgmental statements about drinking. The children only get facts," Mrs. Willis emphasized. "Through their drawings I've learned they usually picture an alcoholic as a monstrous person. So we discuss that an alcoholic is a person who is sick. He or she is like them when they see food that looks good. They might keep eating and eating, even when they know they should stop."

The students receive a certificate from the National Conference on Alcoholism at the end of the six session program.



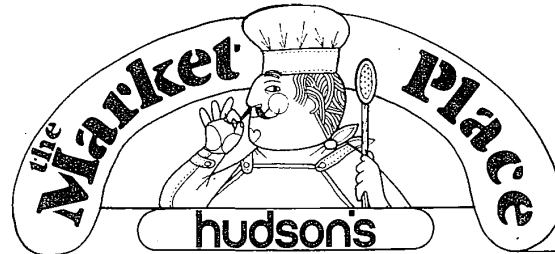
"Often we do this at a special awards ceremony with the parents present. We don't leave the parents out of this," explained Mrs. Willis who tries to meet with parents before presenting BABES to their children and sends literature home with the youngsters.

"I don't want parents to be surprised when their children start talking about drug abuse or alcoholism."

The children get something else at the end of BABES, according to Mrs. Willis. She says they learn how to communicate their feelings, which helps their self-image. Also they learn to cope without having to resort to a type of drug.

"SOMETIMES IT'S too late to teach coping skills to junior high schoolers," Mrs. Willis said. "They already have ideas about coping. That's why the real targets for BABES are preschool age children."

Educators interested in asking Mrs. Willis to bring the free BABES program to their schools should write a letter of request to the National Council on Alcoholism-Greater Detroit Area, 1800 Kales Building, Suite 260, 76 W. Adams, Detroit 48226. They can get more information by calling Mrs. Willis at 963-0581.



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May 18 - Chicken Dishes - new  
June 1 - Sausage, Pate - new content

**Seminar II - Thursday evenings:**  
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June 25 - Pastry - new format  
July 9 - Summer Foods - new content

**Seminar III - Thursday evenings:**  
Sept. 10 - Michigan Harvest - new  
Sept. 24 - Putting Up, Preserving - new  
Oct. 15 - Working with Yeast - new

All classes are in The Marketplace at Hudson's Oakland, from 6 to 8 p.m. Recipes and tasting. Enrollment is \$60 per seminar of 3 classes; \$25 each for individual classes as available. Entire series of 9 classes, \$160 (save \$20). To enroll, or for a folder describing the entire series in more detail, call 223-2404. Please call soon; enrollment is necessarily limited.