Holistic Approach

Continuum of Care Including Physical, Social, and Psychological Treatment

Treatment for alcoholism, as seen in the prior phase (4), can have many facets. There are many models, theories, and treatment approaches including, but not limited to, outpatient treatment; intensive outpatient treatment; residential treatment (inpatient); detoxification; sober living; medications; counseling/therapy (which may include individual, group, family, marital, etc.); and Alcoholics Anonymous (AA). These treatment strategies are aimed at a cessation of the drinking as well as learning new life skills to assist alcoholics to become and remain sober.

When discussing the continuum of care, however, one must look at the entire person and all aspects that need treatment. Here, you are referring to the physical, social, and psychological treatment. This may also include diet and nutrition. Interestingly, “chronic drinking, just like excessive sugar, contributes to the development of hypoglycemia just as people with hypoglycemia are potential candidates for alcoholism” (Holistic Health Solutions, n.d.). A holistic approach to the treatment of alcoholism is sound. For example, Michael Dale is a 50-year-old chronic drinker. He had his first drink at age 14. He was married to his first wife for 10 years and did not have any children. He met his second wife and had an affair with her while married to his first wife. He has been married to his second wife for 10 years. He has struggled for the past 3 years with employment, holding at least 20 different jobs during that time. His wife just continues to support him in his quest to find what he wants to do when he grows up. This support is really disguised as enabling behavior. One day, Michael was supposed to pick up his son, but instead of picking him up at day care, he chose to go home, drink himself into a drunken stupor, and pass out in the car in the garage. His wife came home to find him passed out in the car in the garage, and there was no sign of their son. She did not know that Michael neglected to pick him up that day. After a few phone calls, his wife went to pick him up at day care, which was 4 hours past the time he is typically picked up. Michael has had some health issues also involving stomach and intestinal problems. His wife gave him the final ultimatum, which was to “get help or you can’t live with us anymore.” Unfortunately, his wife did not live up to this ultimatum again, and Michael still has not obtained all the help he needs. He did start with his primary care physician and obtained a physical.

In terms of the continuum of care, this is an important place to start. After his physical, routine blood work, and a battery of tests, the doctor discovered that Michael had some gastrointestinal problems related to his drinking. Chronic heartburn was attributed to his drinking patterns along with frequent diarrhea. The physical portion can also include a physical addiction to alcohol in which initial treatment might focus on a cessation of the drinking through detoxification and/or medication.

The next step in the continuum of care would be to look to the social problems, and make recommendations to move this person toward a life of sobriety. Here, all of Michael’s friends were heavy chronic drinkers. These were men he knew since high
school. He bowled once per week in a bowling league, which would have been more aptly called a binge drinking session as this was the primary function of the get together. He drank at home on a daily basis and described his environment growing up as beer all around him. In his house growing up, if you were thirsty, you drank a beer rather than water or some other nonalcoholic beverage. Michael describes it as “it’s just the way it was.” In addition to the weekly bowling, Michael had a habit of going out after work on Fridays with the guys and drinking until 8 or 9 p.m. He would then get in his car and drive home. He had one driving while intoxicated offense several years ago and states, “I just haven’t gotten caught again.”

On a social scale, what intervention would be most appropriate here in terms of the continuum of care? As the old adage of AA states, one must change, people, places, and things. The problem with Michael some might postulate is that he either did not want to change or is in deep denial about his situation. He has had periods of no drinking in which he would go several months without drinking and then slowly the drinking would creep back up to his prior chronic heavy levels. What needs to happen here is that you need to have a motivated individual who wants to help him- or herself. If that is not present, no amount of intervention can aid an alcoholic. Michael changing people would require that he stop bowling in his current league; stop going out drinking after work on Fridays; and find other interests, outlets, and activities to take the place of the drinking. He would need, as well as benefit from, attending AA meetings and meeting individuals whose lives do not revolve around alcohol. In terms of changing places, he would need to refrain from going to bars, taverns, and other locations where alcohol is prominent. In essence, he would be creating a new life for himself with new people, situations, and places.

Reference