

SHADEL HOSPITAL



The setting for the 52-bed hospital combines the quiet surroundings and peaceful atmosphere of a secluded district. The design is both modern and functional and will maintain the personal and homelike atmosphere which has been synonymous with Shadel Hospital treatment.

12001 Ambaum Boulevard S. W.
Seattle, Washington 98146
CH 4-8100

Introducing . . .

The New Shadel Hospital

This pamphlet has been prepared to aid those for whom the problem of alcoholism is direct and personal. Its purpose is to bring about a better understanding of the problems faced by the problem drinker, to answer questions about the treatment program at Shadel Hospital, and to provide a guide for the family and friends of the alcoholic to assist him along the new-found path of sobriety after he has received medical treatment. If questions arise that are not answered here please feel free to contact Shadel Hospital.

ALCOHOLISM: THE PROBLEM

In recent years the gravity of the problem of alcoholism has penetrated the public consciousness as never before. Listed now as the fourth major disease in the United States, it is held responsible for serious and permanent damage to thousands of people.

It is generally estimated that there are over five million alcoholics in the United States today, and that one out of every sixteen persons in this country who drinks is — or will be — an alcoholic. Chronic alcoholism, according to the U. S. Public Health Service, is fifty per cent more prevalent than cancer and 225 per cent more prevalent than polio.

The disease respects neither race, economic status or environment. Alcoholism indiscriminately strikes persons in every age group and both men and women. Actually, the alcoholic is found in the exclusive club, in the world of business, finance, medicine, education, and wherever people live, breathe and *drink*.

WHAT IS AN ALCOHOLIC?

There are almost as many definitions of alcoholism as there are people willing to define the term, but generally it can be said that an alcoholic is "any person" whose use of alcohol creates a problem to any degree with his health, social and marital relations, or occupation. This is true whether it has occurred in the past, is a present problem or is a display of symptoms indicating probable progression to this condition.

CLASSIFICATIONS

Attempts have been made to classify drinkers and alcoholics. These classifications differ with the philosophy, experience or method of approach peculiar to the classifier. No purpose would be served in attempting to define the various classifications, for how the alcoholic as classified is less important than the existence of one common characteristic — AN INABILITY TO COPE WITH ALCOHOL OVER AN EXTENDED PERIOD OF TIME WITHOUT DAMAGING EFFECTS. The alcohol itself is the basic offender. Regardless of how strong the wish, how demanding the need or how insistent the compulsion, the capacity for normal drinking is gone forever. To sum it up, all alcoholics have one thing in common: *The inability to tolerate alcohol!* And to every alcoholic the answer to his problem is the same: *He must never drink again!*



Semi-Private Room

HOW CAN THE ALCOHOLIC BE RECOGNIZED?

People who are alcoholic usually start drinking as ordinary social drinkers but eventually their drinking pattern changes. Symptoms of alcoholism are apparent in social drinkers who are potential alcoholics as early as two or three years after they begin their social drinking.

The symptoms noticeable very early include drinking more and faster than their social drinking friends. This behavior is followed by sneaking drinks and drinking doubles and triples while the friends are drinking singles. This results in the potential alcoholic becoming more intoxicated than his social drinking friends. Shortly thereafter the alcoholic finds that he becomes intoxicated whenever he drinks although he does not wish this to happen. During this so-called "developmental" phase of alcoholism the potential alcoholic finds himself becoming more and more preoccupied with thoughts of alcoholic beverages, recreation associated with drinking and relief drinking for the cares and stresses of the day.

Another symptom is the week-end drinking bout which may carry over into the first of the week. That is to say, the alcoholic may need Monday morning to recuperate and hence his absenteeism from work is increasing. It is during this phase that the close friend, associate or relative may be able to see the developmental pattern of the disease in the alcoholic. But most often, the person himself is unable to see or is unwilling to admit that his drinking is a problem. During the next phase of alcoholism the alcoholic's drinking becomes so much more of a problem that he is much more receptive to treatment if he is frankly informed of the danger of his drinking pattern and the need for immediate care. During this phase he begins to protect his supply of liquor. That is, he hides bottles, buys large quantities, and wonders if there will be enough to last for a particular occasion.

A COMMON SYMPTOM

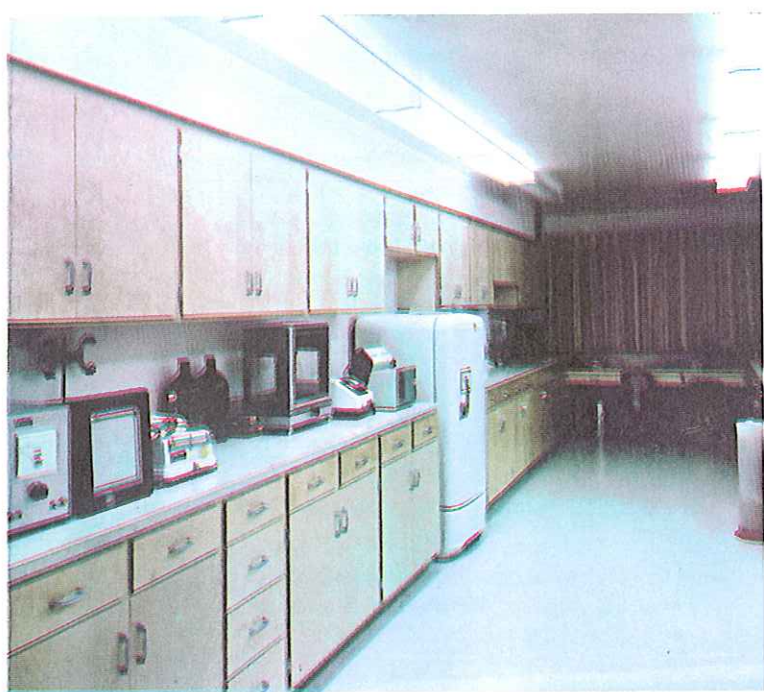
This behavior is followed by drinking before breakfast and is one of the most common and best methods of identifying the alcoholic. Drinking alone occurs at almost the same time with drinking before breakfast. During this period the alcoholic will develop a good many defense mechanisms about his drinking. He will attempt to rationalize his behavior and tend to minimize the true extent of his drinking. He may claim he never gets intoxicated which could well be true. Rather, he maintains a high level of blood alcohol all day without noticeable impairment of his motor control. Eventually he is unable to maintain this level of drinking without showing overt intoxication.

Friends and close acquaintances may be unaware that he drinks excessively but his family is surely aware of it. Other symptoms of this phase include getting intoxicated on less liquor, and the loss of capacity to hold his drinks. It is during this period that he may admit to others that his drinking is a problem. He is less able to control the amount he drinks and frequently loses control of his behavior while he is drinking. Usually during this time he finds that he is experiencing marital problems, financial troubles and occupational difficulties, and unless he is confronted with his problem and some treatment is found for him he will progress into what is called the "deterioration" phase.

DETERIORATION PHASE

Symptoms here include alcoholic tremors, extreme nervousness, sleeplessness in some cases, and general fatigue. This is called the deterioration phase simply because the alcoholic does just that. He deteriorates physically, socially, maritally, emotionally, occupationally and neurologically. Treatment becomes more difficult and prognosis rapidly becomes less favorable.

Women's Lounge



Laboratory

IS THERE A SOLUTION?

A person may ask "Suppose I discover I am an alcoholic; is there anything I can do about it?"

The answer is "Yes."

Recognition of the problem and a willingness to do something about it if shown how, are the two first and most important steps toward conquering the disease. There is but one goal and one answer for the alcoholic. *He must stop drinking and remain totally abstinent for the rest of his life.*

WHY SHADEL HOSPITAL?

Shadel Hospital is an organization whose operation is designed solely for the treatment of alcoholism. It has been in operation for over 30 years and is a member of the American Hospital Association and is recognized by the American Medical Association. Its doctors are members of the AMA and only graduate nurses are included on the nursing staff. Its medical technicians are experienced specialists in this particular field. The Hospital has served over 12,000 patients who have come from practically every state and from many foreign countries. It has developed research information and made it available to the medical profession on a worldwide basis. A majority of its patients have achieved total abstinence after treatment, some of the first patients for as long as the 30 years the Hospital has existed.

A COMPLETE TREATMENT PROGRAM

As mentioned previously, the two goals which the alcoholic must reach are (1.) He must *stop drinking*, and (2.) He must remain *totally abstinent* for the remainder of his life. Abstinence, Shadel Hospital has found, does not constitute the complete answer. Shadel has pioneered in giving special emphasis to the thorough rehabilitation of the individual, the restoration of his physical health, dignity and self-respect, and the resumption of his place in the family and community.

Specially trained workers, "Rehabilitation Counselors," chosen for their intelligence, sincerity and, above all, for their penetrating observance and sympathetic understanding, are available to assist the patient. They have a personal experience with rehabilitation and a practical grasp of the problems of alcoholism.

The work of the counselor is a valuable adjunct to that of the doctor who, ordinarily, is constrained to limit himself to the strictly medical aspects of the case.

The time-consuming and tedious groundwork necessary to convince the patient of the necessity for treatment is often an important part of the counselor's duties. He assists in obtaining leaves of absence, care for the family, financial arrangements and transportation.

After treatment he is available to assist the family physician as a liaison between the physician and the Hospital and to assist, when needed, in getting the treated patient rehabilitated in his new way of life.

CONTINUOUS CARE

Physically, too, the treated patient may have need of assistance after he leaves Shadel. Pertinent medical records are forwarded to the patient's family physician to help him retain the physical health which was restored at the Hospital. In addition, Shadel carefully watches the progress of its patients and reminds them to return for periodic reinforcement of their original treatment.

WHILE AT THE HOSPITAL

Upon admittance each patient is given a complete physical examination and detoxification is carried out if necessary. As soon as possible after admittance the medical history and physical examination and laboratory test results are studied by the medical staff and a plan of treatment is prescribed.

THE CONDITIONED REFLEX TREATMENT

The conditioned reflex treatment is a part of the basic therapy of Shadel Hospital and is prescribed for all except those who are unfit by reason of some pronounced physical impairment. The number of treatments given a patient depends upon a study of progress and reaction; the analysis being made by the medical staff. In the conditioned reflex treatment the patient is conditioned so that the sight, smell and taste of all alcoholic beverages will remain repugnant to him. It is then said that he has a conditioned, or learned aversion to those beverages. It is important to note that the conditioned reflex treatment is not the single answer to all the problems of the alcoholic. It does not make it *impossible* for him to *drink* but simply makes it *possible* for him *not to drink*, and as a result of this therapy the habit pattern, the compulsion, the urge for the drink is removed completely. Only through a deliberate or planned act can that urge or compulsion to drink be reestablished.

REINFORCEMENT

Usually it takes from ten to twenty years to develop alcoholism, yet the conditioning is done in about two weeks. Therefore this new learning can be forgotten unless the patient returns periodically for reinforcements or "re-caps." If the patient does not return for re-caps he can lose his aversion to alcohol and, at that point, he might possibly resume drinking. For this reason the treatment program at Shadel Hospital includes periodic reinforcement of the original reflex treatment. Reinforcements are given without additional charge. As a rule each patient, on his return, is given a single treatment and is requested to stay over night for observation as to condition and progress. In this way the aversion is maintained at a high level and there is a psychological benefit derived from renewing the treatment experience.

Between the dates agreed upon for the patient's return, if he thinks he feels the need or desire for a drink he should reach for the telephone instead of a bottle. He should come back to the hospital immediately!

PENTOTHAL THERAPY

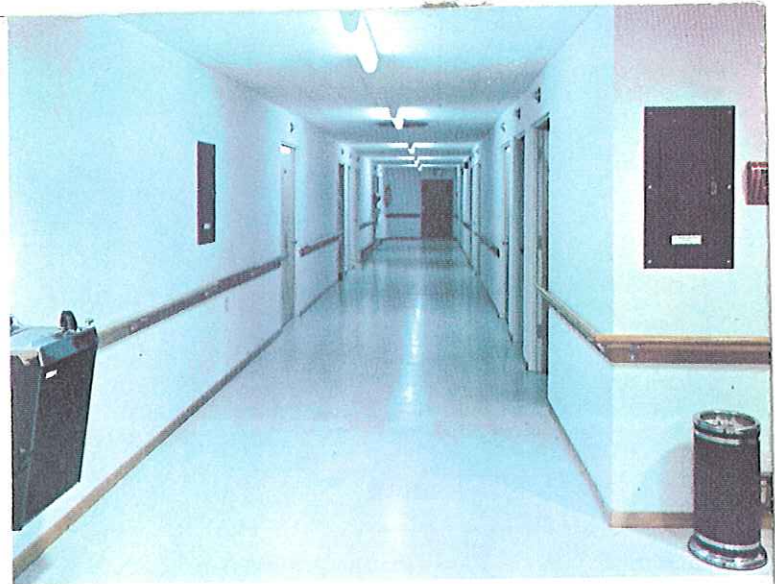
Sodium pentothal is known more prominently as "truth serum." There are two purposes for its use in the Shadel program. (1) As an aid to diagnosis, and (2) As a therapeutic agent with a relaxing effect which helps to relieve anxieties, nervousness and tensions. It is not habit forming and increased benefits are derived from its use with the passage of time. For maximum benefits sodium pentothal therapy is prescribed in conjunction with the conditioned reflex therapy to combine relief from tension with the induction of aversion to alcohol. The purpose is to assist the patient in adjusting to his more difficult problems and still maintain total abstinence.

REINFORCEMENTS

Pentothal reinforcements are continued as prescribed following the original treatment, provided that abstinence is maintained by the patient.

A MUTUAL OBLIGATION

Shadel Hospital contracts to work with the patient during his period in the Hospital and afterwards through rehabilitation counselling and by providing periodic reinforcements. The patient's obligation is to give us this opportunity to work with him. It is his obligation to refrain from experimentation and remain abstinent between treatments. Successful completion of the program depends upon his cooperation and abstinence, and upon both parties fulfilling this mutual obligation.



West Wing

HOW CAN YOU HELP?

After many years of experience working with families or friends of those afflicted with alcoholism, we think these few hints can be of definite value to you:

1. The alcoholic should be encouraged to keep his appointments for reinforcements. Chances for success in abstinence are improved by reinforcement of the aversion.
2. Have faith in his efforts to maintain sobriety and let him know you believe in him.
3. Be tolerant of his nervousness and anxiety. He will be particularly nervous and restless for as long, sometimes, as the first year after treatment.
4. Help him find new interests. He will need to find an outlet to fill the gap that was formerly spent in drinking.
5. Bury the past. There's an old saying: "If you can't bury the past, you cannot face the future." If you have had serious misunderstandings, discuss them, settle them, and forget them.
6. Help him get back into his family unit as much as possible.
7. Encourage him to keep in contact with his family physician and to go to him for periodic check-ups to help him regain his physical health.
8. Encourage him to attend the church of his choice. Religion is a good antidote for many ills and, besides, activities in the church can provide new interests and friends.
9. Help him to face problems honestly and forthrightly. If a problem seems overwhelming, seek help. Remember, the Hospital has counsellors who can be of assistance.
10. Do not hesitate to contact the Hospital immediately if any situation arises which you would like to discuss, or encourage him to do so if he feels a need to drink again!

For information or assistance please contact the SHADEL HOSPITAL admission office at 12001 Ambaum Blvd. S.W., Seattle, Washington 98146. CH 4-8100.