

Chapter 9

Alcohol and Other Drug Problems: The Practical Applications

Introduction

Thus far, we have dealt primarily with basic concepts about alcohol and other drugs, including sociocultural concepts in Chapter 3. In this chapter, you will have an opportunity to apply your knowledge. In the first half of the chapter we will consider the development of sociocultural competence. In the second half, we will take up prevention and other critical issues through the use of brief portraits, or vignettes, of people and their situations. While no vignette exactly portrays a specific person, everything in a vignette reflects real life experiences. The ultimate test of your knowledge to date is whether or not it enables you to comprehend, analyze, and decide how to deal with these individuals and situations. Your ability to apply knowledge here should translate into the real world. People and their contexts represent the final common pathway toward which our work is directed, and along which you will test the usefulness of what you have learned.

This chapter also presents ways to learn to become more socioculturally sensitive. These skills are important for counselors, prevention and treatment program planners, and those concerned with social policies if they are to address effectively the needs of many different types of people.

Producing Results

The variety of problems that we confront in this field suggests that a diverse set of treatment and prevention activities are needed to produce satisfactory results. No one strategy will be either acceptable to or appropriate for all situations. Rather, a variety of approaches will be required, and each person or situation will need to be matched to the appropriate strategies. We are fortunate in having access to many treatments and preventive strategies, but we still need to know a lot more about how to match the most effective intervention with a particular problem.

One thing that is certain to help us make good matches is a better understanding of the differences among the problems and the people who seek help for them. The process of assessment provides the best means to accomplish this. And this procedure must cover a large number of areas to take account of the diversity of those differences.

Still another implication of the differences is the great likelihood that, no matter how effectively we assess and match, we will achieve different results with different people. Not everyone who receives treatment will be restored to full and effective functioning. Indeed, many people *without* alcohol or drug problems do not function fully and effectively, so this is hardly surprising. Whether to press harder for a better result in a particular instance, or to be satisfied with less than total success, requires an exercise of judgment. Either of these responses may be reasonable at times. To be in a good position to make such judgments over time, of course, we must also assess the outcome of our treatment or prevention efforts, as we indicated earlier in the manual, and modify our therapeutic approach accordingly.

Flexibility, resourcefulness, maturity, and humility in the face of a difficult task are required. If a helping person rigidly adheres to a narrow perspective and a limited span of options in the uncritical belief that this is the “one true road” to success, then the intervention is doomed to failure. But if the intervention is as diverse as the problems and persons who need it, then “helping” can be a successful and satisfying experience.

Interaction

What you experience about a person with whom you are interacting will be influenced by who the other person is, your past experiences with people who are like the other person in important ways, and how your interaction evolves. Anthropologists call this a **transactional approach** to understanding cultures and intercultural communication.

When we interact with someone or a group of people, *who* each of us is (our background and how others perceive us) affects how others approach and interact with us. Our perceptions of other people affect what we say and how we act. We do not see all of who another person is in any interaction, nor do they see all of us. We pick and choose what we will say and how we will say it according to the situation and our goals in that situation. When we trust someone and believe they will understand us and not hurt us, we present ourselves differently than we do when we do not know someone, do not believe they understand us, or are not sure that someone has our best interests in mind. Also, if our communication styles and values are similar, we will interact quite differently than we would if they were not the same.

Imagine, for instance, an interaction between Jim and Jerry who are disagreeing with each other. Since they are comfortable expressing their feelings loudly and emotionally, they might shout at each other, wave their arms as they express themselves, and use many words that express their angry feelings as well as their ideas. Now imagine Tom and Ted who disagree with each other but were taught that yelling is impolite and means that you cannot control yourself. These men would be more likely to express disagreements in a much more quiet and restrained manner than the first two. They might calmly describe their points of view and point out what they see as problems in the other’s point of view with very little body movement or change in the volume or tone of their voices.

Imagine then, one of the men from the first pair (Jim) disagreeing with one of the men from the second pair (Tom). Jim might begin by yelling, which would startle or even offend Tom who values quiet expression of his point of view. Tom might even expect that he was about to be punched, since in his experience, when someone began to yell, that person was probably so angry that physical loss of control was a likely next step. Thus, Tom might look surprised or shocked, and even back up a step to avoid a confrontation which he finds distasteful and which he may also fear. Tom may also think to himself that Jim must not be well educated or have had an appropriate upbringing if he behaves in such uncontrolled ways.

Jim (the more openly emotional man), seeing Tom’s discomfort, may lower his voice and stop waving his arms, realizing that Tom cannot hear what he is trying to say if he is uncomfortable. At the same time, Jim may have difficulty really conveying his point of view in a more controlled way, and may even be irritated that he has to suppress the style of communication that is most comfortable for him. Jim may think to himself that Tom is quite “uptight” and may have a hard time understanding and trusting what Tom is saying because he sees no emotional behaviors that he recognizes and trusts.

We see that both men have changed their behavior in response to the other, and that each has made negative judgments about the other. Each is less comfortable in the second situation than they were in the first, and the potential for miscommunication and distrust is higher. It is also possible that they might blame themselves for difficulties in the interaction. Tom might wonder what he had done to provoke Jim and make him so angry, and feel guilty about that, or Jim might wonder what was wrong with him that Tom was afraid of him. These thoughts might lead each to question their abilities to interact in this situation, and eventually lead them to feel less good about themselves.

Suppose we added a gender difference to this scenario, making one of the people disagreeing a woman. If each has expectations about how a man and woman should interact, and believes that men and women are different from each other in important ways, these past experiences and perceptions would further change the ways that each person interacted with the other.

Power

Power differences affect our perceptions and how people interrelate. We are usually *least* able to recognize and value the ways that others are different from us when we are in positions that have more power than those with whom we are working. A counselor has more power than a client within a treatment setting. A supervisor has power to affect assignments and evaluations of those she or he supervises.

Power is a sociocultural dimension since it arises from and affects social interactions. Differences in power are structured into most societies (often called **status** when thought of socioculturally; in Chapter 3, we called this “social status”). Power can be of many types. Some power comes from positions we hold, as in the examples of a counselor and a boss. Some comes from the ability to control rewards and punishments for others; those who control rewards and punishments have more power than those who do not. Some comes from having skills and knowledge that others value and need. Some kinds of power come from having characteristics that are valued in a community; for example, coming from a “good” family, being physically attractive, or living in a desirable location. Notice that many of these are related to each other; if a person has more of one type of power, that person is also likely to have other types of power.

Some forms of power are more indirect. For instance, one may not have power oneself, but may have a relationship with someone who does and can influence that person because of the relationship. One can also earn more power over time by how one behaves with others; being admired and respected by others is called *referent* power, since people often compare themselves to and try to be like people they respect.

Why do power differences affect relationships and what we know about each other? People usually try to influence or please those they respect or fear, or those they believe are in a position to control things that they value or need (such as progress in treatment or salary raises). Thus, they may be reluctant to share information that they feel will be misunderstood or negatively received. They may try to speak to a person they view as more powerful in terms they believe that person will understand and appreciate, even if talking that way is not very comfortable or “real” for them. They are also likely to suppress information they believe might make them “look bad.” Thus, if they view someone as disapproving or not understanding elements of their lives that are important to them, they will probably try to hide them from that person if they can, and be very defensive about them, if they cannot. They may not feel comfortable telling that

person when they believe she or he has misunderstood them, especially if they believe the person may be offended or upset by that feedback.

It is more difficult to understand the effects of a dimension if your position on that dimension is valued in the society and the position of others is not (or when one has more power than another). Suppose, in the earlier example about two disagreeing men, that most people in a society believed that expressing anger loudly and clearly was a sign of confidence and trustworthiness and that people who did this were smarter and had more skills. Suppose also that women and people with brown hair were thought to be better at this type of expression than others.

In a society with these beliefs, people would try to learn how to express themselves loudly and emotionally when they disagreed or were angry. They would also expect that when they met someone, a woman or person with brown hair was going to be better at this type of communication than someone who was male or who had blond or black hair. They might further expect that brown-haired female people would be smarter; thus, if they did not understand what a brown-haired woman said, they might assume that what was said must be too complicated for them to understand, since the other person is probably smarter because *she* had brown hair.

In this example, men and people with red, black, or blond hair would try to talk and act more like women and people who had brown hair. Women and people with brown hair would have less and less need to learn other ways of communicating, and might not even understand that others talked differently to each other than they did to them since this usually happens when they are not around to witness it. A man with brown hair would have less power than a woman with brown hair and so would have had experience in adapting his usual communication styles to be understood by a woman. A woman with red hair would have had to learn to talk to women with brown hair. But if one was both a woman *and* had brown hair, then she might have little knowledge or experience that others communicated differently, or might see those forms of communication as reflecting less intelligence or less worth as a human being.

Thus, if one were a woman with brown hair, it would actually be *more difficult* to learn to be socioculturally sensitive, because one would begin with less knowledge of how people were different from us, and more barriers to cross to appreciate those differences.

Ethical Issues

There are many ethical issues that are important in the fields concerned with alcohol and other drugs, and we can only raise a few in this manual. In treatment, these include maintaining strict confidentiality and rigorously monitoring services to be sure that efforts to help do not harm people inadvertently. In prevention too, efforts to prevent problems in groups considered at risk can also create risks, by labeling people. Staying aware of cultural and other sociocultural and power differences is one way to be vigilant about ethical questions and to monitor whether policies and programs are culturally compatible and empowering, rather than primarily meeting the needs and assumptions of the counselor or the program designers. Power differences can interfere with clear communication and the recognition of ethical problems.

Developing Sociocultural Competence in Practice

To begin to develop or to continue developing your own sociocultural competence, as you read this chapter you can consider what your life has been like on the various dimensions and concepts we are about to discuss, and how your experiences affect how you present yourself and interact

with others.

You will meet six people in this section who are different in many ways. Ask yourself the following questions as you consider each profile:

- How do you feel about them and their circumstances?
- How are you reacting to the topics being discussed?
- What do your reactions suggest about what you value and may convey to others when you interact with them?

Identify other key aspects of your own life and experiences that are related to concepts and dimensions in this chapter, and how they have affected you.

- In what ways have they left you resilient and strong?
- In what ways have they shaped your definition of how people *should* behave, and what you believe should happen to them when they do not behave in ways you were taught were the right ways?
- In what ways have they limited your options and left you with conflicts and undeveloped areas in your life?
- How do these conflicts and undeveloped areas affect your value judgments and perceptions?

Ask yourself these questions as you read. Stop and write down your “story,” if you wish. Think about how you have changed and what has helped you change, and what other changes you would still like to make. Put yourself in the shoes of the people you meet in these pages, as we discuss how the elements of their identities affect them.

The process of developing your sociocultural competence must be ongoing, since we always encounter situations and people we have never encountered before, and continue to learn new things about ourselves, how our history and sociocultural characteristics have affected us. Also, as we grow older and our situations change, people will react to us differently than they do now, and we will perceive them differently. Just consider how much *younger* many people seem to you as you grow older!

Asking the questions will become a habit after awhile, although we all tend to be more reluctant to engage in this self-scrutiny, particularly when we are either uncomfortable, or have grown comfortable with the role we are in—especially if power and/or the admiration of others has come with that role. At these times, we probably need to be especially sure to examine our situation and what we may be missing, if we are to maintain and deepen the sociocultural

sensitivity we have already developed.

As you read these and later vignettes, try to identify important sociocultural as well as biological and psychological elements in these stories and how they are (or could be) related to alcohol and other drug use and problems. The first two vignettes are of *young people in different stages of adolescence*, a life stage that, for many, is at especially high risk for potential problems.

Delia is 13, the oldest of four children, and is developing physically in about the middle range of her peers. Her menstrual periods began about six months ago with little notice taken of this fact by her family. She is an average student with strong interests in some subjects and little in others. She had her first boyfriend when she was eleven—a boy of 15—and has had several others since then, becoming sexually active with the last two. She is the primary baby-sitter for her youngest sibling, a sister, and often assumes primary responsibility for diapering and feeding her even when her parents are present. She has always liked to run and jump, even as a small child, and is thinking of trying out for the track team, although is not sure her parents will let her stay after school for practice. She began to taste beer and mixed drinks while helping to clean up after her parents' occasional parties, and got mildly high for the first time when she was eight after such experimentation. She now drinks most every weekend, but has only been intoxicated once. That time, she managed to sneak into the house, and did not feel too bad the next morning, but she had been terrified she might fall down or get sick so that her parents would discover she had been drinking. Delia and her first boyfriend smoked marijuana several times, and since then she has sought out boys who were willing to get high with her. Using drugs, she likes the periods of feeling disconnected from her life and being able raise or lower her energy at will. She hangs out with a couple of other 13-year-old girls in the halls at school, and talks with one of them on the telephone most every day, but does not really feel close to them.

Charles is 17 years old, and the third child of three, with an older brother and sister. He is a good student and works hard for the grades he gets, but is increasingly worried that he does not have any idea about what career he might like to pursue. He is friends with a group of five other boys who regularly play basketball at the local park, listen to music together, and play video games. Often this group hangs out with a group of girls at the mall, and there is one he especially likes, although he is not sure she knows this. Charles believes that he has stopped growing and is disappointed since he wanted to be taller. He is careful to dress in styles and colors that follow the trends among his friends. He feels very self-conscious every time he walks into a room, and is sure that others observe him and his behavior as carefully as he is observing them. Charles envies his older brother who always seems self-confident, has had a steady girlfriend since he was 16, and was recently accepted into an apprentice electrician program. Lately, Charles and his friends have been invited to weekend parties, where there has been lots of drinking and dancing. He does not feel that he dances very well, and although he carries around a beer can, he does not really like the taste of beer. A couple of weeks ago, one of his friends talked him into trying some alcohol mixed with a coke. Charles liked that a lot, really got more into dancing that night, and was a little scared when he realized the next morning that he did not remember how he got home.

Note especially in Delia the risk-taking behaviors, and the pattern of wanting to look special.

Both Delia and Charles are working to develop new interaction skills, experimenting with or worrying about sexuality and social relationships, and preparing for adult roles. Both believe that alcohol and other drugs can “help” them feel or perform better, and the initial experiences reinforced their expectations.

Delia has never had a sexual experience that was not associated with a drug, and if her use of alcohol and other drugs begins to take the place of her learning to cope with her family and school without being high, she may not learn skills that are important to learn during adolescence. Charles is relying on alcohol to feel competent in social situations. If his learning how to be with friends always involves alcohol, he will have to re-learn how to be in social situations without alcohol should he wish to stop or cut down his drinking.

In our examples, Charles has much stronger peer group linkages than Delia does, and his behavior is heavily influenced by what he believes his peers will value. Delia and Charles appear to belong to peer groups with very different types of norms; Charles appears very concerned about conforming to the norms of this group while Delia may not be fully a part of any peer group.

Group membership is also very important for those with fewer meaningful roles *outside* the group. This may be the case for Charles who feels very uncertain about many aspects of his life at this time. Trying to influence the drinking patterns that Charles is beginning to develop would be much easier if patterns within his whole group changed. If he were to develop problems and return to his school after a treatment program, that transition would be much easier for him if his peers encouraged him not to drink, or did not drink themselves. If these options are not possible, and he is unable to associate with them without drinking, a counselor would need to help him find other rewarding peer relationships.

The following vignettes illustrate some *issues relevant to aging*:

Earl is 63 and has recently retired from a job he enjoyed and in which he prospered. He achieved the recognition of his colleagues, earned a good income, and accumulated substantial retirement benefits. He had looked forward to retirement for a long time, intending to spend time fishing, working in his workshop with his well-cared-for woodworking tools, and playing with his grandchildren. He hoped to travel to places he had always wanted to visit, and thought he might eventually volunteer through one of the local senior citizens groups he had read about to share his experience with young people. Earl had always enjoyed several beers after work, and often had a couple of mixed drinks before and after dinner. On weekends, there was usually some kind of social gathering during which he would have as many as six alcoholic drinks. He rarely felt high or impaired, although he did like the mellow feeling that several drinks gave him. Recently, his wife has been suggesting that she drive home after such occasions, and has increasingly annoyed him by asking how many drinks he had.

Earl has been surprised at how hard he has had to work to fill his time since retiring. He has suggested that he and his wife make plans to go visit their son who lives several thousand miles away, but she is reluctant to leave a small catering service she has just begun with a friend. He is astonished, and a bit embarrassed, to find himself sitting in front of the television for several hours a day, watching game shows and even some of the soap operas. Twice recently, he

has fallen asleep in front of the television. He waits impatiently for 4:00 p.m., the time he has set when he allows himself a beer or mixed drink (other than the beer he usually has with lunch). Increasingly, he eats his lunch alone, while his wife is working on a catering order, and he resents this. He has tried to help his wife organize the preparations for complex orders, but does not understand why she is irritated by his attempts to help.

Major life transitions are often periods in which positive change can occur, but also can be times of vulnerability. The transition to retirement may be a difficult one (though it is not necessarily), especially for men who have centered their lives around their work. It requires a major restructuring of a sense of self and how to spend one's time. Issues not obvious in Earl's vignette that can add stress for those nearing retirement include caring for aged parents, experiencing the deaths of peers, assisting adult children with parenting, mid-life marriage break-ups, and career changes. These can lead to resentment and exhaustion, which can lead to self-medication or increased consequences from previous patterns of use.

Earl's vignette depicts a regular, sometimes heavy drinker who is struggling to adjust to vastly different structures in his life. His wife's increased concern suggests that he may be showing signs of increased impairment, although helping him to establish new ways of spending his time which he finds meaningful may disrupt this trend. Eventually, metabolic and physical changes may mean he will be increasingly impaired unless he drinks substantially less.

Mary is a 71-year-old mother of three children, only one of whom lives nearby. This daughter works as a cashier in the local supermarket, and has three children of her own, all under the age of ten. Mary has always been a homemaker, and has loved this role. She likes the tasks of homemaking and child-rearing, and often volunteers to baby-sit for her grandchildren, although transportation options make this more difficult as she grows older. She is widowed and lives in a senior citizen complex. She has a few friends in the building, but her best friend lives in another town and is increasingly disabled with severe arthritis.

About six months ago, her daughter discovered her passed out in the bathroom when she arrived to pick her up for a shopping trip. She was rushed to the hospital and revived. They conducted a battery of tests and found some hypertension, but no serious medical problems. Since then, Mary has experienced periods of confusion and periodic amnesia, causing both Mary and her daughter to worry about senility. The daughter recently found a prescription bottle for a barbiturate on her mother's desk, and a small bottle that smelled of alcohol in the bathroom. Mary says she is only using those medications that her doctor has prescribed, but seems confused about exactly which ones when questioned by her daughter.

Mary and Earl represent a number of alcohol and other drug use issues related to aging. Different patterns may require different types of intervention. A person may have been a heavy drinker, or problem drinker throughout adulthood, but start to exhibit serious signs of deterioration with aging. Others may begin drinking or using other drugs heavily for the first time as they age, which is probably the case with Mary.

One of the major concerns with regard to alcohol and other drug use as people age is with medication reactions, and the difficulties with dosages as the body's metabolism becomes less

efficient. The elderly often take medication(s) prescribed for physical problems, and may also take over-the-counter preparations. These medications can interact with each other in ways that mask other problems, create hard to diagnose “symptoms,” and are not easy to detect. Often, no single physician knows all the medications that the person is taking, and the individual also may have complex and subtle physical problems. If the person also drinks alcohol or uses other recreational drugs, the picture becomes even more complicated. In addition, “sharing” medications is common, especially in retirement settings. All of these patterns would need to be explored in Mary’s situation, which may also suggest the need for some prevention programming in her retirement community.

Both of these vignettes illustrate a number of *relevant aspects of a sociocultural understanding of families*.

Earl’s situation may illustrate a family in which the alcohol is serving some positive function that would need to be replaced if he is to cut down on his drinking. What is Earl’s relationship with his wife and children like when he is abstinent? Might the problems in his relationship with his wife worsen if he is unable to escape into alcohol? How could the family be helped to develop positive ways of addressing the purposes that alcohol has been serving so that Earl is able to cut down or stop the drinking that will probably have increasingly negative consequences as he ages?

These vignettes do not explore the family situation enough for them to be clear. Delia’s situation contains some signs that there may be difficulties in her family, although they could also indicate many other things. She appears to be responsible for much caretaking of other children, which may indicate that the parents are lapsing in these responsibilities. Her ability to come in late without her parents’ knowledge also suggests that they may not be fully attentive to their children’s activities and safety. Child sexual abuse is very common in children who begin alcohol and other drug use and/or sexual relationships at an early age, and should be explored if Delia were to come to the attention of a counselor. You might want to consider what types of prevention programming might provide an opportunity to assess these factors in a family like Delia’s.

In Charles’ situation, even in a well-functioning family, parents might have difficulty knowing about their son’s tensions with parties and his friends, but might be able to assist him to find a variety of ways to meet people and feel successful. If there were problems between the parents that they were not addressing, an escalation of Charles’ problems might pull them together on his behalf. Then the multiple “purposes” his difficulties were serving might require family-level work to untangle.

Family system dynamics work to preserve a family. Often without any awareness of the cause, a child may act in ways that unite the parents but cause many other problems. A child may also use alcohol and other drugs to get a parent’s attention if the child feels unloved or unnoticed in a family because parents are busy, do not understand the child, or are unable to provide ongoing guidance and affection. Mary’s situation may reflect some of these dynamics, although the “purpose” her use may have is to stay connected to her daughter by creating the need for a rescuer or caretaker child.

All of the vignettes reflect actual or potential problems, but also are similar to many “normal” transitional issues that many families face.

John is a 43-year-old man who drives a city bus in a large metropolitan area.
Although he is a regular tobacco smoker, he drinks only a little beer in a bar after

work with some other bus drivers, and uses no illicit drugs other than marijuana. John is married, and he and his wife are the parents of three children. John began smoking marijuana on a regular basis over 20 years ago when he was a soldier stationed in Vietnam. His use tapered off for a while after his return, but increased again ten years ago, shortly after he took the job with the bus company. He smokes marijuana every day before reporting to work and again at lunchtime before returning to work. He feels that this use does not impair his ability to drive and, in fact, allows him to do a better job by keeping him “cool under stress” and improving his interactions with customers. Now the bus company is considering mandatory drug testing for all employees. John is worried about the consequences of the drug test but does not think he could handle the pressures of the job without the daily use of marijuana. His wife has been after him to quit or cut down on this use anyway, telling him that marijuana also causes cancer, and believing that it affects him negatively more than he recognizes. The new drug testing does not include alcohol, so he is considering replacing his marijuana use with minimal use of alcohol, probably vodka to avoid the odor of alcohol on his breath.

Lisa is a 32-year-old homemaker, who interrupted a career in advertising to stay home with her first child three years ago. She has been a social drinker since her senior year in high school, but did not drink at all during her first pregnancy. Shortly after her daughter’s birth, Lisa began to feel bored and depressed. She developed the habit of adding small amounts of rum to her orange juice in the morning and to her soft drinks in the afternoon, drinks which reminded her of carefree Florida vacations before she was married. She never drinks enough to feel “drunk” but believes the drinking helps to allay her feelings of depression, and believes she is a better mother because she feels more mellow and is less irritable with her daughter. She fears that others would disapprove, however, and so she has not told her husband, friends, or physician about her secret use of alcohol. Several months ago, she pulled a muscle in her back, and her doctor gave her a prescription for Valium™ (or diazepam) to relieve the painful muscle contractions. Although the pain is almost gone, Lisa recently asked for a refill, since she has come to like the combined effect of the Valium™ with the alcohol and continues to use them almost every day. She waits eagerly each evening to hear about her husband’s day, and to tell him about their daughter’s latest accomplishment, but feels that he is irritated by her interest in his work and colleagues and is not interested in her or their daughter. She had been considering returning to work, but has been unable to find affordable child care that she thinks would be suitable for her daughter. In addition, Lisa has recently discovered she is pregnant, following an episode of unprotected sex which her husband insisted on during an argument in which he accused her of being interested in someone else. She is very worried about how she can avoid alcohol and other drugs during this pregnancy since she feels so miserable without them. She feels more and more hopeless about her abilities to be a good wife and mother; the house is always a mess, her young daughter is sick all the time, and she is unable to convince her partner that she is not interested in anyone else.

In these stories, in addition to *gender*, we also have *people more in the middle years of their life course*, some *differences in class, culture and lifestyle*, and some *different drugs*. In John’s example, you can also see how changes in policies (e.g., drug testing) may change his use patterns, and not necessarily in ways that will improve his bus driving. John’s use began in Vietnam, and he appears to view it as a tool for stress management. What intervention strategies might help him to develop ways to manage work-related tensions without the use of alcohol and

other drugs? Has he ever been assessed for signs of post-traumatic stress (that might have begun during the war, and be re-triggered by the work conditions of an urban bus driver)?

In these examples we see gender-related divisions in work roles, and suspect that Lisa's situation might be improved with a wider range of contacts outside the home. Note that John has encouragement and even pressure from his wife to move toward healthier practices, while Lisa's spouse seems unaware of either her use of alcohol and Valium[®] or her growing depression. Research has found repeatedly that partner support for addressing problems is an important factor in whether alcohol and other drug use continues or is stopped; men are far more likely to receive such support, while women more often do not, and may even experience active opposition from partners and family if they try to address a problem with alcohol and other drugs. If John's use escalates, it will be detected by his employer and/or his spouse, both of whom appear likely to provide pressure on him to address the problems. He appears to be highly invested in his job, and would be thrown into a crisis if he lost it. A company policy to support a treatment intervention could provide an important positive incentive for John, although it is not clear that he is an appropriate candidate for the most common types of treatment models.

Lisa appears to be increasingly isolated from human contact beyond her child and partner, and this pattern of isolation, jealousy, and forced sexual contact is common in relationships marked by domestic violence. She does not yet see this pattern as one of violence, and is instead blaming herself for the problems she is experiencing. The reaction of identifying the source of problems as one's own is a common one in women; it assists women to identify and change themselves, but prevents them from recognizing the ways that their life circumstances are contributing to their problems, or how these circumstances are affected by gender-related dynamics in the family and community. Men are more likely to look to their situations and environments for sources of problems, which helps them to see and make changes in that environment, but prevents them from seeing how their own feelings and behaviors may be contributing to their problems.

There is no evidence that her physicians are monitoring Lisa's use of Valium[®], have detected her use of alcohol, or are aware of the growing signs of violence in her relationship with her husband. Health care and child-oriented professionals are in a position to detect the warning signs of both alcohol and other drug problems and violence, but often have insufficient training and make many gender-related assumptions that interfere with making these assessments.

Lisa looks to her relationships and interactions for affirmation of her sense of worth and contact. Women tend to look inward for explanations for how they are feeling, and look to other people for support; in general, women are more contextual in orientation, more connected emotionally to those around them, and more aware of their immediate environment than men are. John is more invested in his role as wage-earner. These qualities have many important implications for prevention and treatment.

Consider how your responses to the earlier vignettes would have changed had we said that Delia came from a Roman Catholic family, or that Charles' family regularly attended Orthodox Jewish services, or that Earl's background was in Native American religious practice. Each of these would have added additional elements to their stories, our assessments of what might be going on, and our ideas about how we might prevent problems or intervene with developing problems.

It is also important to repeat what we expressed earlier: In order to develop and deepen your sociocultural competence, you need to work continuously to understand your own ethnic backgrounds and biases and to learn about the cultural practices and experiences of other groups.

We must question our assumptions about “normality” and where they come from. It is also important to recognize that (1) ethnicity is not a static concept, and will vary with the situation, and (2) patterns of discrimination and power relationships are also important components in both your understanding and in the barriers that you will face in the development of ethnic/gender/class and cultural competence.

Consider for a minute how ethnic indicators might have changed our understanding of the people we met earlier. Suppose Mary was Native American, and missed the cultural practices of her people in her retirement setting. We might even wonder why she was in a retirement setting, rather than living with her family. Suppose Delia were identified as Latina, or Charles as Cambodian. How might this additional information have affected what we noticed in their stories and how we interpreted what might be going on?

Vignette Analysis

Each of the following vignettes portray recognizable human beings in circumstances that go far beyond their alcohol or other drug use. Their hopes, aspirations, dilemmas, and accomplishments are very much like our own. They are not a group of people apart from the rest of humanity, although that is often how people with alcohol and other drug problems are treated. Keep in mind the vast common ground that we all share, whether or not we have problems.

While the situations discussed here focus on alcohol and other drug problems, in most respects the types of people who manifest them are extremely diverse. Some people have problems with alcohol, some with other drugs, and some with both. Some of the individuals are American-born and well-aculturated while others are foreign-born and rooted in their ethnic background. Some are poor and some are not. Some people have been able to function effectively in spite of their problems, while others have not. Some have had difficulties in their past that cause continuing problems. All things considered, these individuals are more different than they are alike.

The vignettes present opportunities for preventive kinds of interventions. In all cases, an understanding of the dynamics of the system is key to either preventing problems from arising or reducing the incidence and severity of these problems when they do arise.

After you read each of the following scenarios, try to answer the following questions:

1. What are the key ingredients for understanding this situation? Who are the key people that one needs to consider? What drugs and what use patterns are represented? What other elements of people’s lives and behavior are important to recognize?
2. What are the problems here? How bad are they? If there is no trouble here, why not? If there is, what might be the consequences of the actions described here?
3. What are the strengths, both personal and situational, that are shown here?
4. What is keeping the problem from being worse? Why is it not better?
5. What more would you want to know to understand this situation?
6. Does the problem require any intervention for prevention or treatment? If so, what modality of treatment might be most appropriate?
7. What might have been done to prevent this difficulty?

To help you get involved in this exercise, we have provided you with a set of possible answers to the first two vignettes.

Vignette 1: HELEN

Helen is a twenty-six year-old Polish Catholic, white female who is heterosexual. She is the oldest of four, with three brothers. Her father drank alcohol heavily, and her mother used tranquilizers in large quantities. They considered their drug use as the normal result of stress-filled lives of work and family responsibilities. Helen often had complete responsibility for her brothers. She also was expected to clean house and attend to other details whenever her mother got sick from too many tranquilizers. Many times, she helped her mother find her drunk father, bring him home, and put him to bed. She was neglected as a child and felt abandoned emotionally. As Helen grew into a young woman, her father, high on alcohol, would come into her bedroom while she was half-asleep and fondle her. She was afraid to complain or scream because he was her father. So she bit her lip and pretended to be asleep as he sexually molested her with increasing frequency.

Helen began using alcohol at age thirteen, soon after first being sexually abused. Soon she was alternating between alcohol and marijuana. She learned that if she provided sexual favors to certain boys, she could get whatever drugs she wanted whenever she liked. Sexual experimentation led to eventual prostitution. At twenty-two, she started using cocaine to get high, and it quickly became her drug of choice. She has lost track of the girlfriends that she used to share her troubles with and now only associates with others who are also focused on the next drug high.

Helen lives in a small house in the city which badly needs repair. Since age sixteen, she has had five pregnancies and two abortions. Two children, each by a different father, have survived, a six-year-old biracial son, and a nine-year-old daughter. She loves her children dearly, but she does not know how to be a parent. Because her boyfriend is a drug dealer and keeps her supplied with cocaine, she snorts cocaine daily, even though she thinks she is pregnant again. She feels guilty about getting high and has tried to stop using but has been unable to do so.

Though Helen graduated from high school, she's afraid to go on job interviews for fear of making a mistake and because she does not want to leave her children with a baby-sitter while she works. So she supports her family with A.D.C. payments and money from her boyfriend, the drug dealer. When she desperately needs something extra for the house or for her children, Helen uses sexual favors or prostitution to make ends meet. She feels numb most of the time, but she experiences some sexual arousal with her boyfriend because of the cocaine, even though these feelings are diminished lately.

Helen eats irregularly, preferring T.V. dinners because they are quick and easy to prepare, and the children seem to like them. She likes to munch on potato chips and drink soda pop. She feels tired most of the day and is very moody, shifting from great kindness to explosive anger with little warning. She has hit her children when she's angry, and they have learned to stay out of her way at these

times. When her children appear safe, Helen tends to oversleep. Given the chance, she would sleep most of the day. She forgets details like birthdays, vaccinations, and the ages of her children.

Lately Helen's cocaine use has worsened. Her life revolves around the next packet of cocaine or the next vial of "crack" to the extent that she will leave her nine-year-old in charge of the six-year-old while she goes to get more drugs. To get the "rush" she needs to feel good, she has graduated to smoking "crack" in a pipe and often forgets to return home to her unsupervised children until much later. After long periods of cocaine use, she slows herself down with alcohol and marijuana so she feels less "wired" and can get to sleep.

Helen experiences pelvic pain and persistent yeast infections. In addition to men, she has begun sleeping with women for drugs or money, though she tries to keep this a secret. She no longer knows when she feels good and easily gets confused and disoriented. Feeling slighted by others, she is often irritable.

Last evening, she went to the emergency room for abdominal pain. The doctor confirmed her pregnancy, treated her for yeast vaginitis, and drew blood for syphilis testing. Test results were positive, and the local public health nurse was asked to make a home visit regarding Helen's pregnancy and syphilis treatment.

Vignette 1: Analysis

1. Helen's story expresses the complex nature of the issues surrounding drug-using women. Her childhood experiences consist of several factors that are seen in women (and men) who abuse alcohol and drugs. First, she has a family history of substance abuse in a family where alcohol and drugs were seen as a way to deal with problems. There was a lack of discipline and of emotional attachment between her and her parents. The sexual abuse she suffered puts her at risk for depression, post-traumatic stress disorder, and substance abuse. Her pattern of progression from alcohol to marijuana to cocaine, and the exchange of sex for drugs presents a common scenario, as does her diminished pool of friends to those who only use illicit drugs. As a mother of two and pregnant, Helen is clearly neglectful of and physically abusive to her children. So the cycle of abuse is perpetuated from one generation to the next.
2. Helen appears to be lacking any real support system. Her boyfriend is a drug dealer who apparently is unconcerned about her using while pregnant. Her use has escalated to smoking freebase. She exhibits loss of control with continuing use in spite of negative consequences to herself and her children. Physically, she has symptoms of sexually transmitted disease from prostitution. Her persistent yeast infections may be a sign of HIV infection acquired sexually. She is disoriented, paranoid, and anxious, and she is isolating herself. All of these symptoms are signs of heavy cocaine use.
3. Helen's situation is serious for many reasons, especially since she has no real support system and no job skills. It is unclear how much she wants to change her lifestyle. She is at risk of losing her children due to neglect, which may actually motivate her to seek treatment.
4. Had Helen not felt some responsibility for her children, her drug use might have progressed even further.

5. In her current state of confusion, Helen is going to need a good deal of help. Should she seek treatment, some arrangements must be made for child care. It is imperative that she stop her alcohol and drug use as soon as possible to reduce the risk of permanent harm to her baby, as well as to enable her to face the issues more directly and work on them. Her pregnancy and circumstances at home make her a candidate for an intensive residential treatment program. As a part of her treatment program, the therapist should enlist the support of nonusing friends and relatives as well as involve her children and boyfriend in the treatment. Should Helen be found to be HIV positive, that issue must also be a part of the treatment program.

6. Looking retrospectively, therapy with Helen's family in her early teen years, around incest and parental substance use issues, might have been helpful in the prevention of her subsequent problems. Given the multiple problems in Helen's family, it is likely that this therapy would need to deal with other issues for both of her parents. Church and community-based programs that educated those in a position to recognize and intervene with the problems in Helen's family might have helped the family, the father's employer, and the mother's physician to reduce the alcohol and other drug problems. School-based education and more gender- and culturally-based outreach might have increased Helen's self-esteem and reduced barriers to recognizing her situation.

7. It would be valuable to know more about the survival strengths Helen must have developed in her early life which might be called into service to enhance her self-esteem as she begins this new battle. You would also want to know more about current and potential sources of support for Helen and what *she* wants from her life.

Vignette 2: EVERYCITY HIGH SCHOOL AND BILL

(whom you first met in Chapter 4)

Everycity High School has approximately 1500 students; after graduation, about half of these seek higher education degrees at four-year colleges and universities, and an additional twenty-five percent go on to complete degrees and certificate programs at community colleges and trade schools. The student body is quite ethnically and economically diverse. About a third of the students are African-Americans or Southeast Asian refugees. Another fifteen percent have some Native American heritage. Most of them live on the nearby reservation. More than half of the students are eligible for some economic assistance. The school is especially proud of its graduation rates and the numbers who seek further education, given the economic constraints faced by so many.

Six months ago, the Everycity voters defeated a special millage, proposed in the last election, which would have funded a wider range of after-school activities for students, strengthened curricular offerings in health and community affairs, and allowed several counselors to continue to develop a peer education and counseling program within the school. Recently these counselors and several teachers received lay-off notices, and the faculty are preparing plans for larger classes and fewer electives.

Bill is a 14-year-old student at Everycity High School. He spends most of his

after-school time with his buddies and is trying to get a part-time job so he can buy a Camaro when he turns 16. He almost always spends Friday and Saturday nights with his friends. More often than not, they end up at the mall. At least once a month, Bill stays out late and sneaks into the house after mom and dad are asleep. They have not caught him yet, but if they did, he feels that they would probably understand that he and his friends were out chasing girls.

Last Friday night, Bill had some buddies over to watch the Pistons game. They were still there when his folks went to bed, One friend suggested that they sneak some bourbon from the family liquor cabinet. Bill had seen his father drinking and wondered what it tasted like, so he agreed. He had a couple of swigs, along with two of his four friends. One of the other boys pretended to drink some to go along with the crowd, but did not actually take any because he really did not want it. The fourth boy had a lot more than a couple of swigs.

Bill thought it had been a pretty neat evening, and he and his friends even bragged about it to other guys at school. His parents had not noticed that some of their bourbon was missing, so Bill got off scot-free. He decided his weekends would be more interesting if he and his friends could find a way to get some more alcohol. He was usually very nervous around girls. Some of the guys claimed they had made it with a girl while he was not sure he even knew what to do. The alcohol seemed to help him feel less nervous.

In school that week, Bill's health class began a unit on alcohol and other drugs. The teacher was a young man that the students liked because he was "cool," not "stodgy and old-fashioned" like many of the other teachers. To Bill's surprise, this teacher led a debate on the pros and cons of drinking, with two different scenarios: (1) a situation in which those who wanted to drink were 16 and (2) where those involved were 28. Bill was not assigned to a debate team, but paid close attention to the arguments of the debaters. He had not thought about how alcohol might affect a new driver (like he would be when he turned 16 and got his license) differently than later when he had had more driving experience. He also learned that alcohol use could inhibit his body growth and slow down his learning to handle stress, both of which were important to him since he still hoped to make the basketball team. He knew that playing varsity would require physical size, strength, and ability to perform under pressure.

Bill had liked feeling high and doing something that his folks did not know about. He also felt more confident with his friends while they were drinking. But the discussion in class made him wonder whether he ought to wait to drink until he was older. After class, his best friend, Jack, joined him in the hall and complained about the "stupid" discussion. He also voiced his anger that the one teacher that he thought understood teens had allowed this, and even stressed the points made by the anti-alcohol debate team.

Bill pointed out that the teacher's comments supporting the anti-alcohol side were primarily directed toward teen-age drinking, yet he wondered if Jack was right that his favorite teacher had forgotten what it was like to be 14. He knew that some parents had gotten angry with this teacher last term and had contacted

both the principal and the newspapers to complain that he was soft on drug use. Bill wondered if he had changed his message to avoid being in the next batch of lay-offs for being too controversial.

The next Friday night, Jack arrived at the mall with an open bottle of rum that his older brother had bought for him. He urged Bill to put some in the coke he had from the movie theater.

Vignette 2: Analysis

1. Within Everycity, funding for school programs is being reduced, cutting some activities which could lower the likelihood of problems developing (e.g., peer education and counseling, after-school activities). Everycity High School has many students with few economic resources and has worked hard to keep their options strong for advanced educational opportunities. The reduced programming could threaten these options if the leadership is not creative in formulating alternatives.

The ethnic and class mixture within the school creates a challenge to develop ethnically and culturally effective messages and programs that will reach a variety of students. From this vignette, we cannot tell how culturally sensitive the current school programming is.

Regarding community attitudes about alcohol and other drug use and its consequences, the vignette suggests that different opinions may co-exist. Bill's parents have a stock of alcohol and appear not to supervise their son closely (or, alternatively, trust him to make choices for himself without supervision). He believes they will not be upset by some breaking of their rules, like the time to come home, and maybe even about drinking. On the other hand, at least some parents in the city have been upset about the school's educational approach to drugs, and the vignette implies that they desire a "no use for any reason at all" message, although it is not clear that this message would apply to alcohol. For the school to mount a comprehensive alcohol/other drug educational program that is effective, they need to engage the wider community in some public education about the messages which are possible and acceptable.

The school has assigned a young, well-liked teacher to teach the health course, and he appears to be seen as a role model by some of the male youth. The vignette tells us little about girls in the high school. Some of the boys, including Bill, feel pressure from peers whom they value (e.g., Jack) to experiment with drinking. Although alternative views exist in the group, they are not expressed in ways that effectively challenge Jack's derision of the caution expressed in class about teen drinking or his enticements to Bill to drink. We do not know anything about the range and type of peer groupings in the school, and about who the opinion leaders are, both in the school as a whole and within its various subgroups. The boys can acquire alcohol easily, either from their parents' supply or through willing older siblings.

At the individual level, Bill appears to be wavering between wanting to continue his experimentation with alcohol and wishing to stop drinking until he is older. Incentives not to use include his admiration for his teacher, his wish to play basketball, and concern for his health. He does not appear to be locked into a rebellious pattern with his parents, although he is testing them a bit. We have no evidence about the strengths or weaknesses within the family which could affect Bill's behavior. Potential incentives for continuing use include his enjoyment of the feeling he gets when drinking and the chance to test his parents, his doubts about his teacher's sincerity, his curiosity about his father's drinking, and the increased confidence he gets when he drinks. Except for his wish to play basketball and the fact that he and his friends spend hours at

the mall, we know little about Bill's hopes for the future, his hobbies, what activities he pursues besides sports, or strong linkages to other community organizations such as church or community-based activities.

2. At this point, the patterns described may or may not become serious problems. Depending on one's value system, the fact that 14-year-olds are drinking at all would be problematic, as would the ease with which they acquire alcohol. Others may view their use as harmless experimentation, so long as it does not become more frequent, continuous, or lead to injury or other negative consequences. Certainly, the potential for harmful consequences is present. Forces pulling him to continued use may well be stronger than those pushing Bill in the other direction, especially if this valued teacher loses his credibility. Should Bill not make the basketball team, and if his parents do not notice or do not mind his experimentation, additional forces toward continued use may be added.

At the level of the school, cutting resources could decrease the school's ability to support norms of health versus experimentation and continuing use, and reduce options for desired alternative activities. We could also see a reduction in life options for students, less diversity in programming, and an increase in hanging out at the mall and watching television among students.

3. The community appears to value schools that create options for a wide range of students, and the school has at least some teachers whom the students respect. There has been some public debate about drug issues, but the outcomes of these discussions are unknown, and community attitudes toward alcohol are not clear. Bill has an interest in the topic and is open to hearing alternative views.

4. Some of the forces within the community, the school, and Bill and his peers are described in the discussions above. Strong educational programs, perceived opportunities in the future, and community support are all likely to increase motivation to identify and work toward goals. Although Jack is apparently a strong influence on Bill, Bill is still able to question Jack's perceptions. If the boys in Bill's group who were uneasy about drinking knew that others shared their concerns, some of them might provide support for not drinking. Funding cuts, busy or disinterested parents, disagreements in the community about what approaches should be taken, teachers whom the boys discount, and cynicism about having fun without alcohol are all reasons why Bill may continue to drink and the school may develop more problems in which alcohol use is a factor.

5. The school may need assistance to maintain the peer- and health-focused programs they were developing and to provide meaningful, supervised, and valued alternative activities for students with diverse interests. Community leaders may need to clarify the city's stance on use, effective parenting, and good citizenship, and create forums in which these issues can be discussed productively without violations of civil liberties. Bill's parents may need support to convey their standards to their son clearly and to work with him to develop his own standards and work toward his goals. Work with Bill's peer group might help them recognize the existence of multiple views about alcohol use in the group and to channel their energies into activities that do not involve drinking. Assisting Bill to find acceptable alternatives to basketball if he does not make the team could help him head off a negative reaction with potentially destructive consequences.

6. In the community, financial and other options to counteract the reduced school programming can be developed, perhaps by having businesses "sponsor" schools and provide expertise as well as financial and people resources. Community forums can address alcohol consumption, the

relative consequences of using alcohol compared with other drugs, the importance of some of the programs being cut, positive parenting, and other topics that can enhance the community's knowledge and clarify its standards about use. Community leaders may need to develop new ordinances and laws to make it more costly to supply alcohol to a minor or permit drinking by minors.

The school can realign its resources and be sure that options are not reduced more for some students than for others. Activities designed to strengthen positive peer norms can be instituted for little money and provide useful skill training for students, parents, and teachers.

Bill's parents may need to monitor his recreational time more closely or at least be sure that Bill understands how they feel about alcohol use at his age. They might also help him develop interests that may broaden his circle of friends and activities. If he does not make the basketball team, his parents may be able to help him accept this and pursue alternative goals. If the parents of Bill and his friends do not know each other, it may be useful to get acquainted and informally share their expectations for their sons. These discussions could identify serious discrepancies in their views and approaches and might allow the parents to work together when and if common problems arise. Learning as much as possible about Everycity High School and the young people who attend it will help them to understand the pressures that their children face and the ranges of behavior accepted within the school.

Bill can be encouraged to explore his own views more thoroughly and to discuss with his friends and with adults his concerns or questions about their actions. Solid education about sexuality which includes information about differences in rate of development and safe sex techniques may also be helpful.

7. Many of the options for prevention have already been discussed. The levels of use by Bill and his friends thus far are not particularly worrisome, although the age at which they are occurring is of concern, as is the ease with which Bill and his friends can acquire alcohol.

8. More information about parents, family circumstances, and problems would be useful, as would more knowledge about why the millage was defeated and how the school developed its strong academic programs initially. Knowledge about the social groupings within the school and the characteristics which distinguish them would offer clues about how peer groups might influence their members and how one might work with them constructively. We know nothing about the situation for girls in this school, or how they may be incorporating cultural heritages and values into school programming. We do not know the ethnic and economic circumstances of Bill's family or of his friends which might be quite important in deciding how best to prevent the growth of problems.

Sociocultural Competence

When reading this section, you will find it useful to reexamine Figure 3.a in Chapter 3. We will use the term **sociocultural competence** to include knowledge and sensitivity to all of the dimensions listed and their interrelationships.

The number of differences can seem overwhelming. How can one who wishes to work with people, and design programs in ways that are sensitive to important differences, learn how to do this when there are so many differences and combinations? Experts writing about culturally

sensitive and gender-sensitive services have used the terms **ethnic and gender competence**¹ to refer to the knowledge and skills needed to work effectively and respectfully with people who (1) differ on important sociocultural dimensions, and (2) have experienced negative social consequences because they fall into a social category that is not valued within the larger society.

One develops sociocultural competence in at least two ways:

(1) Through exploration of one's own origins, assumptions about lifestyles, roles, and past experiences with different types of people and situations; and (2) by learning about and sharing experiences with other individuals (and groups) whose lives have differed from yours. It is important to appreciate their histories and the effect of these histories; their cultural values; how they organize their communities, and how they interact, both within and outside their own cultural groups; and what is important to them, both as a group and individually.

This self-exploration should include at least two major goals. First, we must understand how our own major life dimensions have affected who we are and how we think of ourselves and other people. We must consider our own **values** (*what* we think is important and *how* we believe lives should be lived), and our **perceptions** (how we see the world and people in it, what we choose to notice and pay attention to, and how we interpret what we see). Further, we must examine how we **interact** with ourselves and others. Our second goal must be to develop an understanding of how our past experiences have affected us; what makes us comfortable and uncomfortable in interactions with others; what kinds of judgments we make about others' language, behavior, and beliefs; and how we interact differently with people who are similar and different from us and how they interact differently with us.

Why are self-knowledge and exploration important? In order to be sensitive to others, we must first have knowledge of our own backgrounds and its influences. Since we must operate out of and use our own frame of reference, it is important to understand "the lenses" through which we see and evaluate the world. We impose our own assumptions and values unknowingly (and often destructively) on others when we do not recognize them as values and assumptions, when we see our way as the "right" or "normal" way, and not just one variation shaped by all of our past experiences. Developing the ability to recognize how we are similar to and different from others, and learning to value many of the ways that others are different from us, is a process that must be continuous. Within this exploration, we must keep in mind some basic principles.

People bring to new interactions all of their past experiences. If someone has had bad experiences with people who share the characteristics of a new person they are meeting in a particular situation, they are likely to be cautious, and even mistrustful. They may also bring positive expectations from past experiences. For instance, they may believe that people who are more like them—the same gender, race, or religion, for instance—will be more likely to understand them and value who they are. They may also assume that a person similar to them in one important way will also be similar in others.

Being sensitive on one dimension does not mean one is knowledgeable or sensitive on other dimensions. Some who have worked very hard to understand how their gender has influenced their life may have little understanding about how others' religion has been important in theirs, for instance. If one is heterosexual, one may know little about being gay or lesbian, even if the person has worked hard to understand how she or he feels about others who were raised with an ethnicity different from one's own.

Vignette Analysis for Practice

Now that you have seen how vignette analysis can be done, here are six more vignettes for your practice. Please read the questions (see pages 9-6 and 9-7) once again and keep them in mind as you read through each case study.

Vignette 3: SASHA

Sasha, a 37-year-old Caucasian, was born in Russia to parents who fought the Communists during the Russian Revolution. He is a member of the Russian Orthodox Church but rarely attends services. His parents fled Russia toward the end of the Revolution, and they lived in many European countries before gaining permission to emigrate to the United States.

Sasha served as an interpreter for his parents wherever they went and, in the process, he learned five languages before he was ten: Russian, English, Polish, Hungarian, and German. His parents believed that his language skills would serve him well wherever he settled, allowing him to negotiate the difficulties he would face, and to acquire necessary food and supplies. An only child, Sasha accepted the role of family interpreter and mediator.

He never complained that his parents learned only enough English—a few words and phrases—to survive in the U. S. He respects, even reveres his parents, although he often got very angry with his father when he was physically violent with Sasha and his mother. Sasha's father believed that he must be stern with Sasha while he was growing up so that he would learn to be a man, tough and able to survive any attack. Sasha had little time to experiment with drugs during their travels as he grew up, except for a vodka or two on cold nights.

When the family finally arrived in Detroit, Sasha continued his father's battle with the Communists by enlisting in the Special Forces during the Vietnam War. In Saigon, Sasha first began to use drugs—pure heroin, strong hashish, marijuana, opium, and alcohol. He especially liked the opium dens which allowed him to hide and dream lovely dreams, far away from reality and problems. Thanks to his father's training, Sasha took part in many brawls and usually won. When he escalated to hitting officers, especially South Vietnamese regulars, he was transferred to long-range reconnaissance patrols which undertook highly dangerous missions covertly behind enemy lines.

Sasha did not seem to care where they sent him. He was using opium regularly along with many other drugs and believed that he carried out his military assignments better when he was using. At least one of the patrol's backpacks was always filled with narcotics, supposedly in case men were wounded. Actually, the narcotics were apportioned to the men in the squad every day to reduce their anxiety and help them feel more normal. Multiple wounds and total exhaustion finally sent Sasha to recuperate in a major military hospital, where he could hardly remember his name. While recovering, he was maintained on sedatives and pain killers and then gradually withdrawn, given an honorable discharge, and sent home.

Back in the U. S., Sasha found primarily low-paying jobs and lost several jobs as a car salesman by drinking and not showing up for work. He dreamed of using his multilingual skills at the United Nations, but did not pursue these dreams. He married but continued to feel desperately lonely. One morning after a binge, he was told by his terrified wife that he had tied her up and interrogated her, apparently believing that she was a Cambodian prisoner of war. She was too afraid even to call the police, and left him.

As he began to remember some of the horrors he had witnessed in Vietnam, he often woke up in the middle of the night trying to scream, but with no sound. He mixed alcohol and pills to try to get to sleep, but he would wake up feeling awful and then would take stimulants to get going. He believed his memory was failing and could hear that his speech was often slurred. Desperate to feel better, he decided to move to Alaska and seek work on the oil pipeline, thinking that the wilderness and fewer people would be easier for him to handle.

When doing your analysis of Vignette 3, note that the multiple traumas in Sasha's life began long before Vietnam, including a war in his childhood, a nomadic existence with constant fear and much responsibility, and a violent and unpredictable father who set rigid standards of toughness.

Vignette 4: REX

Rex is a Caucasian male of Protestant background. Forty-five years old, he is the youngest of four brothers. His father was a construction worker who drank heavily and physically abused his family. Rex's mother was a homemaker with strong religious convictions. An average student, Rex was mechanically inclined and always enjoyed working on cars. He played football in high school and enjoyed the physical contact. He also began fighting at school. He had his first experience with alcohol at age 16 and he felt "ten feet tall." Then he drank more and blacked out. He never understood how he wrecked his father's pickup truck. The police let him off with a warning, but when he got home, his father beat him without mercy.

Rex's drinking continued on weekends, and he hung around with an older crowd. His reputation for fighting grew, and he was thrown off the football team. Rex began drinking more often. He also had several more accidents, and at age 19 got his first drunk driving offense. The judge ordered him to jail for two weekends. It was at this point that Rex decided he needed a change. He enlisted in the Marine Corps in the hope that he would be sent to Vietnam.

Rex liked the orderly and precise nature of military life. It appealed to the perfectionist in him. Vietnam was a different story. It was chaotic and a no-win situation. Rex became increasingly frustrated and confused. He drank heavily whenever he got the chance and his fighting continued. After a dishonorable discharge for striking an officer, Rex returned to his hometown and immediately found work on a construction crew. Soon he married his high school girlfriend and settled down. The couple moved into a trailer park. The drinking and fighting soon picked up again. Rex had fallen into his old pattern of behavior.

He got his second drunk driving offense and again spent weekends in jail.

Rex's home life was not pleasant. His wife was a messy homemaker, and an untidy home made Rex very angry. They had one child, a boy, and Rex was a stern father. He spanked the boy for little or no reason. He also struck his wife, usually for keeping a messy home. The marriage lasted five years and Rex finally got an apartment alone. He dated other women, but these relationships did not last long after the women discovered Rex's abusive nature. He became a sullen loner. Finally, he got his third drunk driving offense and the judge ordered him to seek alcohol treatment. He checked into a 28-day program but stubbornly refused to cooperate. The judge told him if he received another drunk driving offense he would go to prison. So Rex decided to limit his driving.

One day Rex exploded at his boss and struck him. He was fired and left the job in a rage. He jumped into his car and headed for the bar. After several hours of drinking, Rex got back into his car and drove home. He was stopped and charged with drunk driving again. This time the judge sentenced him to a year in prison.

Vignette 5: BRENDA

Brenda is a 49-year-old black female from an upper middle-class family. Married to the same man for 23 years, Brenda raised three children with little help from her husband. The children are now young adults and are all attending college. Brenda completed college with a degree in art history and married almost immediately after graduation. Although they share the same house, she and her husband are very distant from each other. He works a lot of overtime as a market analyst at General Motors and is home only sporadically and at odd hours.

Brenda volunteers her time for charitable causes, but feels unfulfilled. She thinks about getting back into a career, but pursues 'safe' activities such as gardening clubs. Feeling displaced and lonely, she tries to make up for this with numerous dinner parties for friends and her husband's business associates. Of course, alcohol is plentiful at all of her social gatherings. Brenda also is obsessed with looking her best and spends large amounts of time and money at a local health spa partly to avoid criticism from her husband for looking haggard or unkempt.

Because of the frozen smile she customarily wears, it is hard to tell what Brenda is really thinking or feeling. For her, no matter what the situation, outward appearances are most important, so everything appears to be just fine. When the children were around, Brenda felt that she had a purpose, but she often asks herself "what now?"

Brenda is angry at her husband for not being involved in her life and because of his lack of emotional support. She tends to plead with him or nag him. And she drinks alcohol heavily to help get up the courage to confront him with a personal issue. She has begun to use sex to punish her husband, vacillating between withholding sex from him and appeasing him with renewed physical contact.

She also has sex with him to diminish her fears of being alone and to lessen her anxieties about his having affairs with other women.

Brenda has never been diagnosed as suffering from mental or medical problems other than a “nervous, acidic” stomach. She enjoys going to the golf club and spending afternoons sipping mixed alcoholic drinks at the club bar. She usually drinks wine until her husband comes home at night, often topping it off with a strong nightcap before going to sleep. If she feels nervous, she takes Valium, prescribed by her family physician. It is not uncommon for her to gulp down the pills with wine, even though she’s vaguely aware that this mixture is not healthy. These days, she feels afraid of how much she likes the feeling she gets from the Valium. Recently, she asked her physician for an alternative drug,

Lately, Brenda has been waking up very much under the weather. This lasts until lunch when she has her first drink of alcohol with her food. She seldom feels well in the evening, and often forgets to eat dinner. She denies that she is an alcoholic because she does not drink on a daily basis.

Vignette 6: THE WORKPLACE AND ALLEN

Most of the fifty or so employees of this small, nonunion manufacturing plant on the outskirts of town have been working for the company for about 10 to 20 years. All of them are journeymen. Many have known each other since training together in a four-year apprenticeship, and some have been friends since childhood. The foreman was promoted from the shop floor several years ago and is stern but friendly with his fellow workers. He is proud of the comraderie in the group. Many of the men are on the plant softball and bowling teams, and they often socialize together after work. All personnel matters, including hiring and firing, are handled by the superintendent, who has helped to establish and maintain the plant reputation as a heavy drinking shop.

At the urging of the Chamber of Commerce, the owner of the company has recently retained a counseling agency to establish an Employee Assistance Program (EAP). A counselor from the agency made a presentation about the kinds of help they could provide, including family, legal, substance abuse, and other counseling. When she spoke about alcohol problems, the men made light of the discussion and offered a number of humorous comments.

Allen, a 35-year-old journeyman, has worked at the plant for 11 years. A steady, hard worker, he is respected by the other men and is particularly well liked by the superintendent. Although he did not begin drinking regularly until he graduated from high school, Allen is now known in the shop as a heavy drinker. Typically, he has 3 to 5 cans of beer during lunch and usually stops at the bar with his friends after work. He has never knowingly had problems or missed work because of his drinking. Recently, however, he has been socializing more and working less, especially in the afternoons. On several occasions, it was clear that he was inebriated. At least once, co-workers of his (who are themselves recovering) noticed that they could smell alcohol on his breath. They commented that he goes out to his car alone now during both the morning and afternoon

breaks. The foreman is not pleased with Allen's diminishing productivity, but he is frustrated and does not know quite what to do. He feels that if he reprimands Allen, the superintendent will not back him up, and it may even be seen by some of the workers as a personal attack. He is not sure that the new counselor can help either.

Vignette 7: GEORGE

George, aged 19, is a college freshman from a comfortable middle-class home in which his parents drink on occasion. He was forbidden by them to drink while at home, and he has continued to drink very little while in college. However, he was recently pledged to the local chapter of his father's fraternity, where heavy weekend drinking is common. Wanting to "fit in," George has learned to enjoy beer, although ordinarily he does not drink much on each occasion. But last weekend he became intoxicated and, while pursuing a dare, crashed his car and fractured his pelvis.

Vignette 8: MARY

This client is a young-looking, 15-year-old, bashful girl who dresses in clothing several sizes too large which covers her petite body. Her long hair covers her eyes and much of her face. Mary is a full-blooded Ottawa Indian and is enrolled in the Grand Traverse Band of Chippewa/Ottawa Indians. She is reluctant to talk to adults and peers. She arrived at a youth residential program upon referral of tribal substance abuse services via tribal court. Charges of truancy from school and inability to maintain abstinence through current outpatient treatment have brought her to the residential facility.

Mary admits to having a limited awareness of her cultural identity, having been raised on a reservation where traditional ceremonies are just beginning to be revived. She shares that she did not know what spirituality was, but was baptized Roman Catholic; she also notes that she participated in cultural ceremonies. Mary interprets "being Indian" as negative.

Mary's biological parents are separated and she has no knowledge of her father. Her mother usually drinks daily and drank heavily while she was pregnant with Mary. She also had a number of live-in boy friends. Mary admitted being sexually abused by family members and boyfriends since her early teen-age years. Because she was the oldest child living at home, she accepted responsibility for taking care of her siblings. She attended high school infrequently and rarely completed class assignments.

In addition to using alcohol, Mary has smoked marijuana and is presently smoking half a pack of cigarettes per day. She denies use of other chemical substances (cocaine or inhalants) due to a basic fear of the effects that they would have on her. She also admits to binge eating and purging, or else going for periods of days without eating.

Summary

Consider now all of the different issues you identified as you read and worked on all these vignettes. What do you tend to notice first? Which areas are hardest for you to perceive or think about? What questions do these situations raise for you? How might you get those questions answered and keep on learning about all of the issues this manual has introduced?

Learning how to learn and keep learning and how to stay open to new information that challenges past assumptions and knowledge is very important. We also need to learn how to evaluate new areas of knowledge and the sources of this knowledge. We hope that this chapter has helped you to integrate and apply some of the information that you read in earlier chapters.

References

1. Green, J. (1982) Cultural Competence in Human Services; Sue, S. and D.W. Sue (1992) Counseling the Culturally Different.