

represents all forms of cash income including pensions, disability payments, welfare, etc. Fifteen percent reported no income in the intake rating. The same was true of only 10 percent on the after-treatment measure. At the time of the follow-up interview the average weekly income for the study group had risen to \$53.27 for a net average gain of \$4.52 per week. Sixteen of the study group are responsible for this increase. These, who showed improvement, averaged a rise in weekly income amounting to \$21.62. Seventy-two percent remained at approximately the same level with 8 percent having decreased income. The remaining 4 percent were not scored as was the case with employment.

HEALTH

At the outset it was felt that the most immediate and marked effects of treatment were to be found in the areas of health. None of the evaluation team can claim competency in the area of medicine; hence, this measure proved to be unscaleable. In an attempt to achieve some assessment, this evaluation is based on gross factors which are readily available during the interview process. In order to achieve a rating of "improved," the patient must display a significant change evidenced by such things as weight gains, increased appetite, cessation of or a decrease of polyneuritic pains, or the disappearance of other complicating symptomatology (DT's, blackouts, etc.). Fifty-six of the study group showed marked improvement in their physical well-being based on the above factors. Thirty-five percent displayed no significant improvement and 9 percent showed a decline in overall health.

For half of these individuals, the Center represented the first medical treatment they had received for alcoholism. Almost all subjects indicated during the follow-up interview that the care they received at the Center was the first sign, in a long time, that "somebody cared about me." The interviewers expressed the opinion that perhaps the therapeutic effects were even greater for the individual's mental health than upon his physical self. The mere fact that a seven-day program of nutrition, sanitation and mental hygiene would leave its effects on such large numbers of these individuals three months after the treatment period is evidence of the accomplishments which can be made with this group of "hopeless people."

DRINKING

The area of drinking is the most crucial test to be applied to the treatment program. Rehabilitative gains in any other area must be seen as temporary unless a concomitant improvement is displayed in the individual's drinking patterns. The question is not simply a matter of sobriety or insobriety so much as how well the individual copes with his problem. Primarily, this scale measures the frequency and duration of the drinking bouts in ratio to the periods of sobriety as representative of one's ability or inability to deal with his dependency on alcohol.

At the time of admission the medical rating was category I. This rating represents a prolonged drinking pattern where the individual would have to be drinking steadily (daily) for more than two months prior to rating and the quantity of alcohol consumed would have to exceed approximately two fifths of wine or one fifth of whiskey, gin, vodka, etc. per day. The average rating on intake was 2.9. On the basis of our experience with these scales it would appear that a rating of four or lower negates the maintenance of any semblance of adequate functioning in the areas of familial or employment roles or a stable residential setting over any appreciable length of time. Seventy-six percent of the patients admitted were rated four or below. The remaining 24 percent were marginal in their capacity to function with any degree of normalcy. No one achieved a rating of seven at the time of admission.

The after-treatment ratings showed 51 percent of the patients studied displaying some significant improvements in their ability to control their consumption of alcohol. Approximately 46 percent demonstrated no significant improvement, while only 3 percent actually deteriorated in their drinking pattern. The average rating achieved at the time of the follow-up interview was 4.1 for an average increase of 1.2 in the study group ratings. The frequency distribution of ratings was bi-modal being equally distributed with 21 individuals in both categories 1 and 7. For the categories of 5 through 7 which could permit some degree of stability or normalcy to prevail in the individual's life style we now find 51 percent after treatment as opposed to only 24 percent prior to treatment.