

Dale Christensen, Alcohol and Drug Counselor
UWSP Counseling Center
Referrals or Consultations: 346-3553 or
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Alcohol or Other Drug Misuse

Behavioral Descriptors:

Possible change in social group
Sudden change in overall presentation
Marked unexpected decline in academic performance
Emergence of weak (or unique) excuses for work not completed
Noticeable fluctuation in mood from day to day
Increased frequency of absences

Special Note: Chemical misuse can be the great impostor and can mimic depression, anxiety, and other psychiatric disorders.

Suggestions:

It is O.K. to ask about use of alcohol or other chemicals. (But only open this discussion when the person is not under the influence of any chemical.)

- Use a matter-of-fact yet caring tone.
- Do not diagnose. Do not give medical labels.
- Calm acceptance of information without condemnation, or over the top rescuing or sympathy gives the person a clearer path toward responsible action.
- Student's initial reaction may well be one of denial. But the topic has been opened and they know where they can discuss this in the future.
- If help is requested, be sure you have some ideas about where the student can go for assistance: UWSP Counseling Center, Ministry Behavioral Health, other local clinics, AA.

Encouraging support can give hope for change:

- "In college environments it is easy to get caught up in this kind of cycle, but it isn't a cycle you have to stay in."
- "This is a rather frequent problem. There are people you can talk to about this."
- "No, you don't have to give up all your friends, but you may need to make some changes."

Some helpful information:

- People drink alcohol and use other chemicals because it feels good, gives immediate positive reinforcement.
- People will use chemicals to alter their perception of reality.
- Often when people terminate a pattern of chemical misuse they will perceive themselves as feeling worse.
- Many people feel they would like to make changes but don't believe they can. They feel trapped, then angry, and then often return to chemical use. This is part of high frequency mood fluctuation.
- Part of the pattern of chemical misuse is immediate gratification. This habituates people to avoiding longer term problem solving. They will walk into deeper and deeper social and academic problems with their eyes shut.
- People can have concurrent problems of chemical misuse and real mental health issues such as depression or anxiety. It is sometimes a case of "this and" rather than "either or."

When to refer to the Counseling Center:

- If the person says they want to cut down or stop, but don't.
- If there are cycles or waves of apparent success followed by returns to chemical misuse.
- If there are repeated, social, academic, or legal problems.
- Whenever there are expressions of self harm intent or deep despair.

Resource options:

- UWSP Counseling Center (715-346-3553) offers confidential consultations on issue of alcohol and other chemical misuse.
- Ministry Behavioral Health (715-344-4611) offers formal AODA treatment at several levels of intensity.
- Private psychotherapy outpatient clinics can provide assessment and treatment of chemical misuse and dependency problems.
- In conjunction with counseling options either on or off campus, referral to Academic Advising (715-346-3361) can be highly beneficial in helping students implement damage control.