

# ALCOHOL ABUSE

## CLIENT PRESENTATION

### 1. Frequent Use of Alcohol (1)

- A. The client frequently abuses alcohol.
- B. The client's partner frequently abuses alcohol.
- C. The client's use of alcohol has been so severe as to meet a diagnosis of alcohol abuse or alcohol dependence (e.g., interference in major role obligations; recurrent use in spite of danger to self or health, legal, vocational, and/or social problems).
- D. The client's partner's use of alcohol has been so severe as to meet a diagnosis of alcohol abuse or alcohol dependence (e.g., interference in major role obligations; recurrent use in spite of danger to self or health, legal, vocational, and/or social problems).
- E. As treatment has progressed, the partner's alcohol use has decreased or been eliminated.

### 2. Arguments about Drinking (2)

- A. The partners report persistent arguments over the issue of the alcohol abuser's pattern of drinking.
- B. The partners have frequently been at odds with each other over issues related to drinking.
- C. As the alcohol abuser's pattern of drinking has been eliminated and he/she has gained sobriety, the arguments between partners have decreased.

### 3. Broken Promises (3)

- A. The partner with alcohol abuse problems has consistently failed to keep his/her promises to quit or significantly reduce the frequency and quantity of drinking.
- B. The alcohol abusing partner's failure to keep his/her promises about his/her drinking has led to friction within the relationship.
- C. As the alcohol-abusing partner has developed his/her sobriety, the couple reports less friction within the relationship and an increase in trust.

### 4. Threats/Violence (4)

- A. The client described periodic episodes of violence or threats of physical harm, especially when his/her partner has been intoxicated.
- B. The client's partner described periodic episodes of violence or threats of physical harm, especially when the client has been intoxicated.
- C. The abused partner has taken steps to leave the abusive relationship.
- D. The physical violence and threats of physical harm have been terminated.

**5. Relationship Deterioration (5)**

- A. The couple described a previous pattern of relationship deterioration, including little or no communication, shared recreation, mutually satisfying sexual intercourse, or attempts to meet each other's emotional needs.
- B. The client and his/her partner continue a pattern of emotional distance characterized by poor communication, arguing, and infrequent sexual enjoyment.
- C. The client and his/her partner have taken steps to spend quality time together to increase the degree of intimacy between them.
- D. The couple reported that their relationship has been significantly reestablished, with better communication, shared recreation, mutually satisfying sexual intercourse, and attempts to meet each other's emotional needs.

**6. Enabling (6)**

- A. The partner without alcohol abuse problems consistently enables the partner with alcohol abuse problems by making excuses for the other's drinking, doing anything to please the drinking partner, and denying the seriousness of the problem.
- B. The enabling partner has been disparaged or abused repeatedly without offering assertive, constructive resistance.
- C. The partner without alcohol abuse problems has acknowledged being an enabler and is beginning to take steps to change this pattern.
- D. As the partner without alcohol abuse problems has terminated the pattern of enabling, the dynamics within the relationship have changed.

**7. Financial Pressures (7)**

- A. The couple described severe indebtedness and overdue bills that exceed their ability to meet the monthly payments due to the pattern of alcohol abuse, squandering money, loss of jobs, and/or low wage employment.
- B. The couple has developed a plan to reduce financial pressures through increasing income and making systematic payment, as well as the discontinuation of substance abuse.
- C. The partners have begun to reduce the pressure of indebtedness and financial pressures and are making systematic payments.
- D. The couple has significantly reduced their financial pressures.

**8. Social Isolation (8)**

- A. The partner with alcohol abuse problems is away drinking too frequently and/or spending time with fellow alcohol abusers.
- B. The partner with the alcohol abuse problems has been emotionally unavailable to the sober partner.
- C. The nondrinking partner has become passively withdrawn.
- D. As treatment has progressed, the partner with alcohol abuse problems has decreased relationships with fellow alcohol users, and increased contact with the sober partner.
- E. The partner with alcohol abuse problems continues to spend time only with alcohol abusers, but the other partner has become more socially involved with others.

## INTERVENTIONS IMPLEMENTED

### 1. Hold Individual Session to Describe Negative Effects of Alcohol Abuse (1)

- A. An individual session was held with each partner prior to any conjoint session to explore the negative effects of alcohol abuse on the relationship and the family.
- B. The effects of intimidation and mutually supported denial were decreased by exploring the negative effects of alcohol abuse on the relationship and the family.
- C. Each partner was provided with feedback about the description of the negative effects of alcohol abuse on the relationship and the family.
- D. The client tended to minimize the effects of alcohol abuse on the relationship and the family and was urged to focus on this in a more realistic manner.
- E. The client's partner tended to minimize the effects of alcohol abuse on the relationship and the family and was urged to focus on this in a more realistic manner.
- F. Both partners were realistic about the effects of alcohol abuse on the relationship and the family and were supported for their honesty.

### 2. Controlled Drinking Contract (2)

- A. The partner with alcohol abuse problems was directed to sign a controlled drinking contract that stipulates the frequency of drinking allowed per week (e.g., twice) and the maximum number of drinks per instance (e.g., three in two or more hours).
- B. Positive feedback was provided to the partner with alcohol abuse problems for signing the controlled drinking contract.
- C. The partner with alcohol abuse problems has followed the controlled-drinking contract, and the positive effects of this pattern were reviewed with both partners.
- D. The client with alcohol abuse problems has broken the controlled-drinking contract and was directed to sign a nondrinking contract.
- E. The partner with alcohol abuse problems has signed the nondrinking contract, and the implications of this were processed.

### 3. Assign Controlled Drinking Information (3)

- A. The partner with alcohol abuse problems was assigned to read information on controlled drinking.
- B. The partner with alcohol abuse problems was assigned to read NIAAA pamphlets *How to Cut Down on Your Drinking* and/or *How to Control Your Drinking* (Miller and Munoz).
- C. The partner with alcohol abuse problems has read the information on controlled drinking, and key points were processed.
- D. The partner with alcohol abuse problems has not read the information on controlled drinking, and was redirected to do so.

### 4. Require Alcohol-Free Sessions (4)

- A. Both partners were informed that they must attend the sessions alcohol-free.
- B. Both partners have agreed not to consume alcohol before a counseling session.

- C. When it became apparent that alcohol had been recently consumed by one of the partners, the alcohol-free session rule was enforced firmly and consistently and the session was terminated.

**5. Use Nonviolence Contract (5)**

- A. Both partners were directed to sign a nonviolence contract that prohibits the use of physically assaultive contact, weapons, or threats of violence.
- B. The partners were provided with positive feedback as they signed a nonviolence contract.

**6. Develop Safety Plan While Treating Anger (6)**

- A. The alcohol abusing partner was provided with individual treatment for anger issues prior to conjoint treatment.
- B. Supportive counseling was provided to the sober partner to address anxiety and self-blame related to the violence.
- C. A safety plan was developed to provide a means of escape from the partner's violence.

**7. Discuss Couple versus Individual Treatment (7)**

- A. The appropriateness of providing individual treatment or couple's treatment was discussed.
- B. Because the level of violence is severe and has caused injury and/or significant fear, individual treatment was recommended.
- C. Because severe violence and fear were not occurring, couple's treatment was recommended.

**8. Probe Benefits Sought through Alcohol Abuse (8)**

- A. The partner with alcohol abuse problems was probed regarding the benefits being sought in becoming intoxicated (e.g., reduced social anxiety, altered mood, lessened family demands).
- B. The benefits that the partner with alcohol abuse problems is seeking in becoming intoxicated were identified and reviewed.
- C. The partner with alcohol abuse problems was assisted in identifying healthier ways to get satisfaction of needs.
- D. The partner with alcohol abuse problems failed to identify the reasons for abusing substances, has not been able to replace the substance abuse with healthier alternatives, and was provided with tentative interpretations in this area.

**9. Emphasize Constructive Alternatives (9)**

- A. The partner with alcohol abuse problems was taught about how to produce the results sought in becoming intoxicated without using mood-altering substances.
- B. The partner with substance abuse problems verbalized increased understanding of how to get good things out of life without using mood-altering substances.
- C. The partner with the substance abuse problems rejected the concept of using constructive behavioral alternatives to produce the results sought in becoming intoxicated and was redirected in this area.

**10. Teach Anxiety and Stress Reduction Techniques (10)**

- A. The partner with alcohol abuse problems was taught the use of stress-reduction techniques (e.g., deep muscle relaxation, aerobic exercise, verbalization of concerns, positive guided imagery, recreational diversions, hot bath).
- B. The partner with alcohol abuse problems was assigned to relax twice a day for 10 to 20 minutes.
- C. The partner with alcohol abuse problems reported regular use of relaxation techniques, which has led to decreased anxiety and decreased urges to abuse substances.
- D. The alcohol abusing partner has not implemented relaxation techniques and continues to feel quite stressed in anxiety-producing situations.

**11. Teach Anger-Management Techniques (11)**

- A. The partner with alcohol abuse problems was taught anger-management techniques (e.g. time-out, thought stopping, positive thought substitution, counting down serial sevens from 100).
- B. The alcohol abusing partner reported regular use of anger-management techniques, which has led to decreased anger and decreased urges to abuse substances.
- C. The partner with alcohol abuse problems has not implemented the anger management techniques, continues to feel quite stressed in anxiety-producing situations, and was redirected to use these techniques.

**12. Teach Assertiveness (12)**

- A. The partners were referred to an assertiveness training group that will educate and facilitate assertiveness skills.
- B. Role-playing, modeling, and behavioral rehearsal were used to train the partners in assertiveness skills.
- C. The couple was reinforced for demonstrating a clearer understanding of the difference between assertiveness, passivity, and aggression.
- D. The partners were referred to appropriate reading material (e.g., *Your Perfect Right* [Alberti and Emmons]) to learn about assertiveness.

**13. Educate about Alcoholism Contributors (13)**

- A. The partners were educated regarding the social and biological factors that contribute to alcoholism.
- B. The partners were assigned reading material on the subject of alcoholism, including *Alcoholism: Getting the Facts* (NIAAA) and *I'll Quit Tomorrow* (Johnson).
- C. Positive feedback was provided when the partners displayed increased understanding of the social and biological factors that contribute to alcoholism.
- D. Additional information was provided when the partners failed to gain a clear understanding of the social and biological factors that contribute to alcoholism.

**14. Require Nondrinking Contract (14)**

- A. The partner with alcohol abuse problems was requested to sign a nondrinking contract that stipulates complete abstinence, cooperation with counseling, and attendance at AA meetings at least twice per week.
- B. The partner with alcohol abuse problems was supported for signing a nondrinking contract that stipulates complete abstinence, cooperation with counseling, and attendance at AA meetings at least twice per week.
- C. The partner with alcohol abuse problems declined to sign the nondrinking contract, and was strongly urged to reconsider this.
- D. Because the partner with alcohol abuse problems declined to sign a nondrinking contract, conjoint counseling was terminated.

**15. Respond to Contract Violation (15)**

- A. The partner with alcohol abuse problems was reminded that violating the nondrinking contract would cause conjoint treatment to be suspended.
- B. The partner with alcohol abuse problems has violated the nondrinking contract, and conjoint treatment has been suspended.
- C. Conjoint treatment has been reinitiated as the partner with alcohol abuse problems has identified explicit steps that will be taken in the next week to reestablish abstinence (e.g., daily AA meetings, detoxification treatment, inpatient or intensive outpatient treatment).

**16. Refer for Antabuse or More Intense Alcoholism Treatment (16)**

- A. Because drinking has continued despite psychological interventions, the partner with alcohol abuse problems was referred to a physician for Antabuse treatment.
- B. The partner with alcohol abuse problems was referred for more intense alcoholism treatment (e.g., residential, inpatient, or intensive outpatient treatment).
- C. The partner with alcohol abuse problems has followed up on referrals for additional treatment, and the benefits of this treatment were reviewed.
- D. The partner with alcohol abuse problems has not followed up on additional treatment and was redirected to do so.

**17. Assign Favors (17)**

- A. Each partner was assigned to do small favors that would be appreciated by the other partner (e.g., help with or do a chore, run an errand, purchase a small present).
- B. The client has completed small favors for his/her partner, and the benefits of this were reviewed.
- C. The client's partner has completed small favors for the client, and the benefits of this were reviewed.
- D. The partners have not completed small favors for each other and were redirected to do so.
- E. Reasons for the partners not completing small favors for each other were identified and problem-solved.

**18. Encourage Shared Recreational Activity (18)**

- A. The partners were encouraged to engage in shared recreational activities (e.g., a family outing, visiting friends together).
- B. The partners were requested to stipulate who is responsible for what steps in implementing the activity.
- C. The couple has increased their involvement in shared recreational activities, and the benefits of this were reviewed within the session.
- D. The partners have not increased involvement in shared recreational activities and were redirected to do so.

**19. Identify Communication-Interfering Behavior (19)**

- A. The partners were requested to describe the ways that each interferes with the communication process in the relationship (e.g., raises voice, walks away, refuses to respond, changes subject, calls partner names, uses profanity, becomes threatening).
- B. The client was encouraged to describe the ways that he/she interferes with the communication process in the relationship.
- C. The client's partner's interference in the relationship communication process was focused on, identified, and reviewed.
- D. The partners were provided with positive feedback for their insight into the ways that each interferes with the communication process in the relationship.
- E. The partners tended to minimize the ways in which each interferes with the communication process and were provided with feedback about this defensive reaction.

**20. Explore Etiology of Communication Styles (20)**

- A. The partners were assisted in self-exploration about their own communication style and discussed how they have learned such styles from their family-of-origin experiences.
- B. The partners were provided with positive feedback as they displayed insight into how they may have learned their communication styles from their family-of-origin experiences.
- C. The partners displayed a poor understanding of how they may have learned their communication styles from their family-of-origin and were provided with additional feedback.

**21. Review Conflict Discussion (21)**

- A. The partners were requested to choose a relationship conflict topic and discuss it in the session.
- B. The couple was provided with feedback about their listening and communication styles to improve healthy, accurate, effective communication.
- C. The partners were given positive feedback as they displayed a healthy pattern of conflict discussion.
- D. A variety of communication suggestions were made to help the couple discuss conflict topics.

**22. Reinforce Positive Communication (22)**

- A. Positive communication experiences between the partners that occurred since the last session were reviewed.
- B. Positive feedback was provided for healthy communication experiences between the partners that occurred since the last session.
- C. The partners were unable to identify positive communication experiences, and additional effective communication skills were reviewed.

**23. Encourage Healthy Problem Description (23)**

- A. The partners were encouraged to describe a problem between them in a nonblaming, nonhostile manner.
- B. Modeling and role-playing were used to provide problem-description guidance to the partners.
- C. The partners received primarily positive feedback regarding their ability to describe a problem in a nonblaming, nonhostile manner.
- D. The partners were provided with significant feedback and guidance on how to describe a problem in a nonblaming, nonhostile manner.

**24. Teach Problem Solving (24)**

- A. Problem-solving techniques were taught, including using the following steps: (a) define the problem; (b) generate many solutions, encouraging creativity; (c) evaluate the proposed solutions; and (d) implement the solutions.
- B. Modeling and role-playing were used to help the couple practice problem-solving techniques.
- C. Feedback was provided about the partners' use of the problem-solving techniques.

**25. Review Problem-Solving Techniques (25)**

- A. The partners were asked to use the problem-solving techniques in real-life situations between the sessions.
- B. A review and critique was provided regarding the partners' reported instances of implementing problem-solving techniques at home since the last session.
- C. Positive feedback was provided for the effective use of problem-solving techniques at home.
- D. The partners have failed to consistently use the problem-solving techniques and were redirected to do so.

**26. Encourage Making Amends (26)**

- A. The partner with alcohol abuse problems was encouraged to make amends by apologizing to each family member for specific behaviors that have caused distress.
- B. The partner with alcohol abuse problems has made amends and this was processed with that partner.
- C. The partner without the alcohol abuse problems was requested to provide feedback about the manner in which the alcohol abusing partner has made amends.
- D. The partner with alcohol abuse problems has not yet made amends to family members, and was redirected to do so.



**27. Identify Relapse Triggers (27)**

- A. The partners were assisted in identifying situations that trigger relapses of drinking episodes.
- B. The couple identified a variety of triggers for drinking relapses, and these were processed.
- C. The partners failed to identify many situations that trigger relapses of drinking episodes and were provided with tentative examples in this area.

**28. Develop Alternatives to Triggers (28)**

- A. The partner with alcohol abuse problems was assisted in developing positive alternative coping behaviors as reactions to trigger situations.
- B. The partner with alcohol abuse problems was reinforced in identifying specific alternative coping behaviors (e.g., calling a sponsor, attending an AA meeting, practicing stress reduction skills, turning problems over to a higher power).
- C. The partner with alcohol abuse problems was provided with feedback about the use of alternative coping behaviors.
- D. The partner with alcohol abuse problems has not regularly used alternative coping behaviors for trigger situations, and was redirected to do so.

**29. Confront Enabling (29)**

- A. The partner without alcohol abuse problems was confronted regarding behaviors that support the continuation of abusive drinking by the other partner (e.g., wanting to cover up for the drinker's irresponsibility; minimizing the seriousness of the drinking problem; taking on most of the family responsibilities; or tolerating the verbal, emotional, and/or physical abuse).
- B. The partner without alcohol abuse problems was provided with positive feedback regarding identifying the pattern of enabling.
- C. The partner without alcohol abuse problems failed to identify the pattern of enabling and was provided with additional feedback in this area.

**30. Practice Refusing to Enable (30)**

- A. Modeling and role-playing were used to help the couple practice examples of how the partner without alcohol abuse problems can refuse to accept responsibility for the behavior and/or feelings of the other.
- B. Encouragement was provided as the partner without alcohol abuse problems displayed an understanding of how to refuse to accept responsibility for the behavior and/or feelings of the other partner.
- C. The partner without alcohol abuse problems was reinforced for regularly refusing to accept responsibility for the behavior and/or feelings of the other partner within the home setting.
- D. The partner without alcohol abuse problems has continued to enable the other partner and was provided with redirection in this area.

**31. Encourage Confrontation of Disrespect or Abuse (31)**

- A. The partner without alcohol abuse problems was encouraged to confront the partner with alcohol abuse for disrespect or blatant abuse.

- B. The partner without alcohol abuse problems was reinforced for confronting the partner with alcohol abuse for disrespect or blatant abuse.
- C. The partner without alcohol abuse problems has failed to confront the partner with alcohol abuse for disrespect or blatant abuse and was provided with additional support and redirection.

**32. Assign Budget Discussion (32)**

- A. The couple was assigned to discuss finances and prepare a mutually agreed on budget that begins to deal with the financial stress caused by the drinking problem.
- B. The partners were supported for developing a mutually agreed on budget to deal with the financial stress caused by the drinking problem.
- C. The partners gave positive feedback for their ability to develop solutions to financial stress problems.
- D. The partners have not developed a mutually agreed upon budget to deal with the financial stress caused by the drinking problem and were redirected to do so.

**33. Encourage Nonalcohol Social Activity (33)**

- A. The partners were encouraged to plan social activities with other couples in which alcohol will not be consumed.
- B. Church, hobby, recreational groups, or work associates were identified as possible opportunities for social outreach.
- C. The partners were provided with positive feedback for participating in social activities where alcohol was not consumed.
- D. The partners have not developed social contacts where alcohol is not consumed and were redirected to do so.