ALCOHOL ABUSE

BEHAVIORAL DEFINITIONS

1. Frequent use of alcohol by one or both partners, in large enough quantities 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). The AUDIT, a 10-item screening instrument for alcohol problems, is an easy-to-use instrument that can help identify problematic alcohol use (Saunders, Aaslan, Barbor et al., 2006).
2. Many arguments between partners over the issue of the alcohol abuser's continuing pattern of drinking.
3. Consistent failure of the partner with alcohol abuse to keep repeated promises to quit or significantly reduce frequency and quantity of drinking.
4. Periodic episodes of violence or threats of physical harm, especially when the partner with alcohol abuse is intoxicated.
5. Significant deterioration of the relationship due to the effects of alcohol abuse (e.g., there is little or no communication, shared recreation, mutually satisfying sexual intercourse, or attempts to meet each other's emotional needs).
6. The partner without alcohol abuse consistently enables the partner with alcohol abuse by making excuses for the other's drinking, doing anything to please him/her, and denying the seriousness of the problem, while allowing self to be disparaged or abused repeatedly without offering assertive, constructive resistance.
7. Financial pressures (e.g., indebtedness, behind on rent, no savings) due to alcohol abuse, squandering of money, loss of jobs, and/or low-wage employment.

*Special Caution: Conjoint treatment generally is not advisable for individuals with alcohol dependence that requires detoxification. In such cases, inpatient alcoholism rehabilitation or a detoxification program is first in order (see O'Farrell, 1993).

8. Social isolation (e.g., the partner with alcohol abuse drinks too frequently and/or visits only with fellow alcohol users, and the other partner becomes passively withdrawn).

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LONG-TERM GOALS

1. Partner with alcohol abuse accepts the need for abstinence and actively participates in a recovery program.
2. Partner with alcohol abuse consistently and significantly reduces frequency and amount of alcohol consumption, such that no negative effects remain.
3. Quality of the relationship improves through a focus on support for sobriety, improved communication, and more frequent enjoyable social and sexual interactions.
4. Partner without alcohol abuse supports other partner's recovery and become more assertive, independent, and free from denial.
5. Partners establish a relationship of mutual trust and respect that is free of violence and has a pattern of seeking to meet each other's needs.
6. Partners address the impact that alcohol use has had on the relationship and engage in problem-solving to address ways the relationship will need to change when alcohol use is reduced or eliminated.

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SHORT-TERM OBJECTIVES	THERAPEUTIC INTERVENTIONS
1. Describe the negative effects of alcohol abuse on self-esteem, family, work, social relationships, health, recreation, and finances. (1)	1. Have both partners describe the negative effects of alcohol abuse on the relationship and family in individual sessions before conjoint treatment begins to avoid the effects of intimidation and mutual supported denial (or assign "Substance Abuse Negative Impact Versus Sobriety's Positive Impact" in the *Adult Psychotherapy Homework Planner,* 2nd ed. by Jongsma).
2. Partner with alcohol abuse signs a controlled-drinking contract as a means of assessing his/her ability to limit alcohol consumption to moderate levels. (2)	2. Have the partner with alcohol abuse 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 hours); if this contract is broken three times, a nondrinking contract will be signed.
3. Partner with alcohol abuse reads material on controlled drinking. (3)	3. Assign the partner with alcohol abuse to read information on controlled drinking (e.g., NIAAA pamphlet *How to Cut Down on Your Drinking* and/or *How to Control Your Drinking* by Miller & Munoz).
4. Both partners attend sessions alcohol-free. (4)	4. Require that both partners attend sessions alcohol-free; enforce the rule firmly and consistently by terminating a session if it becomes apparent that alcohol has been recently consumed and is still in the bloodstream.
5. Both partners sign a nonviolence contract, and a safety plan is developed for the partner without alcohol abuse. (5, 6)	5. Have both partners sign a non-violence contract that prohibits the use of physically assaultive contact, weapons, or threats of

same (Fals-Stewart, Klosterman, & Clinton-Sherrod); emphasize to the couple that there is excellent evidence that the couple approach leads to better aggression reduction than individual approaches.

6. If individual treatment is in order to address anger issues before conjoint treatment, provide supportive counseling to the partner without alcohol abuse to address his/her anxiety and self-blame; devise a safety plan to deal with partner's violence (O'Leary & Cohen).

6. Partners agree to attend conjoint individual sessions. (7)

7. Discuss the appropriateness of couple and/or individual treatment; if violence is severe and has caused injury and/or significant fear, recommend individual treatment for the physically abusive partner before conjoint treatment is implemented.

7. Identify the perceived or sought-after benefits of alcohol intoxication. (8)

8. Probe the benefits (e.g., reduced social anxiety, altered mood, lessened family demands) the partner with alcohol abuse is seeking in becoming intoxicated.

8. Identify nondrinking behavioral alternatives that can produce the results sought after in alcohol abuse. (9)

9. Assist the drinking partner in identifying constructive behavioral alternatives to produce the results sought in becoming intoxicated, such as meditation, sleep induction techniques, exercise, relaxation procedures, spending time talking with friends.

9. Partner with alcohol abuse practices anxiety- or stress-reduction techniques that can be substituted for alcohol abuse. (10)

10. Teach the partner with alcohol abuse the use of anxiety- or stress-reduction techniques (e.g., deep muscle relaxation, aerobic

	exercise, verbalization of concerns, positive guided imagery, recreational diversions, hot bath).
10. Partner with alcohol abuse practices anger-management strategies that can be substituted for alcohol abuse and violence. (11, 12)	11. Teach the partner with alcohol abuse anger-management techniques (e.g., time-out, thought-stopping, positive thought substitution, count down serial 7s from 100); or assign "Alternatives to Destructive Anger" in the *Adult Psychotherapy Homework Planner*, 2nd ed. by Jongsma.
	12. Teach the partners assertiveness as a healthy alternative to aggression.
11. Understand and identify the social and biological causes for alcoholism that apply to their situation. (13)	13. Educate the partners regarding the social and biological factors that contribute to alcoholism; assign reading, including *Alcoholism: Getting the Facts* (NIAAA, 1996).
12. Partner with alcohol abuse who cannot control drinking signs a nondrinking contract. (14)	14. Have the partner with alcohol abuse who cannot control drinking sign a nondrinking contract that stipulates complete abstinence, cooperation with counseling, and attendance at AA meetings at least twice per week (daily, if necessary).
13. Partner with alcohol abuse agrees to a more intense level of treatment. (15, 16)	15. Require that if the partner with alcohol abuse violates the nondrinking contract, conjoint treatment will end unless he/she describes explicit steps (e.g., daily AA meetings, detox treatment, inpatient or IOP treatment) that he/she will take in the next week to become abstinent.
	16. If drinking continues despite psychological intervention,

provide physician referrals for Antabuse treatment and/or referrals for more intense alcoholism treatment (e.g., residential, inpatient, or IOP treatment).

14. List and implement actions each partner can do to please the other partner as a means of giving of self. (17)

17. Assign each partner to do favors (even small ones) that will be appreciated by the other partner (e.g., help with or do a chore, run an errand, purchase a small present); or assign "How Can We Meet Each Other's Needs and Desires" in the *Adult Psychotherapy Homework Planner*, 2nd ed. by Jongsma.

15. Agree on a list of recreational activities to be enjoyed together and how they will be planned and implemented. (18)

18. Encourage the partners to engage in shared recreational activities (e.g., a family outing, visiting friends together), stipulating who is responsible for which steps in implementing the activity.

16. Each partner lists ways that he/she interferes with healthy, open, communication between partners. (19, 20)

19. Have each partner describe the ways that he/she 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).

20. Assist the partners in self-exploration about their own communication styles and how they may have learned such styles from their family-of-origin experiences.

17. Demonstrate listening and empathy skills in a communication exercise. (21)

21. Choose a relationship conflict topic (e.g., child discipline, finances, assigning home chores) and have the couple discuss it in session; assess and provide feedback on the partners'

	listening and communication styles to improve healthy, accurate, effective communication.
18. Each partner identifies at least one instance since the last session when he/she was listened to and understood by the other partner. (22)	22. Review and reinforce specific positive communication experiences between the partners that have occurred since the last session.
19. Describe a problem in the relationship in a nonblaming, nonhostile manner. (23)	23. Encourage partners to describe a problem between them in a non-blaming, nonhostile manner; give feedback and guidance using modeling and role-playing.
20. Practice problem-solving techniques within the session. (24)	24. Model and role-play problem-solving discussions using the following steps: (a) define the problem (with the help of the therapist); (b) generate many solutions, even if some are not practical, encouraging creativity; (c) evaluate the pros and cons of the proposed solutions; (d) select and implement a solution; (e) evaluate the outcome and adjust actions if necessary (or assign "Applying Problem-Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner,* 2nd ed. by Jongsma).
21. Identify at least one instance since the last session when partners made cooperative use of problem-solving techniques learned in session. (25)	25. Review and reinforce partners' reported instances of successfully implementing problem-solving techniques at home since the last session.
22. Partner with alcohol abuse apologizes (makes amends) to each family member for the distress he/she has caused. (26)	26. Encourage the partner with alcohol abuse to make amends by apologizing to each family member for specific behaviors that have caused distress.

23. Identify triggers to episodes of drinking, and agree to alternative, nondrinking responses to cope with situations. (27, 28)

24. The nondrinking partner acknowledges his/her role as an enabler of the continuation of the alcohol abuse. (29)

25. The partner without alcohol abuse asserts self and refuses to take responsibility for the behavior or feelings of the partner with alcohol abuse. (30)

26. The partner without alcohol abuse confronts the other partner's irresponsible, abusive, or disrespectful behavior. (31)

27. Assist the partners in identifying situations that trigger relapses of drinking episodes.

28. Assist the partner with alcohol abuse in developing positive alternative coping behaviors (e.g., calling a sponsor, attending an AA meeting, practicing stress-reduction skills, turning problem over to a higher power) as reactions to trigger situations (or assign "Relapse Triggers" in the *Adult Psychotherapy Homework Planner,* 2nd ed. by Jongsma).

29. Confront the partner without alcohol abuse regarding behaviors that support the continuation of abusive drinking by the other partner (e.g., lying to cover up for the drinker's irresponsibility, minimizing the seriousness of the drinking problem, taking on most of the family responsibilities, tolerating the verbal, emotional, and/or physical abuse).

30. Model and role-play examples of the partner without alcohol abuse refusing to accept responsibility for the behavior and/or feelings of the other partner; reinforce the partner without alcohol abuse for practicing this assertiveness in situations at home.

31. Encourage and reinforce instances of the partner without alcohol abuse confronting the partner with alcohol abuse for treating him/her with disrespect or blatant abuse.

27. Partners discuss income and financial obligations and then formulate a budget to meet expenses. (32)

28. Partners develop a plan together for initiating contact for activities with other couples that do not involve alcohol consumption. (33)

32. Assign the partners to discuss finances and prepare a mutually agreed-upon budget that begins to deal with the financial stress caused by the drinking problem.

33. Encourage and assist the partners in planning for nonalcohol-consuming social activities with other couples (e.g., church, hobby, and recreational groups or work associates).

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DIAGNOSTIC SUGGESTIONS

ICD-9-CM	*ICD-10-CM*	*DSM-5* Disorder, Condition, or Problem
303.90	F10.20	Alcohol Use Disorder, Moderate or Severe
305.00	F10.10	Alcohol Use Disorder, Mild
300.4	F34.1	Persistent Depressive Disorder
301.6	F60.7	Dependent Personality Disorder
301.82	F60.6	Avoidant Personality Disorder
V61.10	Z63.0	Relationship Distress with Spouse or Intimate Partner
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