

Strategies for Addressing Substance Abuse in the Hope Focused Approach

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Substance abuse is prevalent throughout our society. Despite the stereotype that substance abusers are alienated from others, research indicates that most maintain a network of relationships around them (McCrary, 2006). This chapter is not intended to equip you with the knowledge necessary to treat a substance abuser but instead aims to introduce you to issues that may arise in intake and during couple's therapy when one or both partners are in recovery.

Hope-Focused therapy is contraindicated for an individual who is actively involved with substance abuse; therefore a thorough intake is necessary to rule it out. When conducting an intake, keep in mind that individuals typically under report their substance use. For example, an individual who admits to drinking 2-3 beers each night may be drinking more than that. To assist with intakes a screening instrument may be utilized. There are many substance abuse screening instruments available online. The Michigan Alcohol Screening Test is one such instrument which is publicly available and can be found online. There is both a full MAST screen and a short MAST which clinicians should consider using at intake. If initial assessment for past or current substance abuse is affirmative, two additional issues should be assessed during intake: co-morbidity of psychological disorders and co-occurring substance abuse in both spouses.

Co-morbidity with other psychological disorders. Research indicates that other psychological disorders including schizophrenia, anxiety disorders, mood disorders, ADHD, and personality disorders often occur together in substance abusing individuals (Gastfriend, 1993). This doesn't mean that the person in recovery definitely has another diagnosis, but it does mean that, as with all clients, a thorough intake should be conducted to rule out this possibility. A thorough diagnostic interview is needed.

Both partners and substance abuse. Both partners may have substance abuse and this should be assessed. Also, it is very common for spouses of addicts to have increased problems with substances themselves. In a 1987 study of couples and alcohol behaviors 30% of participants admitted to increasing their alcohol consumption as a coping strategy for dealing with an alcoholic partner (Lex, 1995). Current research indicates that women are often introduced to drugs by a male partner, and husbands of alcoholic wives are more likely to be alcohol dependent themselves (McCrary, 2006).

Even if not using, a spouse can contribute to their partner's substance abuse problems as they may have behaviors that reward or allow their partner's substance abuse to continue. For instance, they may purchase alcohol or substances, or they may make excuses to friends, family, or employers for their spouse. Additionally, marital discord might be a factor in sustaining the substance abuse problem or encouraging relapse (Ripley, Cunion, & Noble, 2006).

Couples and Family Treatment Options for Substance Abuse

Whether or not you are able to see the couple, it is important to understand what kinds of treatment options there are for those that present with untreated substance problems in order to make a full recommendation or referral for treatment. A distinction needs to be made between two types of couples therapy in regards to substance abuse.

One option is family-involved therapy which is typically psychoeducation about substance abuse and the treatment process for a spouse or other family members. It might include education about relationship patterns that contribute to addiction maintenance, but it does not typically involve treatment for the family (NLM, 2008). In this approach the recovering person is the identified patient. Your couple need referral for or may be involved in this type of educational treatment when they come for couple's therapy.

A second option is family or couples therapy where the entire unit is the defined patient and the goal is to treat the family system and address maladaptive patterns among everyone involved. The therapist uses this approach with a conceptualization of the marital relationship as a key to recovery.

Common Issues in Treating Couples in Recovery

If you are seeing a couple for Hope treatment who has been or is currently in recovery treatment, you may run into some common problems. It is common for those in substance abuse treatment to be encouraged by a group or individual therapist to focus on themselves and their own needs during their recovery. This may be contradictory to your goals as a couple's therapist, as you are encouraging each partner to work together and consider each other consistently. It may be best to help the couple conceptualize these two things as not in competition with each other but in concert. What is good for the relationship is good for the individuals, and what is good for the individuals is good for the relationship. Sometimes partners will have difficulty with boundaries, self-care, and empathy causing them to see these things as dichotomous. If they see a lack of congruence between couple goals and individual goals, the therapist will need to spend time helping the couple sort out these priorities and needs in treatment to determine if they are indeed contradictory, and if so, make decisions about which way to go.

Collaboration between you and the substance abuse therapist could be beneficial for all parties if consent can be obtained. Additionally, be careful not to undermine the support groups that the person may be attending or the new relationships they may be forming there. People in early recovery are often encouraged to attend a support meeting everyday. Be open to learning about how these meetings affect the couple and the person in recovery, and be willing to process with the couple how these new relationships can be incorporated in their lives. For more information about Twelve Step programs examine the websites of Alcoholics Anonymous and Narcotics Anonymous.

Changing family patterns. Many aspects of the family system are taxed tremendously when a member of the family is abusing substances. These problems do not disappear automatically when a person enters treatment. When a spouse is abusing they often neglect their family responsibilities and leave their partner with a tremendous amount of work. In addition to caring for the abuser when they may be sick, the spouse is often left to take care of children, bills, and the home on their own. Difficulties with money are common as addictions can often drain the family finances. The spouse in recovery may also have lost his/her job or be involved with the legal system. Friends or extended family members may have been alienated from the family and not be available for support. These stressors would tax any marriage relationship and certainly compound the problems that the couple may already be

experiencing. Though the Hope-Focused approach does not address these issues explicitly it is important to be aware that these problems might be a focus of discussions between the couple, and some adjunctive treatment may be needed for couples receiving the Hope approach.

Forgiveness and Substance Abuse. Forgiveness intervention is a key component of the Hope-Focused approach. Though it may seem obvious for a couple dealing with recovery that they will have plenty to discuss in regards to forgiveness, be careful not to be aggressive in the forgiveness sessions. Asking for forgiveness from those one has offended is an integral part of Twelve Step programs. If the person in recovery has not reached that step yet it might not be appropriate to push them in the forgiveness session. Keep in mind the stages of change explained in the forgiveness intervention and propose the REACH model as a tool they can use when they arrive at that point.

Couples in recovery that present for Hope treatment will present unique challenges to the therapist. It is important to thoroughly evaluate the couple during intake, understand the types of treatment they may be involved with concurrently, and keep in mind the family patterns and problems that may surround the couple's desire for treatment.

Case Vignette

Alex and Becca have been married for 6 years. They are currently experiencing significant distress due to Alex's problem drinking. Currently, Alex consumes a six pack a day and binge drinks on weekends. Although Alex has never become physically violent due to his drinking, he has begun yelling at the kids, missing work due to hangovers, and spending money set aside for bills to purchase alcohol. Both report that they are committed to the marriage; however, Becca has given Alex an ultimatum demanding that he quit drinking so heavily or she will leave him. Alex wants to lessen his drinking; partially because he doesn't want to lose his job and partially because he doesn't want to lose his wife. Alex entered a 12 step group and has attended regularly. The couple has also been meeting with the therapist for three weeks and has been faithful in completing homework assignments; however, Alex had a relapse in drinking over the weekend where he drank until he was drunk.

Becca (B): I just can't take this anymore. I'm tired of your drinking. You keep saying you are going to change, but you haven't even made an effort. You're still drinking just as much as you always have.

Alex (A): You know what...I'm about sick of your constant nagging. I'm trying to make things better...I'm coming to this appointment just for you

(B): (Sits brooding)

Therapist (T): Now let's try to get on the same page here a little bit. During our first session you two both said that you were committed to the relationship and that you both had a common goal of lessening Alex's drinking. Is that still the case?

Both: Yes.

T: But now Becca you're feeling unsure if this new commitment to sobriety is real, is that right?

B: Yes, I'm not sure if he is ever going to stop drinking and...

T: Just a second. I hear how strongly you're feeling things. But let me check in a minute. And Alex, you're pretty worried about your drinking this weekend too?

A: Well, yes. I didn't mean to, but I just did. (Becca looks crossways at Alex)

T: Okay, now today we were planning to work on communication skills so we need to decide whether we want to spend this session focused on the relapse or on how to communicate when there's been a relapse. As you both know, relapses happen when people are in recovery, but it's what you do about it that matters. What would you all like to do?

At this point the couple softens a bit and decides to try and learn how to talk about relapses. They use the TANGO to gain understanding of the other person's perspective on the relapse. The therapist also talks with the couple to work on setting up what their ground rules are going to be if there are any future relapses. They set up some good rules like either of them calling the AA sponsor if a relapse is coming or has happened. They also discuss some triggers or "temptations" to drink and agree to try to watch for triggers together. Becca's fears of losing her husband to alcohol and the counter-productive behaviors she's engaging in will need to be addressed in a future intervention, either as a stand-alone focus or perhaps embedded within softening and empathy Hope interventions.

References

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National Library of Medicine. (2008). *Substance Abuse Treatment and Family Therapy*. Retrieved May 20, 2008 from Health Services/Technology Assessment Text. Website: <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.70433>.

Ripley, J., Cunion, A., & Noble, N. (2006). Alcohol Abuse in Marriage and Family Contexts: Relational Pathways to Recovery. *Alcoholism Treatment Quarterly, 24*, 171-184.

Additional Resources

1) Michigan Alcohol Screening Test. Available at:

http://www.ncadd-sfv.org/symptoms/mast_test.html <http://counsellingresource.com/quizzes/alcohol-mast/index.html>

2) Center on Alcoholism, Substance Abuse, and Addictions. <http://casaa.unm.edu/inst.html> Free substance abuse screening instruments available online.

3) Alcoholics Anonymous: <http://www.alcoholics-anonymous.org> Narcotics Anonymous: <http://www.na.org>

4) Levinson, D. (1995) *Encyclopedia of Marriage and the Family*. Prentice Hall: New York.

This is a two volume encyclopedia addressing a multitude of issues that affect marriage and family life. Included in volume two is a discussion of substance abuse and family which details drug effects, social consequences of drug use, factors that contribute to substance abuse, and treatment modalities.

5) Thombs, D.L. (1994). *Introduction to Addictive Behaviors*. Guilford Press: New York.

This book is written for entry level clinicians. It discusses various perspectives on addiction treatment and research/theory for clinical practice. The book includes a chapter on family systems theory and addiction which clinicians may find helpful for couples treatment.

6) O' Gorman, P. & Diaz, P. (2004). *The Lowdown on Families Who Get High: Successful Parenting for Families Affected by Addiction*. Child & Family Press: Washington DC.

This book addresses common concerns and problems that families experience when in recovery and raising children. It could help clinicians better understand the parenting struggles of their clients. It might also be useful recommended reading for clients with children.