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Part 4: Conjoint Sessions

This 12-Step facilitation program includes two sessions intended for use with patients who are in relationships. Any individual whom patients consider their partner, regardless of their marital status or how long they have been in a relationship, is eligible to participate in these conjoint sessions. The conjoint sessions, however, are not intended to be in addition to the basic 12 sessions; rather, they should be included as part of the 12-session program. They should be scheduled only after the four core topics have been covered.

The objectives of the two conjoint sessions are—

- To estimate the level of partner involvement in alcohol or other substance abuse.
- To describe the 12-Step facilitation program.
- To encourage the partner to attend Al-Anon, Family Groups, or AA, as appropriate.

Partners who are judged to have no harmful involvement with alcohol will be educated regarding—

- The facilitation program.
- The concept of enabling.
- The concept of detaching.
- Al-Anon.

Partners who are suspected of being harmfully involved with alcohol or other mood-altering chemicals will be informed about the facilitation program and the concept of enabling and will also be encouraged

to seek an independent assessment of their own use and possible need for treatment.

NOTE: For their own reference, it is recommended that therapists using this manual familiarize themselves with the material in the pamphlet, "Detaching With Love," by Carolyn W., published by Hazelden Educational Materials.

Conjoint Session 1: Enabling

Conjoint session 1, which may take as long as 1½ hours, should be prepared for in advance by the therapist, who should contact the partner by phone (and who should also have informed the patient in advance that there will be two such sessions).

Begin the first conjoint session by explaining that its purpose is to outline this 12-Step facilitation program that the identified patient is enrolled in, to answer questions, and to explain the concept of enabling.

Program Outline (10 minutes)

In outlining the 12-Step facilitation program, try to cover the following essential points before fielding questions from the partner:

"The program is grounded in the principles of Alcoholics Anonymous.

- We view alcoholism as an illness of the body, mind, and spirit that is characterized by loss of control and obsession with drinking. Alcoholism has predictable symptoms and a predictable course which, if untreated, may lead to premature death or insanity.
- While there is no cure at present for alcoholism, it can be arrested. The best method for this is active involvement in AA.
- Alcoholics resist the idea that they are actually addicted to alcohol (cannot effectively control or limit drinking). This is called "denial." There are many forms of denial, but its essence is that alcoholics try to convince themselves and others that it is safe for them to have a drink.
- AA is based on the idea that the alcoholic needs to resist taking *the first drink* that will trigger the compulsion to drink, and needs to do this *one day at a time.*
- Having a "slip" means drinking after a period of sobriety. Slips are unfortunate, but given the fact that alcoholism is a cunning, powerful, and baffling illness, what is most important is how the alcoholic responds to a slip. A slip is *not* an excuse to drink more. AA believes that

going to meetings, calling an AA friend or sponsor, or calling the AA Hotline are the best ways to deal with urges to drink as well as with slips.

- This program is based on the idea that alcoholics are responsible for their own recovery. While many factors may lead a person to use alcohol as a way of coping, addiction is ultimately a personal problem and recovery a personal challenge. Alcoholism cannot be blamed on anyone else, nor can anyone else take responsibility (credit or blame) for the alcoholic's slips or, for that matter, for the sober days."

NOTE: A popular Al-Anon adage goes like this: "You didn't Cause the illness of alcoholism, you can't Control it, and you can't Cure it."

Following the above introduction, solicit questions and answer them frankly, but limit the time for this to 10 minutes by explaining that important material is still to be covered.

It can be helpful even at this point to refer the partner who has many questions (or who exhibits strong reactions or who has a long laundry list of complaints) to Al-Anon as a resource for further information, advice, and support.

NOTE: The book "Al-Anon Faces Alcoholism" is especially helpful. Some partners may want to get this book, which is available through Al-Anon and in some bookstores. Therapists should be familiar with it and should also have an Al-Anon Family Group meeting schedule on hand and available for patients to use.

Partner Substance Use (15 minutes)

It is important to ask partners (with the patient present) about their use of alcohol and other mood-altering chemicals. Again, since time is limited, general questions such as the following may be most useful:

- "How often do you drink alcohol or use any other mood-altering chemicals (marijuana, etc.)?"
- "Have you (or your partner) ever felt that *you* had a problem related to alcohol or other substances?"
- "Do you know where you could go if you ever wanted to get an honest evaluation of your own alcohol/substance use?"

Enabling

Explain to both partners that enabling and detachment represent dysfunctional and functional responses, respectively, to addiction. This session focuses on enabling and the next one on detaching.

Enabling refers to any behaviors that mitigate the natural consequences of alcohol or drug abuse or support it. Enabling has the effect—often unintended—of allowing alcohol abuse to continue (and get worse) by cushioning the alcoholic. Examples of enabling include—

- Making excuses (covering up) for individuals when they are drunk and would otherwise get into trouble.
- Calling in sick for the person who's hung over.
- Excusing or justifying hostility or abuse that results from drinking.
- Accepting guilt-ridden apologies after the fact for harm done while drunk.
- Lending the alcoholic money for liquor, forgiving bad debts, or buying liquor as a gift.
- Making beer runs to liquor stores in order to keep an alcoholic off the street (to avoid a DWI arrest, an accident, or an injury).
- Defending alcoholics to their accusers for inappropriate behavior.
- Giving spouses liquor in order to calm or quiet them.

The common theme in all of these examples is that enabling is any behavior or attitude that has the effect of *avoiding* the real issue, which is alcohol abuse or alcohol addiction.

The above examples should provide a springboard for a discussion of how the partner has enabled the patient in treatment. To be certain that both partners clearly understand the concept of enabling, elicit several examples of enabling in their relationship.

NOTE: If there appears to be any doubt about the partner's understanding of enabling, review it briefly and try to get the patient to give some examples. The partner's capacity to understand detachment is partly dependent on being able to understand enabling and how it has been operative in the relationship.

Motives for Enabling

If enabling has the effect of making the problem worse, then why do people enable? Do they, either consciously or unconsciously, want the alcoholic to continue drinking?

NOTE: Some people argue that enablers do indeed derive some form of secondary gain from enabling—usually some control

over the relationship. Yet when you interview enablers, the impression you most often get is one of great frustration and a sense of impotence, combined with anger and resentment—in other words, just the opposite of feelings of power and control.

Ask the partner what motivated the enabling. Typical responses will be something like the following:

- "I did it because I didn't want him to get into trouble."
- "I was afraid that I'd lose the relationship."
- "I was scared and didn't know what else to do."
- "Not helping seemed like a cruel thing to do."

Acknowledge any or all of the above motives for enabling and the fundamental intent behind them. Doing that will help to reduce any stigma associated with enabling, which in turn will enhance motivation for detaching. If the partner has trouble attributing any motivation at all to enabling, solicit some feedback from the patient and reinforce the above types of motivations. Alternatively, the therapist can suggest such motives and ask the partner to think about them.

Make the point to both partners that enabling is usually encouraged by alcoholics, since it promotes their need to continue drinking and avoid facing their limitation.

Engage the couple in a discussion of how the patient has either encouraged or coerced enabling in the past. The most common methods for this are to appeal to anxiety or guilt:

- *Anxiety:* "If you don't help out (cover up), something terrible will happen that will affect us both (loss of a job, etc.)."
- *Guilt:* "Either it's your fault that I have this problem (therefore you owe it to me to cover up for me) or else you should cover up for me out of loyalty."

List ways in which the patient promoted enabling.

Reactions to Enabling

Typically, enabling (not unlike addiction) follows a predictable course. In most cases, enablers initially react with concern and a desire to help. As time goes on, however, and the problem gets worse instead of better, concern and anxiety usually give way to anger, resentment, and finally, alienation.

NOTE: **Do not be surprised to encounter alienation, frustration, and resentment in the partner of the alcoholic patient.**

They may have been the route, meaning treatment, before. They may resent not only the patient, but also the therapist or a treatment program that purports to be able to do what they could not—get the patient to stop drinking.

After suggesting that the foregoing responses to enabling are common and normal, try to elicit the partner's own feelings at this time. Validate feelings of frustration and resentment, and even alienation, suggesting that the couple may wish to pursue marital therapy at some point in the future.

NOTE: Do *not* attempt to dissuade partners who imply that they may divorce a patient who fails to stay sober or who state that they are considering divorce. After all, this may be another natural consequence of alcoholism. Do *not* attempt to resolve marital conflicts or to explore sources of resentment in any detail in this session. Instead, if any of these situations arise, suggest that the couple may wish to seek marital therapy, but that they may also want to wait until (1) the patient has completed this facilitation program and (2) the partner has attended at least six Al-Anon meetings.

Wrap-Up

Finish the first conjoint session by—

- Thanking partners for coming in, indicating your sympathy with the fact that they may have felt resentful about it.
- Encouraging partners to try out Al-Anon as a source of support in letting go of the alcoholic and beginning to pay attention to their own growth and needs. Emphasize that giving it a try does not imply making a long-term commitment to attending Al-Anon meetings.

Troubleshooting

The most likely problems to arise as a result of the two conjoint sessions are—

- Partner resistance (anger, resentment).
- Partner substance abuse.
- Emergency calls from partners.

Resistance

In this treatment program, partners can only be invited and encouraged to participate in the two conjoint sessions, which are primarily psychoeducational (as opposed to psychotherapeutic) in structure and purpose. The partner who initially refuses to attend, or who fails to show up, should be contacted by phone at least once. The therapist

should make a reasonable effort to get partners to commit to coming in for the first session. They can be assured that they do not have to like it and will be welcome to express their honest opinions and reactions. They will then be free to decide either to drop out or to attend the second session. Reassure the angry or anxious spouse that the conjoint sessions are not therapy nor are they intended to diagnose the partner.

Partner Substance Abuse

Partner substance abuse is at the same time a delicate issue and one that needs to be addressed. If the therapist has reason to believe that the partner is abusing alcohol or other chemicals, the agenda for session 2 may be dropped in favor of pursuing an assessment of substance use and referring the partner to an appropriate treatment program.

Emergency Calls

Partners are most likely to call the therapist if their partner has a slip or if a conjoint session evokes strong reactions (anger, depression). Consistent with what is done elsewhere in this facilitation program, the strategy to pursue in such cases is to encourage the partner to contact Al-Anon or to seek individual counseling independent of the treatment program. If an emergency session seems essential, it should be held with the patient and the partner conjointly. This may mean waiting a day—for example, to give a patient who has had a slip time to get sober. The therapeutic goal in responding to any emergency is to give advice consistent with 12-Step Al-Anon. For example, do not encourage a partner to bring a drunk patient to an AA meeting or to call the patient's sponsor. Discourage partners from arguing with (or otherwise trying to communicate with) a drunk patient. Help the partner see to it that the patient who has slipped is physically and medically safe but to detach from taking further responsibility.

Conjoint Session 2: Detaching

The goals of this session are—

- To define and illustrate "detaching" using examples drawn from the couple's own experience together.
- To define "detaching with love" and help the partner discriminate detachment from enabling.
- To describe Al-Anon and encourage partners to attend six Al-Anon meetings of their choice.

Review

Briefly inquire about questions the partner may have about the material covered in the first conjoint session, making every reasonable effort to limit this discussion to approximately 15 minutes. Questions that seem directed at wanting to know what to do can be postponed with an explanation that the material presented in this session may help to answer that question and provide partners with some direction.

Al-Anon

Introduce Al-Anon as a fellowship of men and women who are in relationships with alcoholics and who gather in order to take care of themselves and seek support for their own growth process. Going to an Al-Anon meeting does *not* imply any blame for the alcoholic's problem drinking; on the contrary, Al-Anon was originally formed by spouses of alcoholics in order to help them learn to detach from any feelings of shame or guilt associated with their partners' illness. Meetings are anonymous, there are no fees, and the only condition for membership is being in a relationship with an alcoholic.

Ask the patient's partner if s/he would be willing to attend six Al-Anon meetings. If the answer is yes, provide an Al-Anon Family Group meeting schedule and take a minute to identify two or three meetings that might be convenient to where s/he lives or works.

If the partner expresses reservations about Al-Anon, explore these by asking what questions s/he has or concerns that would stop him/her from trying Al-Anon. Typical concerns are—

- "What kinds of people will I find there?"

  Answer: All kinds of people, some like you and some not like you. What you all have in common is being in a relationship with an alcoholic.

- "What will I be expected to do?"

  Answer: You are not required to do anything. You can just go and listen and see if listening to others who are in or have been in the same boat as you is helpful to you in any way. If you want to, you can talk to some of the other people who are there after the meeting is over.

- "What is the benefit of Al-Anon?"

  Answer: Living with an alcoholic is like living with anyone who has a chronic illness—it affects not only the person with the illness, but those around him/her. Over time, their lives get out of control too, and they often experience stress or depression, not to mention frustration. They often do not know the right thing to do. The best source of help for these people is others who have had to deal with similar situations. Al-Anon offers a program for starting to take care of yourself instead of everyone else.

- "What will I be committing myself to?"

  Answer: Nothing. We are asking you to try out Al-Anon, not to commit to it. If you do not think it is helpful after six meetings, just stop going.

NOTE: Some patients may resist making a commitment to Al-Anon even after all of their questions have been answered. Others may simply refuse to consider it. Do not pursue the issue beyond eliciting concerns and questions and answering them as best you can.

Detaching

Explain to patients and their partners that detachment is the opposite of enabling. Whereas enabling protects alcoholics, detachment means allowing alcoholics to deal with the natural consequences of their abuse.

Detaching makes sense to most people, yet on a practical level, many of these same people find it hard to adopt a detached attitude and to allow alcoholics to experience and deal with whatever consequences come their way. Having made this point, ask the partner, "Why is this so?"

The most common barrier to effective detachment is guilt, which usually has one (or both) of two sources:

- Guilt due to believing that allowing the alcoholic to suffer negative consequences is somehow unloving or disloyal.

- Guilt over anger and resentment that leads to a vindictive ("you deserve it") attitude that the partner is secretly ashamed of.

Guilt that stems from feeling disloyal can be worked through by acknowledging the positive motives for enabling while also pointing out how enabling is self-defeating in the long run and how it unwittingly allows a drinking problem to get worse.

Guilt over feeling angry and resentful can be uncovered and worked through by acknowledging such feelings as normal consequences of enabling and then by clarifying detachment as not being vindictive but benign. Detachment comes from letting go of as opposed to holding on to anger and resentment, whereas enabling builds both. Reinforce this idea of detaching as being the more functional response to problem drinking. Give the partner permission to be angry and resentful while suggesting that it is in fact loving to let the alcoholic go.

Ask the partner and the patient to think of two specific situations that might arise and to identify enabling versus detached partner responses in each one.

Example: The alcoholic wakes up hung over and leaves for work more than an hour late.

- Enabling response: The partner calls in with an excuse.

- Detached response: The partner lets the alcoholic deal with the employer and refuses to act as a middle man.

Wrap-Up

Wrap up this second conjoint session by encouraging the partner to make use of any or all of the following resources:

- *Al-Anon,* including Al-Anon sponsors and friends.

- *Individual counseling*, preferably with a professional trained in addictions treatment.

- *Marital counseling* after the patient completes the 12-Step facilitation program.

Troubleshooting

Probably the most common therapeutic complication of this session will be the alcoholics' reactions to their partners becoming involved in Al-Anon. This is where detaching needs to be conceptualized as a reciprocal process. Not only must partners detach from alcoholics and allow them to be responsible for their own recovery, but alcoholics must also allow their partners to take care of their needs and issues, including how alcoholism has affected them and how they should act in the future. The therapist should try to be an advocate of both partners' right to take responsibility for their own issues and to seek the support and guidance of peers.

The second possible complication is that strong emotions will be aroused, especially anger and resentment on the part of the partner. Here again, the therapist must be cautious to avoid being drawn into marital therapy. With only two conjoint sessions, there is little chance of healing longstanding resentments. Rather, the couple can be encouraged to look into marital counseling after the patient has completed the program and after the partner has attended at least six Al-Anon meetings. Recognize that problems exist and that the future of the relationship may be in doubt. On the other hand, both partners may stand to gain by putting off any decisions until both have had a chance to work a recovery program.