

## EXAMPLES OF COUPLES SESSIONS

The following sessions are largely based on the work by Barbara McCrady (2005) and Fals-Stewart et al. (2004).

*'Alcohol travels through families like water over a landscape, sometimes in torrents, sometimes in trickles, always shaping the ground it covers in inexorable ways' (Caroline Knap in Diamond, 2002).*

### **FIRST SESSION:**

Introduction and welcome - ensure that people are introduced and feel comfortable and are clear about your role.

1. Set the Kawa and an agenda for the session, planning to spend about one hour per session.
2. Use a whiteboard to identify the problems experienced and identify issues that both partners are concerned about.
3. Identify behaviours that trigger and reinforce alcohol and drug use, work on dysfunctional thoughts and feelings that relate to the triggers and generate discussion regarding how the couple can work on these together.
4. Identify positive and negative consequences of alcohol and drug use for both the client and their partner.
5. Identify behaviours that enable the client to continue to use alcohol and drugs, again expecting both the client and partner to work at this.
6. Set goals for alcohol and drug behaviours.
7. Ask the couple to keep a record of such behaviours, and other issues that need to be addressed, as they arise over the week.
8. Set a time for the next week for both to attend.

### **SECOND SESSION:**

1. Welcome the couple and ask for feedback on the past week.
2. Identify any behaviours that have arisen over the week that have been a problem for one or both parties. Record on a white board.
3. Review the work from last week, reinforce positive changes, treat missed goals as areas for further discussion and learning.
4. Where new problems have arisen, address these as described in the first session. Assist the couple to develop an understanding of how their interactions might

contribute to problem behaviours. Help them learn to modify their patterns of behaviour so that they can take responsibility for their part in any situation.

5. If required, describe the Wheel of Change to provide an understanding of how motivation develops. This can be completed for both client and partner. Encourage the partner to respond with support where the client is in an Action phase. Reinforce the need for the client to be exposed to (negative) consequences if in Contemplation stage.

6. Identify coping behaviours and assist the couple to understand their coping style by describing three distinct ways of coping: **engaged**, **tolerant** and **withdrawn** coping.

Work with the couple on 'engaged coping' skills. Copello et al (2000) provide the following meanings for these behaviours (these are explained in more detail in the significant other example below):

- Engaged coping means active interaction between the partner and the alcohol/drug user, attempting to deal with the problem.
- Tolerant coping involves interactions, or lack of actions, that remove negative consequences for the user.
- Withdrawn coping is an attempt to put distance between the partner and user, often by a need to look after self.

7. Ask each person to write down a list of needs of the other, and to share these. Encourage functional communication.

8. Homework can be given around engaged coping behaviours and caring for each other. For example, ask the couple to tell each other every day one good thing about the other person, or surprise each other once in the week.

9. Set date and time for the next session.

### **THIRD SESSION:**

1. Review work to date. Reinforce adaptive behaviours reported, and use a white board to record areas for further work including those goals that were not achieved.

2. Spend time talking about the surprises and treats that occurred over the week.

3. Use the process from session one that allowed analysis of problem behaviour, particularly how behaviours were maintained in the relationship. Work through any issues on the white board and review the drug and alcohol using behaviours.

4. Again, set goals for behaviours over the week, particularly those regarding drug and alcohol use and redeveloping the skills of caring for each other.

5. Subsequent sessions continue to focus on the pattern established. As drug and alcohol issues become less prominent, focus on the development of shared activities and goals.