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HOW TO CHANGE YOUR SPOUSE'S DRINKING

Only the soft overcomes the hard,
by yielding, bringing it to peace. --Lao Tze

If you have a spouse with a drinking problem then it is likely that you have tried to get your spouse to change before--perhaps with little or no success. You may have tried logical reasoning with your spouse and gotten nowhere. You may have tried confrontation and found that that didn't work. You may have accused your spouse of denial and found that you were talking to a wall.

The fact is that research shows that the above mentioned strategies are not only unhelpful, they are counterproductive¹. The good news is that there are strategies which will more often than not lead a person to change.

In this chapter we are going to introduce you to a psychotherapeutic technique called **Motivational Interviewing** which has applications beyond the psychotherapeutic setting as well,

First it is important for us to note that the husband/wife relationship is a very different one than the client/therapist relationship and therefore **Motivational Interviewing** techniques need to be adapted and combined with some other ideas when used in a spousal relationship. It is important in both the client/therapist relationship and in the husband/wife relationship to set clear-cut boundaries--however the nature of the boundaries will differ greatly between the two.

It is essential that the spouse does not "play therapist". Even in the client/therapist relationship **Motivational Interviewing** seeks to minimize the power differential between the client and the therapist--we cannot emphasize enough that this is even more essential in the husband/wife relationship.

The first thing which you should always do as the spouse of a heavy drinker is to protect yourself and your family by practicing the principles of harm reduction for yourself and your family. There are a small number of heavy drinkers who suffer from comorbid Anti-Social Personality Disorder. These people are extremely unlikely to change their drinking behaviors under any circumstances and it is likely that if your spouse is such a person then the only recourse will be to leave your spouse. However, this case is the exception rather than the rule, and most heavy drinkers are likely to be amenable to making some changes if approached correctly.

Although we use the word "spouse" throughout this chapter for the sake of simplicity, the principle we talk about here can apply to any significant other in any type of relationship.

STEP ONE: SET BOUNDARIES AND PRACTICE HARM REDUCTION FOR YOURSELF AND YOUR CHILDREN

¹ Miller, W. R., & Rollnick S. (2002). Why Do People Change?. In W. R. Miller and S. Rollnick (Eds.) Motivational Interviewing 2nd Edition. Guilford. New York.

The standard 12 step view is that the spouse of a drinker must never do anything to protect the drinker--that any such behavior is always "enabling" and that the drinker must be made to suffer until he or she finally decides to join AA and never drink again. This view of things is often unreasonable and unrealistic. Causing a drinker to suffer often causes him/her to drink more, not to quit. Much higher success rates have been demonstrated with **Motivational Interviewing** techniques. Instead of helping your spouse to change for the better, refusing to "enable" your spouse may well lead him/her to change for the worse and to damage yourself and your family in the process.

Patt Denning gives us an excellent concrete example of this in her book Practicing Harm Reduction Psychotherapy². A young woman consults a 12 step addictions counselor because she is concerned about her husband's drinking. The husband is the sole source of household income. The 12 step counselor tells this woman that she must stop "enabling" her husband and that in particular she must not call in sick for her husband if he is passed out drunk and cannot wake up to go to work. The end result of this is that the husband is fired, the family is forced to go on welfare, the husband is still drinking, and everything is far worse than it was before.

The moral of this story is that not all behaviors which are labeled as "enabling" are bad. In a harm reductionist approach to this situation the wife would make an effort to help the husband retain his job and rely on the **Motivational Interviewing** techniques which we discuss below to try and persuade him to change his drinking for the better.

Robert Meyers³ points out that if the drinking spouse has any history of domestic violence it is important to make a **Safety Plan** and stick to it if violence threatens. Meyers outlines the following concrete example:

On some days when the husband returns home from work he is extremely quiet and distant. When the wife asks him what is wrong he says everything is fine. When she asks how she can help he screams "Get off my back!" Then he gives the wife the "silent treatment" and begins to drink. When she asks again if she can help he screams at her and sometimes shoves her across the room.

A possible **Safety Plan** in this case involves the wife not engaging the husband in conversation at all, but instead informing him that she will be spending the night at her mother's and taking the children and doing so,

It is also essential that one set and stick to some boundaries regarding one's spouse's drinking. Some examples are:

- Informing the spouse that you absolutely refuse to ride in the car when the spouse is driving under the influence.
- Informing the spouse that you will refuse to have sex with the spouse when the spouse is intoxicated/

STEP TWO: UNDERSTAND THAT HARM IS HIERARCHICAL

² Denning, Patt (2000). Practicing Harm Reduction Psychotherapy. Guilford. New York.

³ Meyers, R J., Smith, J. E., & Miller, E/ J/ (1998). Working Through The Concerned Significant Other. In W. R. Miller, N. Heather (eds.) Treating Addictive Behaviors, 2nd Edition. Plenum Press. New York.

Should you insist that your spouse be totally abstinent or accept small changes in drinking behavior? That is a question which it is impossible for a book to answer. Every situation and every individual is unique and only you can decide what is acceptable for you. We suggest that you use a Decisional Balance Sheet to help you clarify your own thinking and make a decision. A sample sheet on this topic is given at the end of this chapter..

However, as harm reductionists we feel that in most cases it is more important that your spouse eliminates the riskiest aspects of his/her alcohol use than that he/she becomes perfectly abstinent. We strongly suggest that you read our earlier chapter on the hierarchy of harms and hold this close to your heart.

We feel that any effort that your spouse makes to drink safely is to be encouraged--safe drinking is better than unsafe drinking. Any effort that your spouse makes towards reduced drinking is better than no effort towards reduced drinking.

You might wish that your spouse were perfectly abstinent right now and forever, but in most cases this is an unrealistic demand and an attempt to achieve this can often backfire and lead to a spouse whose drinking is far worse than before. It is better to make small steps in a positive direction than to make one giant step forward followed by ten giant steps back.

Always remember that "better is better" and that "perfectionism is the enemy of the good".

As Plato said, "Never discourage anyone who continually makes progress, no matter how slow."

STEP THREE: LEARN THE "DON'T'S"

- 1. Don't confront.**
- 2. Don't engage in logical argumentation.**
- 3. Don't work the spouse's program for the spouse.**
- 4. Don't play the blame game**
- 5. Labels do more harm than good**

1) Don't confront.

Going head to head with your spouse and telling your spouse that his/her drinking is bad and must change immediately or else is the one surefire way to ensure that your spouse's drinking will change for the worse. Miller and Rollnick are the experts on motivational Interviewing and they conducted a scientific study which proved that the more that people were confronted the worse their drinking became⁴.

2) Don't engage in logical argumentation.

Logical argument is an excellent tool in its place: such as a peer reviewed journal or a formal debate. It is not a very good tool for convincing someone to make a change. In point of fact using logical argumentation is more likely to change a person's behavior in the opposite direction.

⁴ Miller and Rollnick (2002). Motivational Interviewing, 2nd Edition. Guilford. New York.

The reason for this is that a logical argument calls forth a counterargument from the person with whom you are arguing. Arguing logically with your spouse against drinking will serve to evoke logical arguments from your spouse in favor of drinking. Logical argumentation is not a good way to bring about change. Usually it only serves to strengthen your spouse's reasons in favor of drinking.

3) Don't work the spouse's program for the spouse.

If your spouse has decided to work on cutting back by charting and drink counting then let him do so himself. Don't count and chart your spouse's drinks for him. And don't confront him for going over. First of all the only way that the spouse can exercise the moderation muscle or the abstinence muscle is by doing it for him/herself. Second, pushing too hard leads the spouse to push back in an equal and opposite direction. Remember that every action has an equal and opposite reaction.

Likewise if the spouse drinks on a planned abstinence day it is not appropriate to pull the bottle out of his/her hand and dump it down the drain. Nor should you confront the spouse the following day about his/her failure. Likely the spouse already feels bad enough about the failure him/herself. If the spouse brings it up then console rather than attack.

4) Don't play the blame game

If you and your spouse spend a lot of time trying to affix blame on each other you will be unlikely to accomplish much in the way of making positive changes. Quite the opposite--the more time spent affixing blame the more likely the drinker is apt to move towards drinking more. If you seek positive change then don't play the blame game.

5) Labels do more harm than good

There is absolutely no way in which calling your spouse an "alcoholic" can be useful or helpful at all and this sort of labeling might actually cause a great deal of harm. If your spouse rejects the label then your spouse might well just get pissed off at being called a bad name and drink more than ever. And if your spouse accepts the label and starts calling him/herself an alcoholic and believes that he/she is powerless over alcohol this often becomes a self fulfilling prophecy and also leads to increased drinking. Even if you believe that the only possible acceptable goal is for your spouse to not merely abstain but also join AA, this is unlikely to be the way to achieve that goal.

Accusing your spouse of being in "denial" is another label guaranteed to do more harm than good.

STEP FOUR: CHANGE YOUR INTERACTIONAL STYLE AND PRACTICE THE "DO'S" OF MOTIVATIONAL INTERVIEWING

If you are fortunate enough that you can find a couples counselor who understands both **Motivational Interviewing** and **Harm Reduction** and if your spouse is willing to go then you are the most fortunate of couples and by all means go! If you are fortunate enough to find such a counselor and your spouse is unwilling to go then by all means go by yourself and use what this person has to teach you.

Unfortunately, the vast majority of Americans will be unable to find a couples counselor who is trained in **Harm Reduction** and **Motivational Interviewing** in their area. The 12 steps remain highly popular in spite of research which shows that they are less effective than numerous alternative approaches⁵. If you cannot find a counselor who is familiar with **Motivational Interviewing** and **Harm Reduction** then you will have to approach your spouse yourself using a modified variant of **Motivational Interviewing** which we have developed for use by spouses.

The following five items are the essential elements of the approach we advocate for **Motivational Spousal Change**. The first four come from **Motivational Interviewing** and the last item pertains specifically to couples:

- 1. Empathetic Listening leads to serious thinking**
- 2. Elicited Plans are motivated plans**
- 3. Avoid Confrontational Actions that lead to equal and opposite reactions**
- 4. Support Self-Belief because faith in one's self can move mountains**
- 5. Express Clear Needs And Gripes so that boundaries are clear**

1) Empathetic Listening leads to serious thinking

As the spouse of a heavy drinker you may very well see only the down side of your spouse's alcohol use. However, if you want to help your spouse change his/her drinking for the better then it is essential that you understand that the drinking has a positive pay off for your spouse. If it did not then your spouse would not drink.

You have to give your spouse a chance to talk about both the pros and the cons of drinking. If you concentrate only on talking about the negative aspects of drinking then you reinforce the positive aspects in the subconscious.

Give your spouse a chance to express ambivalence about drinking. Let your spouse know that you are not necessarily demanding total abstinence but that it is important for you to see some improvement in terms of safer drinking or reduced drinking. If your spouse is still in the precontemplation stage then suggest charting as a good way to start getting a handle on drinking.

2) Elicited Plans are motivated plans

A key point about motivational interviewing which makes it different from confrontational approaches is that you elicit change goals from your spouse instead of trying to logically argue him/her into accepting goals which you have chosen or threatening him/her or confronting him/her.

Let us take the following as a scenario. A wife is very concerned about her husband's drinking because he gets drunk several nights a week and always drives home from the bar in a state of intoxication. The wife waits until the husband is sober and in an approachable mood and then lets him know that she is very concerned about his drinking. Particularly the drinking and driving. She loves him very much and does not want to lose him in some

⁵ See Hester, R., & Miller, W. (2003). Handbook of alcoholism treatment approaches (3rd ed). Boston: Pearson, Allyn, & Bacon.

stupid auto accident. Is there any way that he can think of to eliminate the drinking and driving? He stops and thinks and volunteers that if he plans his drinking in advance he can always take the subway instead of driving when he plans to go to a bar. That way he will have no recourse but to take the subway or a taxi home.

This is the key point about motivational interviewing--because he thought of and suggested the plan of using the subway both to and from he will be highly motivated to use this plan. If someone had attempted to force him or argue him into using this plan he would be feeling highly resistant to it.

The heart of MI is that the person creates/chooses their own plan. The skill of MI lies in eliciting this kind of thinking, and in not using argumentation or confrontation.

Eventually you may also want to suggest that your spouse check out the \HAMS support web site, book, and support groups.

One big difficulty which you may have as a spouse is learning how to change your style of interaction from one that is confrontational to one that is non-confrontational. You probably have some very ingrained habits in the way in which you interact with your spouse. One exercise which you can use to help change these habits is a **Spousal Decisional Balance Sheet**--a sample sheet is given at the end of this chapter.

3) Avoid Confrontational Actions that lead to equal and opposite reactions

Step Two describes some of the confrontational approaches to avoid. Miller and Rollnick refer to this as Rolling with Resistance. In the case of a spouse it is also important to remember that there can be a time to beat a strategic retreat. If your spouse is not willing to listen now it may be worthwhile to wait until later to approach your spouse about change.

4) Support Self-Belief because faith in one's self can move mountains

Always let your spouse know that you believe that your spouse has the inner strength to change for the better. Let your spouse know that alcohol is a powerless inanimate object and that your spouse is more powerful than alcohol. Show support for every positive change as a triumph.

Any time your spouse reports making a successful change--no matter how small--be prepared to openly celebrate this with your spouse even if it is by something as silly as doing the Snoopy dance. For example if your spouse has been a daily drinker for a long time and has just achieve his/her first abstinence day then this is a cause for celebration. If it is your spouse's goal to drink less per session and your spouse succeeds at this then this is also a cause for celebration. Etc. etc. remember that nothing succeeds like success so don't fail to remind your spouse of his/her successes.

If your spouse complains of backsliding and says that he/she feels like a "failure" remind him/her of the old Japanese proverb "fall down seven times get up eight"--as long as you keep on trying you ae a success and not a failure.

If your spouse expresses a strong desire to change but complains of feeling a lack of ability to change then it may be helpful to remind your spouse of instances in the past when he/she has accomplished something difficult such as passing a test or quitting smoking or what have you.

5) Express Clear Needs And Gripes so that boundaries are clear

One big difference between the husband/wife relationship and the therapist/client relationship is that husbands and wives have a right and a need to mutually express certain needs and gripes to each other. Since the therapist is the employee of the client the only real gripe the therapist can have is if the therapist is not paid, and the only real gripe the client can express is if the therapist is an incompetent nincompoop.

Husbands and wives on the other hand are a long-term partnership--ideally a lifelong partnership--and very often the raising of children is a central goal of this partnership. Since the only alternative to working together to get along is to divorce--it is important that these partners express needs and gripes clearly to each other so that they can work together to fulfill the central goal of the partnership.

STEP FIVE: LEARN TO CHANGE YOUR THINKING OR YOUR SITUATION

Hopefully the first four steps have worked just fine and your spouse has changed in a way that you are happy with and you have no need for a step five. If not, then your last two choices are to either change your situation or change your thinking or both. The most obvious way to change your situation is to leave your spouse--and if this is necessary then it is necessary. One may also change one's thinking by accepting the fact that it is not always possible to change another person. This is the way of the Stoic and the Buddhist.

STEP SIX: BE PREPARED FOR CHANGE

You might be surprised if your spouse makes a radical change for the better in his/her drinking that you are now feeling less happy with your spouse than you were before the change was made. You had gotten used to the status quo before the change was made and now you feel at sea. Perhaps your husband ignored the kids before the change and now wants to play an active part in rearing them and you feel that your role as the sole arbitrator over the children is being usurped. Feeling this way is natural, but it is not healthy if you want to keep a healthy marriage together. The children may also not be at all used to getting input from dear old dad if he has been lost to them through drinking. You will both need to be flexible and willing to make changes to accept and grow with the new spouse you now have--so be prepared.

Do Interventions work?

Groups are powerful--Interventions take advantage of that power to force people into treatment against their will. Does this succeed in getting people to enter treatment? Yes there is some evidence that it has some success. Does it succeed in keeping people abstinent? There is no real evidence for this. Intervention can also lead to resentment. What we see is that other methods show a much higher success rate than intervention does⁶.

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⁶ Meyers, R J., Smith, J. E., & Miller, E/ J/ (1998). Working Through The Concerned Significant Other. In W. R. Miller, N. Heather (eds.) Treating Addictive Behaviors, 2nd Edition. Plenum Press. New York.

SPOUSAL STYLE DECISIONAL BALANCE SHEET (SAMPLE)

Continue to use a confrontational style with my spouse.

Pros

- 1) It is easier to talk to my spouse the same way I always have than to learn a new way
- 2) I get ego gratification from bawling out my spouse
- 3) I get revenge by watching my spouse fail when I refuse to enable him/her

Cons

- 1) My spouse may drink more in reaction
- 2) My spouse might get fed up and leave

Use empathetic listening and elicit harm reduction plans instead.

Pros

- 1) Statistics show that this method has a better chance of succeeding
- 2) A chance at lasting change is worth the effort
- 3) Reduced harm is always better than increased harm

Cons

- 1) My spouse might not change anyway
- 2) It is very hard work to change my way of talking to my spouse when I am used to being confrontational

SPOUSAL GOAL DECISIONAL BALANCE SHEET (SAMPLE)

Insist that my spouse become totally abstinent right now

Pros

1) If my spouse abstains for good then all drinking harms are eliminated for good

Cons

1) This might backfire and my spouse might drink more

Encourage my spouse to take small steps toward harm reduction

Pros

1) It is easier to succeed at a small change than a large one

Cons

1) I want change and I want it now!