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The impact of intervention with relatives of treatment resistant drinkers: changes in relatives' psychological functioning and drinkers' behaviour.

Janis Fairbairn

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THE IMPACT OF INTERVENTION WITH RELATIVES OF TREATMENT RESISTANT DRINKERS: CHANGES IN RELATIVES’ PSYCHOLOGICAL FUNCTIONING AND DRINKERS’ BEHAVIOUR

A thesis submitted in partial fulfilment for the award of the degree

DOCTOR of PHILOSOPHY
(Clinical Psychology)

from

THE UNIVERSITY of WOLLONGONG

by

JANIS FAIRBAIRN
B.A (Hons) Dip Teach

DEPARTMENT of PSYCHOLOGY
2002
I, Janis A Fairbairn, declare that this thesis, submitted in partial fulfilment of the requirements for the award of Doctor of Philosophy, in the Department of Psychology, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Janis A Fairbairn

March 21  2002
Forty three research participants (40 female, 3 male) who were in ongoing contact with treatment resistant dependent drinkers, completed the 10 session FOCUS intervention at the Australian Institute of Alcohol and Addictions (Holyoake) in Perth, Western Australia. This Holyoake intervention focussed exclusively on the needs of relatives of excessive drinkers and did not teach relatives how to encourage their drinkers into treatment. The intervention aimed to minimise the harm experienced by relatives by improving their well being and coping, and assisting them to recognise behaviours which may unwittingly enable their drinkers’ excessive consumption to continue.

Participants were allocated to one of 2 groups; viz. Immediate Entry to treatment or Waitlist. The Waitlist group commenced treatment at the completion of the waitlist period. Data were analysed quantitatively and qualitatively and there was a high level of consistency between the two analyses. The quantitative data were analysed by repeated measures MANOVA with treatment and time (pre, mid, end treatment and 3 months and 6 months post treatment) as the independent variables.

Given the quasi-experimental design, the results need to be viewed cautiously. It appeared that the Holyoake intervention produced significant improvements in participants’ mental health, coping, and relationship status which were sustained through 6 months post treatment. Moreover, as a “spin off” of treatment (according to participants’ observations), a significant, sustained reduction in the amount of alcohol their drinkers consumed on any given drinking day was identified.

Twenty five participants did not complete the intervention and 13 of these (the Late Dropout group) were available for follow up 5 weeks after completing 5 treatment sessions. Despite the small sample size, a pattern of significant effect similar to the Full Treatment group was evident on participants’ mental health and coping status. Moreover, it seemed that the “spin off” effect of treatment on drinkers’ abusive behaviour and consumption patterns was more pervasive for the Late Dropout group. These data suggested that the Late Dropout group may have decided to terminate treatment because their situations had improved.

Participants’ raw data (n=68), which included all participants who had commenced treatment, revealed that whilst 69% of their drinkers had either sought help
(n=13) or reduced their consumption to some degree, 50% had made substantial change. Given data was analysed wherever possible by the intention to treat principle, these figures were also expressed in terms of all participants who had been allocated to treatment (n=83). Thus, the least favourable “spin off” effect on drinkers’ behaviour appeared to be that whilst 57% had made some degree of positive change, 41% had made substantial change.

Content analyses of the Full Treatment group’s qualitative interviews (n=43) revealed that only 16% of participants predominantly used assertive coping strategies to deal with difficult situations with their drinkers prior to the Holyoake intervention. However, by the end of the intervention, participants’ use of assertive behaviours had increased dramatically to 81%; e.g. clear messages, emotional control and confidence, improved boundaries and communication, and assertive confrontation. Sixty seven percent of participants identified their own personal empowerment (i.e. self responsibility and self efficacy) as the most important factor which had helped them deal more effectively with their situations.

This research in no way suggested that participants were in any way responsible for their drinkers’ behaviour. It has merely highlighted the considerable influence one family member has on another. Therefore, this research seemed to debunk the widely held belief that dependent, treatment resistant drinkers cannot be helped until they admit their problem, and actively seek help.
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# TABLE OF CONTENTS

Thesis certification ...............................................................................................................(ii)
Abstract ...............................................................................................................................(iii)
Acknowledgements ..........................................................................................................(v)
List of tables ....................................................................................................................(x)
List of figures ...................................................................................................................(xv)
List of appendices ..........................................................................................................(xvii)

## Chapter 1  Introduction: the nature of the problem

1.1 The impact of excessive drinking on relatives .........................................................3
1.2 The impact of excessive parental drinking on children ...........................................5
1.3 The need to treat relatives of excessive drinkers in their own right ......................7

## Chapter 2  The stress and coping patterns of partners of excessive drinkers

2.1 The dependent use of alcohol .............................................................................12
2.2 The interdependent stress, coping, and transactional patterns which develop
   between excessive drinkers and their relatives .........................................................14
2.3 The stresses and strains of relatives of excessive drinkers ..................................18
2.4 How relatives cope with their drinkers’ unacceptable behaviour .......................19
2.5 The stress/coping/transactional model ...............................................................21

## Chapter 3  Relatives as agents of change

3.1 Relatives as adjuncts to their drinkers’ treatment .................................................26
3.2 Relatives as early intervention agents .................................................................28

## Chapter 4  Treatment for relatives in their own right ..............................................37

## Chapter 5  The process of change: moving from not thinking about it
to taking action

5.1 How do people move from precontemplation to thinking about the need
   for change? .................................................................................................................46
5.2 How do people move from contemplation into the action stage of change? .........47
5.3 How do people maintain their decision to take action? .......................................49
5.4 What motivates people to take action and maintain their changed behaviours? ...49

5.5 The relevance of these models of change and motivation to partners
of excessive drinkers...................................................................................................52

Chapter 6 The empowerment process for relatives of excessive drinkers

6.1 The mental health status of partners of excessive drinkers prior
to intervention: the empirical evidence.................................................................56

6.2 The conceptual framework underpinning relatives’ stresses and strains ..........57

6.3 Effective therapeutic approaches to reduce emotional distress, marital
discord, and ineffective coping in the general population .....................................68

6.4 Appropriate interventions to empower relatives of excessive drinkers
to improve their mental health, coping and relationship status............................72

6.5 The construction of an intervention program to empower relatives of
excessive drinkers to improve their mental health, coping, and
relationship status.......................................................................................................79

6.6 The likely impact of relatives’ process of empowerment on their
treatment resistant drinkers....................................................................................84

Chapter 7 Formulation of research questions and hypotheses

7.1 Summary of the thesis argument thus far............................................................88

7.2 Research questions................................................................................................92

7.3 Intervention hypotheses.........................................................................................95

7.4 Outcome follow up: the durability of intervention effects.................................99

7.5 An examination of the processes of change based on research participants’
accounts: a qualitative perspective...........................................................................102

Chapter 8 Method

8.1 Research participants .........................................................................................104

8.2 Measures ............................................................................................................104

8.3 Procedure ............................................................................................................117

Chapter 9 Results: The impact and durability of the intervention program

9.1 Pre intervention profile of research participants and their treatment
resistant drinkers .......................................................................................................130
9.2 The effect and durability of the Holyoake intervention for the Full Treatment group (n=43) .......................................................................................................................... 143

9.3 The effect and durability of partial treatment for the Late Dropout group who were available for follow up (n=13) ............................................................................. 168

9.4 A comparison between the Late Dropout group and the Full Treatment group .............................................................................................................................................. 179

Chapter 10 Discussion: The effect and durability of the Holyoake intervention: the quantitative data

10.1 Discussion regarding the significant reduction in participants’ control and tolerant coping strategies during the waitlist period effect on participants’ mental health status 189

10.2 The effect of the Holyoake intervention on participants’ mental health, coping drinkers’ consumption patterns and help seeking behaviour from the Full Treatment group ........................................................................................................................................ 192

10.3 Discussion regarding the “spin off” impact of participants’ intervention effect on drinkers’ consumption patterns and help seeking behaviour their drinkers.............. 211

10.4 Discussion regarding the effect of partial treatment (5 sessions) for the Late Dropout group (n=13) on participants’ mental health, coping and relationship status, and the “spin off” of this on their drinkers’ behaviour ........................................... 215

Chapter 11 Results and Discussion 2: Participants’ qualitative experiences during treatment

11.1 What participants found most difficult to deal with in relation to their drinkers’ behaviour prior to intervention ................................................................................................................................. 228

11.2 Changes during treatment in participants’ major difficulty in relation to their drinkers’ behaviour, how they handled that difficulty, and the outcome .......... 237

11.3 Changes during treatment in how participants handled their overall situations with their drinkers ................................................................................................................................. 256

11.4 Participants’ identification of what most helped them to more effectively handle their situations ................................................................................................................................. 262

11.5 Changes in the quality of relationships between participants and their drinkers throughout treatment .......................................................................................................................... 266
11.6 Changes in drinkers’ consumption during participants’ intervention program

Chapter 12 Summary and conclusions

12.1 Rationale for this research

12.2 Purpose of this research

12.3 The qualitative experiences of participants during the intervention program

12.4 Strengths and weaknesses of the research design

12.4 Major findings from the research

12.5 Significance of the findings from this research

12.6 Limitations and ethical and professional issues involved in this research

12.7 The need for further research identified by this thesis

12.8 General conclusions

References

Appendices (attached on CD)
**LIST OF TABLES**

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 2.1</td>
<td>A typology of coping strategies commonly used by relatives of excessive drinkers</td>
<td>20</td>
</tr>
<tr>
<td>Table 3.1</td>
<td>Examples of treatment programs designed to train relatives of treatment resistant drinkers as change agents</td>
<td>29</td>
</tr>
<tr>
<td>Table 4.1</td>
<td>Unpublished results of an uncontrolled family program conducted by the current author in the Northern Territory of Australia (1981)</td>
<td>39</td>
</tr>
<tr>
<td>Table 4.2</td>
<td>Examples of programs focussing primarily on the needs of relatives of excessive drinkers</td>
<td>42</td>
</tr>
<tr>
<td>Table 5.1</td>
<td>Major processes and associated behavioural goals involved in changing addictive behaviours</td>
<td>45</td>
</tr>
<tr>
<td>Table 5.2</td>
<td>Stages of change in which particular processes of change are most useful</td>
<td>45</td>
</tr>
<tr>
<td>Table 5.3</td>
<td>Strategies for maintaining the action stage of change</td>
<td>50</td>
</tr>
<tr>
<td>Table 6.1</td>
<td>Effective treatment techniques for marital discord</td>
<td>71</td>
</tr>
<tr>
<td>Table 6.2</td>
<td>Intervention aims, therapeutic elements, and results of interventions designed to improve the psychological functioning of relatives of treatment resistant drinkers</td>
<td>75</td>
</tr>
<tr>
<td>Table 6.3</td>
<td>Stress and strains which are possible for relatives of excessive drinkers to control, range of effective interventions, and outcome measures</td>
<td>80</td>
</tr>
<tr>
<td>Table 6.4</td>
<td>Intervention elements, aims, learning objectives, and associated skills and strategies of a program specifically designed to empower partners of excessive drinkers</td>
<td>82</td>
</tr>
<tr>
<td>Table 8.1</td>
<td>Dependent variables and measuring instruments</td>
<td>106</td>
</tr>
<tr>
<td>Table 8.2</td>
<td>Drinkers' Partners' Coping Questionnaire (DPCQ) subscales, descriptions, and example items</td>
<td>114</td>
</tr>
<tr>
<td>Table 8.3</td>
<td>Program elements and learning objectives of the FOCUS program</td>
<td>125</td>
</tr>
<tr>
<td>Table 9.1</td>
<td>Descriptive statistics for participants on the SMAST and treatment resistant drinkers on the SMAST Family Form</td>
<td>131</td>
</tr>
</tbody>
</table>
Table 9.2  Examples of participants’ responses to the Change Questions
categorised as precontemplation or contemplation.................................132

Table 9.3  Mean scores and standard deviations of participants’ age,
and education completed ........................................................................133

Table 9.4  Research participants’ occupational categories and family
income levels ........................................................................................134

Table 9.5  Participants’ parents’ use of alcohol .................................................136

Table 9.6  Type of relationship between participants and their drinkers .......... 137

Table 9.7  Length of time participants had been experiencing problems due
to their drinkers’ consumption ................................................................137

Table 9.8  Examples of drinkers’ responses to notification that their
relatives were seeking help .......................................................................139

Table 9.9  Comparisons between mental health variable mean scores for
female and male participants and the CCEI’s normative data ..................140

Table 9.10  Drinkers’ occupational categories .................................................141

Table 9.11  Length of time participants had been experiencing problems due to
their drinkers’ excessive consumption ....................................................142

Table 9.12  Pre treatment comparisons between participants allocated to either
Immediate Entry or Waitlist groups for all participants allocated (n=83)
and participants who commenced treatment (n=68) across the three major
variable groups; i.e. participants, their relationships, and drinkers’ their
drinkers, and their drinkers’ consumption patterns ..................................146

Table 9.13  Comparative analyses for the Waitlist group at the beginning and end of
the waitlist period for participants, their relationships and their drinkers’
consumption patterns (n=25) .....................................................................148

Table 9.14  Comparisons between mean scores across all variables from the “Non
Starter” group (n=15) and the Composite Treatment group (n=68) ........150

Table 9.15  Summary of mean scores, standard deviations, and univariate analyses
for the Full Treatment group (n=43) from pre treatment through
end treatment and 3 months and 6 months post treatment across the
3 major variable groups (participants, their relationships with their
drinkers and their drinkers’ consumption patterns) ...............................153
Table 9.16 Changes in participants’ mental health mean scores between measurement periods throughout treatment, and between end treatment and 3 months and 6 months post treatment for the Full Treatment group .................................................. 157

Table 9.17 Changes in participants’ coping mean scores between measurement periods throughout treatment and between end treatment and 3 months and 6 months post treatment for the Full Treatment group ................. 160

Table 9.18 Changes in participants’ perception of the quality of everyday interactions mean scores when drinkers were drinking (or not drinking) between measurement periods throughout treatment and between end treatment and 3 months and 6 months post treatment for the Full Treatment group .................................................. 162

Table 9.19 Changes in marital discord mean scores between measurement periods throughout treatment and between end treatment and 3 months and 6 months post treatment for the Full Treatment group ...................... 163

Table 9.20 Changes in drinkers’ verbal abuse mean scores between measurement periods throughout treatment and between end treatment and 3 months and 6 months post treatment for the Full Treatment group .............. 165

Table 9.21 Changes in participants' perceptions of reductions in drinkers' consumption on any given drinking day between measurement periods throughout treatment and between end treatment and 3 months and 6 months post treatment for the Full Treatment group ...................... 167

Table 9.22 Participants' reports (raw data) of drinkers’ reduced consumption, help seeking behaviour, or increases in consumption from pre treatment through 6 months post treatment for the Full Treatment group .......... 169

Table 9.23 Summary of means, standard deviations and univariate analyses for the Late Dropout group from pre treatment through 5 treatment sessions and 5 weeks post treatment (n=13) .................................................................................. 172

Table 9.24 Summary of means, standard deviations, and univariate analyses for the Full Treatment group (n=43) from pre treatment, end waitlist period, through mid treatment (5 sessions) and end treatment (10 sessions) across the 3 major variables groups (participants, their relationships with their drinkers, and their drinkers’ consumption patterns) ................. 174
Table 9.25  Changes in participants’ mental health and coping mean scores between pre treatment and 5 treatment sessions through 5 weeks post treatment their drinkers, and their drinkers’ consumption patterns) ...............................176

Table 9.26  Changes in participants’ relationship mean scores after 5 treatment sessions through 5 weeks post treatment for the Late Dropout group (n=13) .............................................................................................................178

Table 9.26  Changes in participants’ relationship mean scores after 5 treatment sessions through 5 weeks post treatment for the Late Dropout group (n=13) .............................................................................................................178

Table 9.27  Changes in participants’ mean scores of drinkers’ consumption mean scores after 5 treatment sessions through 5 weeks post treatment for the Late Dropout group (n=13) .............................................................................................................180

Table 9.28  Inconsistent results between the Late Dropout group (n=13) and the Full Treatment group (n=43) for participants’ mental health, coping, and relationship status, and drinkers’ consumption patterns ......................182

Table 9.29  Participants' cumulative reports (raw data) of drinkers’ help seeking behaviour and reduced consumption after 5 treatment sessions through 5 weeks post treatment for the Late Dropout group (n=20) ...............184

Table 9.30  Participants' cumulative reports (raw data) of drinkers’ help seeking behaviour and reduced consumption after 5 treatment sessions through 5 weeks post treatment for the combined Dropout groups (n=25) ..........185

Table 9.31  Comparisons between participants’ reports of change in drinkers’ help seeking behaviour and consumption patterns (raw data) for the Full Treatment group, the Late Dropout group (n=20), and the combined Full Treatment and Dropout group (n=68), and the group who were allocated to treatment (n=83) .............................................................................................................187

Table 11.1  Thematic analysis of participants’ pre treatment responses to the question; “Over the past 2-3 months, what have you found most difficult to deal with in relation to your partner’s drinking and/or behaviour? .................................................................229

Table 11.2  Thematic analysis of participants’ pre treatment responses to the question; “How do you usually handle that?” (i.e. most difficult situation in relation to drinkers’ behaviour) ........................................................................231
Table 11.3  Predominant coping strategies and outcomes for each category of major difficulty from collation of participants’ pre treatment responses to the questions, “What have you found most difficult to deal with in relation to your partner’s drinking or behaviour over the past 2-3 months?”; “How do you usually handle that?”; and “What happens between you when you handle it that way?” (n=43)........................................................................232
LIST OF FIGURES

Figure 2.1  The interdependent stress and coping patterns which develop between partners and their drinkers .................................................................16

Figure 2.2  Transactional model of partners’ coping with their drinkers’ excessive consumption (reproduced with permission from Orford, 1994) ........................................................................................................23

Figure 6.1  Descriptive model of partners’ pre intervention stresses and strains ...........................................................................................................58

Figure 6.2  The process of empowerment for partners of excessive drinkers ........87

Figure 8.1  Flow of research participants from initial selection to treatment via Immediate Entry or Waitlist Control groups ........................................123

Figure 8.2  Flow through treatment of Composite Treatment Group ................129

Figure 9.1  The durability of intervention effect on participants’ mental health status from end treatment through 6 months post treatment ..............158

Figure 9.2  The durability of intervention effect on participants’ coping status from end treatment through 6 months post treatment ..................160

Figure 10.1  Representation of the effects of the intervention on participants’ mental health, coping and relationship status, and the “spin off” of this on their drinkers’ behaviour .................................................................226

Figure 11.1  Thematic analyses of changes in pre treatment responses to the question, “What have you found most difficult to deal with in relation to your partner’s drinking and/or behaviour? from pre treatment through mid treatment and end treatment ........................................................................238

Figure 11.2  Thematic analyses of participants’ responses to the question, “How do you usually handle that?” (i.e. most difficult situation in relation to drinkers’ behaviour) from pre treatment through mid treatment and end treatment ........................................................................243

Figure 11.3  Categorisation of participants’ mid treatment and end treatment responses to the question, “What’s different about how you’re handling your overall situation with your partner?” ........................................258
Figure 11.4  Thematic analysis of participants’ mid treatment and end treatment responses to the question, “What’s the most important thing which has helped you deal more effectively with your situation?” ..........................363
LIST OF APPENDICES
(attached on CD)

Appendix 1  Psychometric instruments .................................................................324
Appendix 2  Non psychometric instruments ..........................................................331
Appendix 3  Selection instruments ......................................................................346
Appendix 4  Standardised procedures ..................................................................351
Appendix 5  Statistical information regarding the Crown-Crisp
Experiential Index (CCEI) ..................................................................................356
Appendix 6  Qualitative data 1 ............................................................................358
Appendix 7  Qualitative data 2 ............................................................................364
Appendix 8  Qualitative data 3 ............................................................................367