Using couple and family therapy to treat people experiencing alcohol problems

An alcohol treatment service has introduced couple and family therapy as an alcohol misuse intervention

AUTHOR Brendan Flynn, MA, DipCPN, DipACC, RMN, RGN, is specialist nurse therapist, couple and family therapy team coordinator and UKCP-registered systemic psychotherapist at Kent and Medway Community Alcohol Service, St Martin’s Hospital, Canterbury.


This article outlines the introduction of systemic psychotherapeutic interventions for couples and families who are experiencing problems with alcohol. It explains the background to this therapeutic approach and the outcomes for clients. Systemic therapy is now used by the team as an integral part of the mainstream clinical programme within the alcohol treatment service.

INTRODUCTION

A multidisciplinary team led by a specialist nurse therapist in Canterbury in Kent has established a psychotherapeutic service in an adult alcohol treatment setting for couples and families experiencing problems with excessive alcohol use. The service has been running for seven years and has been effective in helping clients make significant and sustained change in drinking and related behaviour.

The Kent and Medway Community Alcohol Service, in keeping with other NHS alcohol treatment services (ATSs), provides a range of tier-2 and 3 treatment interventions to adults with alcohol-related problems. A treatment paradox appeared to be emerging in that there was growing reluctance within ATSs across the UK to provide couple- and family-based clinical interventions, even though evidence-based research increasingly supports the use of interactional systemic approaches.

Fals-Stewart and Birchler (2001) explored possible reasons why ATSs have historically been resistant to implementing such therapies as part of mainstream treatment. They said two commonly reported reasons are that couple/family treatment modality was seen as “too intensive” and not typically used as an adjunct to other services, but rather as “a standalone intervention”.

A further obstacle was the limited resources available to ATSs in the NHS, which created a culture of prioritising drinker-focused treatments over systemic approaches. Clinicians’ own predispositions also need to be taken into account. Practitioners experiencing anxiety and role insecurity when faced with this client group can be resistant to this style of clinical work, fearing that couples and families will psychologically overwhelm, deskill and demoralise them.

Lack of systemic training and appropriate supervision in this type of work is also a common reason for clinicians to avoid this client group. It was in this context of a lack of systemic interventions in ATSs across the UK and a growing recognition of the need for this service provision that a systemic couple/

family therapy service was established in 2001 in Canterbury. The intention was for the service to complement the existing individual treatment programme.

SERVICE USERS

The client group seen by the team had generally not responded well to other interventions and could be very resistant to change. However, they continued to experience escalating degrees of distress and harm.

Couples and families had one or more member(s) drinking problematically, with coexisting problems such as mental illness, child/adult protection issues, physical, emotional and sexual abuse, violence and other criminal behaviour. Service users were generally aged between 20 and 60 years; children and other relatives involved in therapy could be of any age. Couples and family members were mainly white European in origin, while team members represented a range of class, cultures, race and ethnic backgrounds.

Clients referred to the team by ATS key workers had generally received help with their drinking and any underlying medical, psychiatric, social or domestic problems had been stabilised. Couples were initially assessed and were then joined in subsequent meetings by children, relatives, friends, colleagues and the referrer.

The frequency of meetings with service users was due to be influenced by the level of clinical need as well as progress made. Meetings could take place every 1–3 weeks, and usually lasted for about 3–4 months. Collaborative reviews of therapy activity took place regularly.

THE SERVICE

The couple/family therapy team’s clinical ‘mission’ was to engage with, and assist, complex as well as challenging couples, and families who had enduring alcohol-related problems.

Clients were helped to systemically understand that excessive drinking always

IMPLICATIONS FOR PRACTICE

- Systemic therapy improves therapeutic engagement, and our work has shown that working with couples and families is effective.
- Reflecting team processes is also a useful clinical and supervision tool.
- The team’s involvement in consultancy projects indicates that this systemic model is both transferable and adaptable.
- The model has the potential to benefit many and differing client groups with minimal training and peer live supervision.