



Case Examples

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Table of Contents

[Case Examples](#)

[Case 1: Heavy Drinking Related Primarily to Negative Affective States](#)

[Case 2: Heavy Drinking Related Primarily to Positive Affective States and Social Pressure Situations](#)

[Case 3: Heavy Drinking Related Primarily to Positive Affective States](#)

[Case 4: Heavy Drinking Related to Testing Personal Control](#)

[Case 5: Heavy Drinking Across Most Situations](#)

Case Examples

In Chapter 6 the assessment instruments that we have found helpful in guided self-management treatment were discussed. One instrument that has considerable clinical utility, the Inventory of Drinking Situations (IDS), identifies situations that present a high risk of heavy drinking. Factor analyses of the IDS, and its sister instrument for measuring of individuals' confidence (self-efficacy) in their ability to resist the urge to drink heavily in various types of situations (Situational Confidence Questionnaire; SCQ), have identified three relatively independent dimensions to clients' reports. These dimensions can be thought of as a Negative Affect dimension, a Positive Affect dimension (often associated with social situations), and a Control Testing dimension (Annis & Graham, 1988; Annis, Graham, & Davis, 1987; Cannon, Leeka, Patterson, & Baker 1990; Isenhardt, 1991). In one study (Annis et al., 1987), Positive Affect and Control Testing combined to form a single factor.

Clinically, the IDS dimensions, and especially the relationship of affective situations to drinking, provide a useful shorthand for summarizing case characteristics. One finding that provides support for the use of the IDS profiles is that raters have been able to classify clients' IDS score profiles reliably into categories based on the scales having the highest scores. Furthermore, in most instances the profiles parallel the clients' homework answers (i.e., the high-risk situations identified on clients' homework are also identified on their IDS profile).

The case examples that follow have been selected to exemplify the mix of clients one might expect to encounter in dealing with problem drinkers and to illustrate the range of answers that characterize the homework assignments. Clients' descriptions of their limited-drinking situations are also included to illustrate how problem and nonproblem situations can be contrasted. The case examples include assessment data and homework answers so readers can see how this package of information can be combined into a useful clinical picture. These cases are from clients who participated in guided self-management treatment. Some treatment outcome information is also presented for each case. These clients all were treated using the two-session version of the treatment.

Case 1:
Heavy Drinking Related Primarily to Negative Affective States

The client, a 31-year-old self-employed female with a college education, lived with her husband and two children. Figure 11.1 presents the Clinical Assessment Summary for this client. She had no prior history of treatment for alcohol problems, but she reported that her drinking had been a problem for about 10 years. Her Alcohol Dependence Scale (ADS) score of 12 placed her in the first quartile on the ADS norms, well within the group considered problem drinkers. She reported that her heavy drinking consisted mainly of wine when alone. Subjectively, she evaluated her drinking as a Very Minor Problem, which meant that she had not yet suffered any negative consequences. She reported having experienced blackouts and hangovers, and having been unsuccessful in cutting down her drinking.

Name: _____ Date Completed: _____

CLINICAL ASSESSMENT SUMMARY

ADS Score: 12 ADS Components: Hangovers; acute intoxication; blackouts; unsuccessfully tried to cut down; difficulty stopping.

Age: 31 Sex: M F Yrs. Education: 16 Marital Status: M/C NM S D W

Employment Status: Part-time, self-employed Occupation: Market researcher

No. of Alcohol- or Drug-related Arrests: 0 No. of Jobs lost due to Alcohol or Drug use in past year.: 0

Ever purposely abstinent: Y N Longest no. mos. purposely abstinent: 3 Family History of Alc. Problems: Y N

Prior A/D treatment: Y N Describe: _____

Problem Self-Appraisal: Very minor problem - no identified consequences, but worries.

Alcohol Consequences: None identified

Other Drug Use: Minimal use cannabis many yrs. past; 1-time use hallucinogens 15 yrs. past

No. of Yrs. problem drinking: 10 No. of Yrs. heavy drinking: 1 No. days morning drinking in past yr.: 0

Timeline Past 360 days	<u>174</u> No. of days Abstinent	<u>104</u> No. of days 5 - 9 SDs
		<u>77</u> No. of days 1 - 4 SDs

Drinking (Patterns, features, or use characteristics): Drinks about 8 drinks about 4 times per week. Mostly alone, mostly wine. Has cut down slightly in last 3 months. (more abstinent and 1-4 SD days).

IDS (heavy use situations in past yr.): Negative affect profile.

SCQ (vulnerability): Like IDS.

Goal: Eventually 3 drinks, less than once a week, only at social occasions. At first abstinence while she attempts to stop smoking.

Additional Observations: Feels stopping smoking will be essential in order to control drinking. Stopped smoking for 2 years until relapse 6 months ago. Lost 30 pounds 2 years ago.

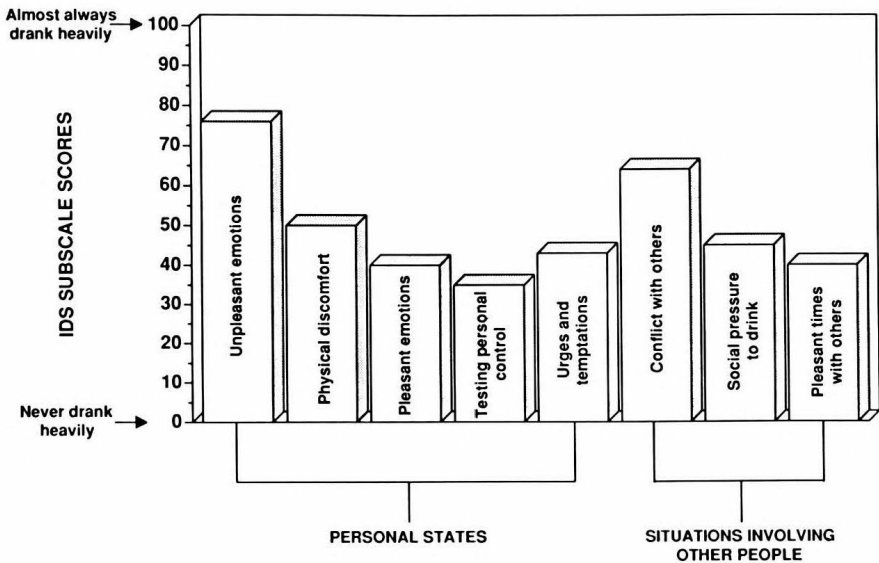
Her goal at assessment was to reduce her drinking to a maximum of three standard drinks per occasion and to drink less than 1 day per week (recall that a client's goal at assessment does not reflect advice from their therapist or knowledge of recommended guidelines for limited drinking). She planned to confine her drinking to social occasions when she was not in the company of smokers. She felt that her smoking was strongly related to her drinking, and, in addition to wanting to limit her drinking to rare occasions, she also wanted to stop smoking. She planned not to drink at home or when she was alone. By the end of treatment, the client had reduced her goal to no more than two standard drinks per day, but she had increased the frequency to an average of 2 days per week. She also had modified the conditions under which drinking could occur; she indicated she would not drink when alone, when working, or on a weekday evening unless it was as part of a social event at which she felt comfortable with those present.

Figure 11.2 presents an excerpt from this client's Timeline for her drinking 90 days prior to assessment. This excerpt is consistent with her drinking pattern for the year prior to treatment. Her heavier drinking occurred mostly on weekdays and never exceeded 3 days in a row. Although her drinking was not heavy in terms of the absolute amount of alcohol consumed, she tended to consume her drinks over short time periods in the late evening. While her consumption rarely exceeded eight drinks per evening, the blood alcohol concentration she attained as a result of that drinking could have been quite substantial (Kapur, 1991; Watson, Watson, & Batt, 1980).

	SUN	MON	TUES	WED	THURS	FRI	SAT
							1
F	2	3	4	5	6 0	7 8	8 8
E	9 1	10 8	11 0	12 8	13 0	14 Valentine's Day 8	15 3
B	16 2	17 0	18 8	19 8	20 0	21 0	22 2
	23 0	24 0	25 0	26 8	27 8	28 8	1 1
M	2 3	3 8	4 8	5 0	6 8	7 0	8 Daughter's B'day 5
A	9 4	10 8	11 8	12 8	13 0	14 0	15 0
R	16 1	17 0	18 8	19 8	20 0	21 0	22 4
	23 0	24 0	25 0	26 8	27 8	28 Good Friday 2	29 3
	30 Easter Sunday 3	31 Easter Monday 4	1 8	2 0	3 0	4 0	5 2
A	6 2	7 0	8 8	9 8	10 0	11 8	12 1
P	13 0	14 0	15 0	16 8	17 8	18 0	19 4
R	20 3	21 8	22 0	23 0	24 0	25 6	26 4
	27 3	28 0	29 8	30 0	1 0	2 10	3 0
M	4 0	5 7	6 3	7	8	9	10
A	11 Mother's Day	12	13	14	15	16	17
Y	18	19 Victoria Day	20	21	22	23	24
	25	26	27	28	29	30	31

This client's IDS profile appears in Figure 11.3. The profile is typical of a Negative Affect profile, indicating that the situations in which the client's heavy drinking most frequently occurred were when she felt bad or had been involved in an interpersonal conflict. Such a profile has long been considered typical of the drinking of chronic alcoholics. Over 30 years ago Jellinek (1960b) described the typical

drinker on the way to becoming an “alcoholic” as having learned to drink as an inappropriate emotional coping response. While many common therapeutic approaches (e.g., relaxation training; social skills training; stress management; interpersonal process therapy; assertive training) are based on viewing heavy drinking as a way of coping with negative affect, fewer than 20% of the problem drinkers we have evaluated displayed this type of profile.



The client's answers to Homework Assignment 1, Part 1 (identifying her most serious problem drinking situations), were consistent with her IDS profile. She described her most serious problem drinking situation, accounting for approximately 95% of her heavy drinking, as drinking at home in the evening after her chores were done. This situation occurred when she had bad days at work and at home, and when she had too many things to do. Her second most serious problem drinking situation (occurring only 3% of the time) involved drinking in social situations in which she felt ill at ease and uncomfortable. Her third most serious problem drinking situation occurred on only 2% of all occasions and involved being in the company of other heavy drinkers who encouraged and condoned heavy drinking. As shown on her Timeline, she had some occasions of lesser drinking, which she estimated accounted for about 20% of all of her drinking. These limited drinking situations were reported to occur in social situations with light drinkers with whom she felt comfortable.

The situation of drinking at home in the evening after a hard day's work constituted this client's main problem drinking situation. Her proposed ways for dealing with this situation (as noted in her answers to Homework Assignment 2, Part 1) were to develop a reasonable schedule and method of

organizing her time, and to develop a healthier life-style. Her action plan for accomplishing these steps included: (1) involve her children in dinner preparation; (2) insist on spending time on her projects; (3) not to let her husband's impulses interfere; (4) get a cleaning service; (5) join a health club and go three times a week; (6) eliminate caffeine; (7) schedule relaxation time from 7:30 to 8:00 PM; and (8) be in bed at 10:00 pm. This treatment plan, developed by the client, is notable for its concreteness and for relating her negative-affect drinking to factors in her life-style. In this case, there was no need to convince the client that getting some help with her chores and joining a health club would be valuable actions to take, she proposed those action steps herself.

Outcome

The client showed distinct improvement over the year following treatment. She greatly increased the number of abstinent days, going from 48% in the year prior to treatment to 79% in the year following treatment. She had no very heavy-drinking days (ten or more drinks) over the follow-up year, whereas prior to treatment 3% of her drinking days had been in that category. Her light-drinking days tripled, going from 21% of all drinking days prior to treatment to 67% following treatment. Although at the end of follow-up she rated her drinking as Not a Problem, and major changes had occurred in her drinking pattern, her subjective perception was that there had been little change in her drinking problem as compared to before treatment.

Case 2: Heavy Drinking Related Primarily to Positive Affective States and Social Pressure Situations

The most common IDS profile produced by the problem drinkers we have treated is reflected in the next two cases. The profile involves heavy drinking primarily associated with positive affective states, which sometimes occurs in social situations. Whereas negative affective state drinkers can be thought of as drinking heavily when they feel bad in order to feel "less bad," positive affective state drinkers can be thought of as drinking heavily when they feel good to feel "even better." This poses a dilemma for the many treatment approaches predicated on the assumption that heavy drinking is an inappropriate way of coping with negative affect. The clinical problem is a classic approach-avoidance conflict pitting the short-term positive consequences of heavy drinking against the risk of short- and long-term negative

consequences.

This case involves a male client who was 42 years old when treated. His Clinical Assessment Summary appears in Figure 11.4. He was divorced, had 15 years of education, and lived alone. Unusual for this population, he reported having had a drinking problem for 22 years but had never received treatment. His score on the ADS was 11, but he evaluated his pretreatment drinking as a Very Major Problem, indicating that he had experienced at least two consequences that he considered to be “serious.” The consequences he reported included blackouts, major interpersonal and financial problems, and minor vocational problems, including 15 days of missed work in the past year. This latter consequence was at the crux of his seeking treatment: He worked in emergency services where inattention or an incorrect decision could have very serious repercussions. He had discussed the problem with his employer, and they had agreed that he could pursue reducing his drinking, but that if he continued to miss work he would have to become involved in more intensive and almost certainly abstinence-oriented treatment. At assessment his goal was to drink no more than five standard drinks on no more than 3 days per week, and he maintained that goal at the end of treatment despite having been advised that his limit exceeded our recommendation. The key condition he set on his drinking was that he should not drink on night when he had to work the next day. He planned to confine his drinking to parties, sporting events, or occasions when he had dinner at a pub with friends.

Name: _____ Date Completed: _____

CLINICAL ASSESSMENT SUMMARY

ADS Score: 11 ADS Components: Acute intoxication; blackouts; unsuccessfully tried to cut down; feels can't usually stop.

Age: 42 Sex: M F Yrs. Education: 15 Marital Status: M/CL NM S D W

Employment Status: Full-time Occupation: Emergency services (specific job deleted)

No. of Alcohol- or Drug-related Arrests: 0 No. of Jobs lost due to Alcohol or Drug use in past year: 0

Ever purposely abstinent: Y N Longest no. mos. purposely abstinent: N.A. Family History of Alc. Problems: Y N

Prior A/D treatment: Y N Describe: _____

Problem Self-Appraisal: Very major problem.

Alcohol Consequences: Last 15 days of work; blackouts; interpersonal conflicts; financial problems; health warning.

Other Drug Use: Cigarettes; sporadic cannabis and hallucinogens use.

No. of Yrs. problem drinking: 22 No. of Yrs. heavy drinking: 22 No. days morning drinking in past yr.: 4

Timeline Past 360 days	<u>147</u> No. of days Abstinent	<u>128</u> No. of days 5 - 9 SDs
	<u>0</u> No. of days 1 - 4 SDs	<u>85</u> No. of days ≥ 10 SDs

Drinking (Patterns, features, or use characteristics): No days of ≤ 4 drinks in past year. Typically 8-11 drinks about 4-5 days/week. Somewhat more frequent on weekends. Mostly beer.

IDS (heavy use situations in past yr.): Good times/social pressure pattern.

SCQ (vulnerability): Mimics IDS but with social situations the most vulnerable.

Goal: ≤ 5 standard drinks on ≤ 3 days per week. No drinking in evening before a work day. Drink only at parties, sporting events, at dinner at a pub with friends.

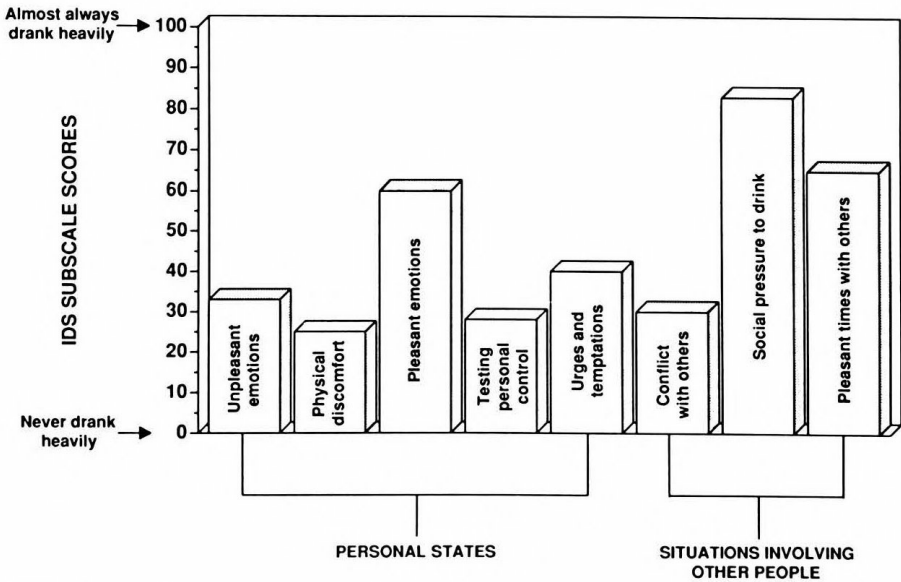
Additional Observations: Employer agreed to let him first attempt to reduce his drinking. He will pursue abstinence if it doesn't work.

Figure 11.5 displays an excerpt from the client's Timeline drinking report for the 90 days prior to his assessment. A particularly striking feature of the client's heavy drinking reported on the Timeline, but not shown in Figure 5, occurred approximately 7 months before entering treatment. At that time the client drank heavily on a daily basis for nearly 3 weeks. Also, during the pretreatment year, 5 drinks were the fewest he ever consumed on a drinking day, and his consumption typically ranged from 8 to 11 drinks per drinking day.

	SUN	MON	TUES	WED	THURS	FRI	SAT
							1
J	2	3	4	5	6	7	8
U	9	10	11	12	13	14	15
N	16 Father's Day	17	18	19	20	21	22
	23	24	25	26	27 8	28 5	29 10
	30 0	1 Canada Day 0	2 8	3 10	4 9	5 0	6 0
J	7 10	8 0	9 0	10 0	11 0	12 10	13 11
U	14 10	15 9	16 0	17 0	18 0	19 9	20 9
L	21 9	22 10	23 0	24 0	25 0	26 8	27 8
	28 8	29 8	30 8	31 10	1 11	2 0	3 0
A	4 0	5 Civic Holiday 0	6 8	7 8	8 8	9 5	10 10
U	11 0	12 0	13 8	14 0	15 0	16 0	17 0
G	18 10	19 0	20 0	21 0	22 0	23 10	24 11
	25 10	26 9	27 0	28 0	29 0	30 9	31 9
S	1 9	2 Labour Day 10	3 0	4 0	5 0	6 8	7 8
E	8 8	9 8	10 8	11 10	12 11	13 0	14 0
P	15 0	16 0	17 8	18 8	19 8	20 5	21 10
	22 0	23 0	24 8	25	26	27	28
	29	30					

The client's IDS profile, displayed in Figure 11.6, shows three distinct peaks. Two occur for subscales for positive affective states (Pleasant Emotions; Pleasant Times with Others) and one occurs for

the Social Pressure subscale. However, examination of the Social Pressure subscale items reveals that several could be categorized as fitting the Pleasant Times with Others subscale (e.g., “When I would be at a party and other people would be drinking”).



This profile, referred to as Good Times-Social Pressure, characterized 40% of our problem drinker clients. When a peak on the Testing Control subscale occurred with the other peaks, the combined profiles accounted for 49% of all cases. Additionally, across all cases, 30% had profiles characterized by peaks with both negative and positive affective states. Importantly, this means that nearly three quarters of our problem drinker clients had positive affective states as one of the major situations related to their heavy drinking.

This client's Homework Assignment 1, Part 1, was consistent with his IDS profile. His most serious problem drinking situation was going on evenings when he had to work the next day to the local pub with friends or alone and drinking until the pub closed. His second most serious problem drinking situation involved the same behavior but when he did not have to work the next day. He estimated that these two situations accounted for approximately 90% of his problem drinking situations. His third most serious problem drinking situation involved his attending a sporting event or party and drinking until the event or party was over. Finally, he estimated that about 20% of the time when he drank he did not

encounter problems. These were occasions he planned in advance.

His treatment plan involved avoiding his heavy-drinking friends and engaging in activities incompatible with heavy drinking. He indicated that he wanted to (1) join a social club so that he could meet new friends; (2) spend less time with old drinking buddies; (3) take a photography course; and (4) become involved in a fitness program. For dealing with party situations, he planned to go to the party late and drink beverages that would not usually be his first choice.

Outcome

A 1-year pretreatment-posttreatment comparison showed that this client's abstinent days doubled, increasing from 41% to 83% of all days. He only drank heavily (i.e., 2= 10 drinks) on 2% of all drinking days, compared to 40% of all drinking days during the year before treatment. When he drank, however, the mean number of drinks per day was still above recommended limits (it had decreased only slightly from 8.9 drinks to 7.5 drinks per day). At 1 year after treatment he evaluated his drinking as Not a Problem. From the client's perspective, his major problem had been the way his drinking was interfering with his work performance, and it was on this basis that he judged his current drinking as no longer a problem.

Case 3: Heavy Drinking Related Primarily to Positive Affective States

The third case is a variation of the Good Times Drinking profile. The Clinical Assessment Summary for this case appears in Figure 11.7. Although positive affective states are well represented in the client's IDS profile (Figure 11.8), the Social Pressure subscale is not one of the most frequent heavy-drinking situations. The client was a 28-year-old white collar worker who had 15 years of education and lived with his common law spouse. He described himself as having been a problem drinker for 5 years prior to entering the program. Four years prior to his entry into the guided self-management treatment, he had participated in an outpatient treatment program.

Name: _____

Date Completed: _____

CLINICAL ASSESSMENT SUMMARY

ADS Score: 10 ADS Components: Blackouts; passed out; tried unsuccessfully to stop; gulps.

Age: 28 Sex: M F Yrs. Education: 15 Marital Status: M/CL NM S D W

Employment Status: Full-time Occupation: Insurance adjuster

No. of Alcohol- or Drug-related Arrests: 0 No. of Jobs lost due to Alcohol or Drug use in past year: 0

Ever purposely abstinent: Y N Longest no. mos. purposely abstinent: 1 Family History of Alc. Problems: Y N

Prior A/D treatment: Y N Describe: Outpatient counseling 4 yrs. prior - had been almost daily drinker.

Problem Self-Appraisal: Major problem. Describes self as mainly a weekend drinker who typically drinks beer in social situations and particularly with one heavy drinker friend.

Alcohol Consequences: Cognitive impairment; minor affective problems; interpersonal conflict; minor vocational; occasional blackouts.

Other Drug Use: Rare use of other drugs, but none recently.

No. of Yrs. problem drinking: 5 No. of Yrs. heavy drinking: 3 No. days morning drinking in past yr: 1

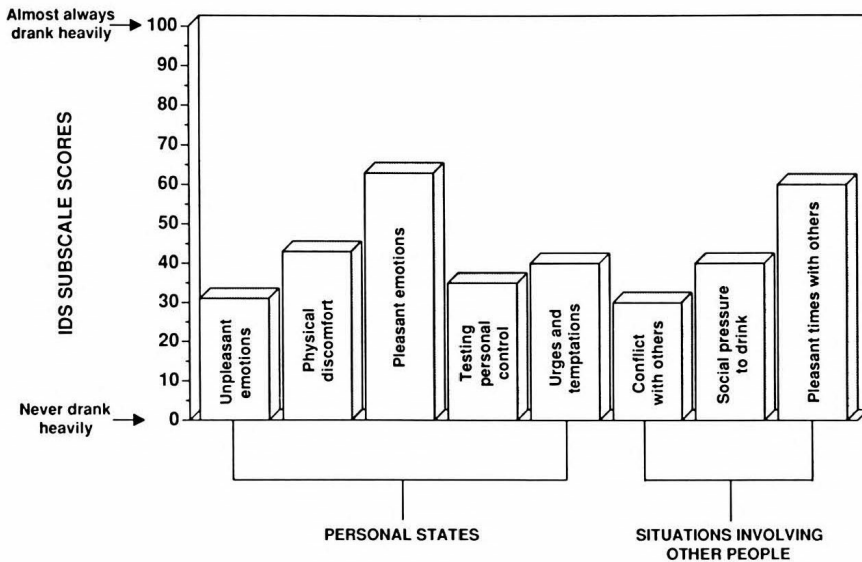
Timeline			
Past 360 days	<u>242</u> No. of days Abstinent	<u>34</u> No. of days 5 - 9 SDs	
	<u>81</u> No. of days 1 - 4 SDs	<u>3</u> No. of days \geq 10 SDs	

Drinking (Patterns, features, or use characteristics): Weekend pattern mainly with 10 drink maximum. Has gradually reduced intake over past year.

- IDS** (heavy use situations in past yr.): Good times pattern. Drinks heavily when feeling good, with or without others present. No marked social pressure component.
- SCQ** (vulnerability): Similar to IDS but also indicates some vulnerability in control testing situations.

Goal: Reduce drinking to \leq 2 drinks on \leq 2 days per week, with upper limit of 3 drinks. Drink only during meals when well rested, not at cottage, not in advance of social situations.

Additional Observations: Has gained some control over his drinking since counselling - would like to improve it. Reports when near his spouse he is more vigilant about keeping control of his drinking.



The client described himself as primarily a weekend drinker, who typically drank beer, usually with others, and particularly in the company of a friend who drank more than he did. An excerpt from his pretreatment drinking Timeline appears in Figure 11.9 and it illustrates that the majority of his heavy drinking occurred on Fridays and Saturdays. While his total consumption of alcohol could not be described as extremely heavy, he reported interpersonal difficulties related to his drinking, as well as some blackouts, minor vocational consequences, and minor affective consequences. His score on the ADS was 10. He also reported that it was easier for him to moderate his drinking when his wife was nearby.

	SUN	MON	TUES	WED	THURS	FRI	SAT
		1 Canada Day	2	3 0	4 0	5 2	6 4
J	7 0	8 0	9 0	10 0	11 2	12 2	13 4
U	14 0	15 0	16 0	17 0	18 0	19 0	20 2
L	21 0	22 0	23 0	24 6	25 0	26 3	27 3
	28 0	29 6	30 8	31 3	1 0	2 10	3 1
A	4 2	5 Civic Holiday	6 5	7 3	8 3	9 3	10 0
U	11 0	12 2 wine	13 0	14 0	15 0	16 3	17 3
G	18 0	19 0	20 0	21 1	22 0	23 6	24 5
	25 0	26 0	27 0	28 0	29 3	30 8	31 3
S	1 4	2 Labour Day	3 0	4 0	5 0	6 3	7 4
E	8 0	9 0	10 0	11 1	12 0	13 3	14 8
P	15 0	16 0	17 0	18 0	19 0	20 2	21 6
	22 0	23 0	24 0	25 3	26 0	27 1	28 3
	29 2	30 0					

The client's reports of problem drinking situations on his homework paralleled his IDS profile. He described his most serious problem drinking situation as being at a celebration (e.g., large gatherings). He estimated that such situations accounted for about 25% of his problem drinking. His second most serious situation involved "just sitting around on weekends, sometimes working, sometimes not." While this situation accounted for about half of his problem drinking, it was not his "most serious" problem drinking situation. Finally, he reported that about 10% of his problem drinking situations occurred on nights after work, when he had cocktails and dinner and returned home late.

Approximately 80% of all of his drinking situations involved small amounts of alcohol with no

adverse consequences (e.g., business lunches, dinner at a restaurant, meeting with friends). Several such instances were apparent on his Timeline. This case illustrates that some problem drinkers exhibit good control much of the time when they drink. This client's history suggests that he would be a poor match for traditional alcohol treatment programs.

The client's treatment goal at assessment (before contact with the therapist) was to reduce his drinking to an average intake of two drinks on about days per week, allowing himself three drinks on occasion. He planned to drink only when he was well rested and only during, not after, a meal. He planned not to drink when at his cottage, previously a favorite location for drinking with friends. He also planned not to drink in advance of social situations, particularly when he felt excited or exhilarated.

By the end of his second treatment session, the client had maintained the same limits on his drinking as he had set at assessment, except that his upper limit for special occasions was raised from three drinks to four drinks. He also modified the conditions under which he would drink. According to the new plan, he allowed himself only one drink with meals. But if he waited hours after the meal, then he could have another drink. He also decided that he would only drink if he was actively doing something else at the same time, and that he would space his drinks at least 1 hour apart. In terms of situations where he would not drink, he expanded these to include when he was idle in the evening, when he might have to drive, when he was doing heavy labor, when he had not eaten, and when he felt very excited.

The client devised a multifaceted treatment plan that called for him to be prepared to miss a little excitement and enjoyment. In return, he felt his relationship with his spouse would improve, that their conversations would be better, and that his spouse would enjoy herself more. He felt that planning was very important, and he intended to schedule his evenings differently. In particular, he planned to structure his evenings with prearranged events, such as dinner and the theater with family or friends who were not heavy drinkers. He also decided he would set his drinking limit and let his wife know about it in advance. He felt that it was important to provide himself some external reason to limit his drinking. Thus he decided that if he gave himself responsibility for tasks such as driving home from or taking pictures at the event, this would help him limit his drinking (though the wisdom of risking driving while intoxicated, if he were to drink past his limit, is dubious). Other aspects of his treatment

plan dealt more directly with drinking style. These included not having a drink immediately upon arrival at an event, drinking diluted drinks (e.g., light beer), and alternating nonalcoholic with alcoholic drinks. Finally, he determined that while at an event he should spend as much time as possible with his wife and that they should set a time limit on their attendance.

Outcome

The client's 1-year follow-up indicated a positive outcome. Compared to the year prior to treatment, his abstinence days decreased from 67% to 56%. His heavy-drinking days diminished from 3% to none, and the proportion of his total drinking days that were light-drinking days (⁴ drinks) increased from 22% to 97%. His mean number of drinks per drinking day decreased from 3.9 to 2.3. Finally, whereas prior to treatment he subjectively evaluated the severity of his drinking problem as Major (indicating one "serious" consequence), at 1 year following treatment he evaluated his problem as Very Minor, which was defined as worrying about the drinking, but not having experienced any adverse consequences.

Case 4: Heavy Drinking Related to Testing Personal Control

Testing Personal Control stands out in statistical analyses of the IDS as a relatively independent dimension of heavy-drinking situations. In practice, however, a peak on the Testing Personal Control subscale is usually associated with an affective profile. This next case presents a typical case in which a peak on Testing Personal Control is prominent. There are associated peaks on the two positive-affective and the social pressure subscales.

The client was a 35-year-old male with 20 years of education, who was unemployed at the time he entered treatment. His Clinical Assessment Summary appears in Figure 11.10. He was married with no children. He reported that he had been a heavy drinker, typically consuming more than five drinks on a drinking occasion for about 15 years prior to entering treatment. However, he stated that his drinking had only been a "problem" for the 5 years prior to treatment entry. He had never received any prior alcohol treatment. His ADS score was 17, higher than the group mean (13) for problem drinkers we have treated with guided self-management but still below the 50th percentile on norms for the ADS. He reported multiple consequences of his drinking, including physical aggression, complaints from his

supervisor when he had been working, blackouts, hangovers, and minor financial and interpersonal problems. The vast majority of his drinking was beer. An excerpt from his Timeline, displayed in Figure 11.11, illustrates that compared to other clients in the study his pattern tended to be bimodal, involving occasional days of low consumption (typically one or two drinks) or very high consumption. Since his heavy drinking almost always occurred on single isolated days, such a pattern can hardly be referred to as a “binge” pattern.

Name: _____ Date Completed: _____

CLINICAL ASSESSMENT SUMMARY

ADS Score: 17 ADS Components: Hangovers; acute intoxication; blackouts; unsuccessful attempts to cut down; gulps; difficulty stopping.

Age: 35 Sex: M F Yrs. Education: 20 Marital Status: M/CL NM S D W

Employment Status: Unemployed Occupation: Civil Servant

No. of Alcohol- or Drug-related Arrests: 0 No. of Jobs lost due to Alcohol or Drug use in past year.: 0

Ever purposely abstinent: Y N Longest no. mos. purposely abstinent: N.A. Family History of Alc. Problems: Y N

Prior A/D treatment: Y N Describe: _____

Problem Self-Appraisal: Very major problem.

Alcohol Consequences: Cognitive impairment; interpersonal conflict; physical aggression; work jeopardy; minor financial.

Other Drug Use: None in recent years. Some occasion use of cannabis; LSD many yrs ago
No. of Yrs. problem drinking: 5 No. of Yrs. heavy drinking: 15 No. days morning drinking in past yr.: 0

Timeline Past 360 days	<u>280</u> No. of days Abstinent	<u>7</u> No. of days 5 - 9 SDs
	<u>36</u> No. of days 1 - 4 SDs	<u>37</u> No. of days ≥ 10 SDs

Drinking (Patterns, features, or use characteristics): Isolated days of 10-15 drinks, usually on weekdays. Drinks mostly beer, mostly with others - some heavier drinkers. Greatly increased number of light drinking days in past month.

IDS (heavy use situations in past yr.): Control testing peak, with slight elevations at affective scales.

SCQ (vulnerability): Shows same pattern as IDS.

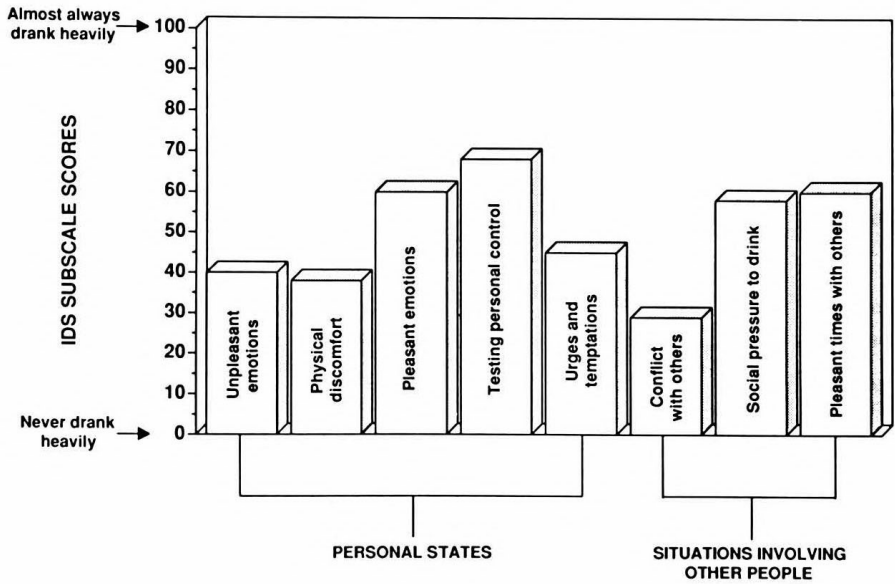
Goal: Goal at assessment exceeds recommendations. Desires occasional (less than weekly) consumption of 5 drinks and sometimes 10, but only with his family.

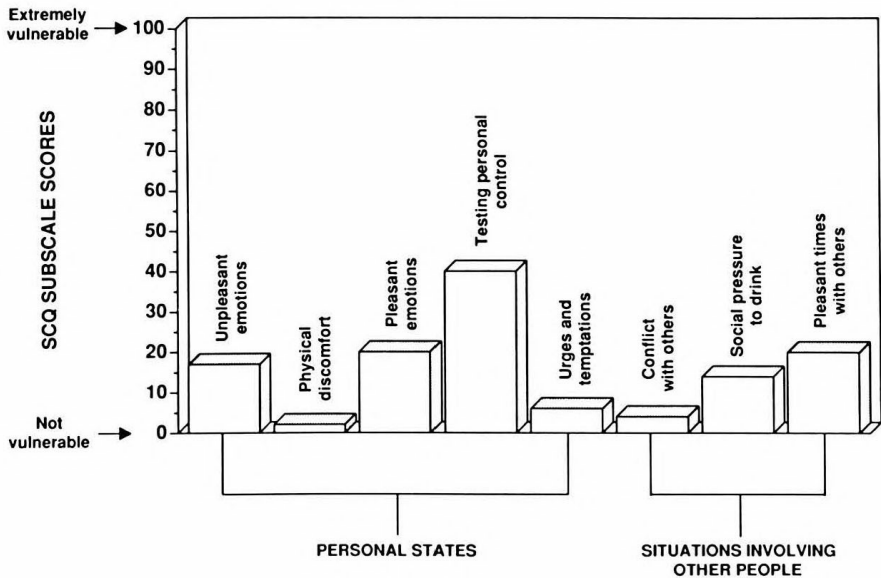
Additional Observations: wants to avoid drinking at bars and sporting events.

	SUN	MON	TUES	WED	THURS	FRI	SAT
			1	2	3	4	5
A	6	7	8	9	10 0	11 0	12 0
P	13 0	14 0	15 10	16 0	17 2	18 0	19 0
R	20 0	21 0	22 2	23 2	24 0	25 0	26 0
	27 0	28 2	29 0	30 0	1 1	2 0	3 0
M	4 0	5 0	6 10	7 5	8 0	9 0	10 0
A	11 Mother's Day 0	12 10	13 0	14 5	15 0	16 0	17 0
Y	18 0	19 Victoria Day 0	20 0	21 5	22 0	23 0	24 0
	25 0	26 0	27 20	28 0	29 0	30 0	31 0
J	1 0	2 0	3 0	4 0	5 2	6 2	7 10
U	8 2	9 2	10 2	11 2	12 2	13 10	14 2
N	15 Father's Day 2	16 0	17 2	18 0	19 2	20 2	21 0
	22 0	23 0	24 15	25 0	26 0	27 0	28 0
	29 0	30 0	1 Canada Day 0	2 0	3 0	4 1	5 0
J	6 0	7 0	8 0	9	10	11	12
U	13	14	15	16	17	18	19
L	20	21	22	23	24	25	26
	27	28	29	30	31		

As already mentioned, this client's IDS profile, shown in Figure 11.12, has Testing Control as the most prevalent heavy-drinking situation. This was accompanied by peaks on the Pleasant Emotions, Pleasant Times with Others, and Pressure from Others subscales. An unusual feature of this case is that the client's IDS profile differed considerably from his profile on the SCQ. The client's SCQ profile appears

as Figure 11.13 and illustrates that the client felt particularly vulnerable in control testing situations. An example of an item from the Testing Personal Control subscale of the IDS and SCQ is “If I would wonder about my self-control over alcohol and would feel like having a drink to try it out.”





The types of high-risk situations the client identified in his homework assignments involved primarily affective (both positive and negative) and social occasions, with few explicit references to control testing. He described his most serious problem drinking situation, accounting for about 90% of his problem drinking, as getting drunk at the local bar. This tended to occur when he dropped into the bar after having been somewhere else (e.g., often following a sporting event) or started to drink too early in the day due to boredom (he was unemployed). His second most serious problem drinking situation (5% of his problem drinking situations) was drinking with friends at bars other than his local bar. This tended to be after spending an evening curling (the sport) with friends from his former job. In describing this situation, the client alluded to control testing, "Just getting together for a drink; 2 drinks turn into 5, 10, 15." His third problem drinking situation was a one-time occurrence. It took place at a large party related to his former job that he was expected to attend; his wife did not accompany him. In describing his non-problem-drinking situations (estimated as constituting about 60% of all drinking occasions), he reported functions or parties at which his wife was present. He identified the key factor in these situations as drinking with his wife and her friends.

The major feature of this client's self-developed treatment plan was avoiding drinking in bars, particularly his local bar. He felt the need to spend more time at home, to engage in more activities with his wife, and to participate more in sports. Acknowledging that there still might be occasions when he would go to a bar, he planned not to go there alone and to drink only in the company of close friends and family. He felt special efforts would be needed to deal with his tendency to drink in bars with friends after a sporting event. He felt it would help in dealing with such situations if he limited his attendance to the game itself, joined a league, and structured commitments (e.g., to meet his wife) within an hour after the event. Also, he felt it would be important to let his friends who played sports with him know that he would not be drinking. Finally, he planned that if an event should occur (e.g., a large party) where he felt uncomfortable, he would assess the situation beforehand and decide whether he should attend, bring his wife if he attended, and structure his time to arrive late and leave early. He also felt it would be better to attend small house parties with close friends than to attend large gatherings.

His goal at assessment was to reduce his drinking to no more than five drinks on average, to drink no more than ten drinks on an upper-limit day, and not to drink every day. He specified that he would drink only when family members were present. At the second treatment session, he modified these objectives to drinking no more than three drinks on a drinking day and to drinking on average less than once a week. One day per month he allowed himself four drinks as his upper limit. The conditions under which he would allow himself to drink continued to require the presence of family members, but he added that he would on rare occasions drink with friends. He further specified that he planned to abstain entirely for the first 3 months after treatment. Over the course of treatment, which took about 5 weeks, he was abstinent.

Outcome

This client's outcome results are instructive. Abstinent days typified the client's drinking in the year before and after treatment, increasing from 78% pretreatment to 89% posttreatment. Considering just those days when the client did drink, his proportion of drinking days when he drank 4 or fewer drinks stayed relatively constant, going from 45% pretreatment to 41% posttreatment. His days of heavy drinking (2=10 drinks), however, showed a marked decrease from 46% of all drinking days in the pretreatment year to 10% in the posttreatment year. His mean drinks per drinking day fell from 7.2

pretreatment to 5.2 posttreatment.

Although the amount of alcohol he consumed per drinking day at follow-up was clearly above our recommended level, a closer look at the clients' outcome data puts these results in perspective. The proportion of drinking days that were heavy drinking can be misleading unless one bears in mind the total number of days when any drinking occurred. For example, if a client drank on only 2 days posttreatment and drank heavily on one of those days, the client would technically have engaged in heavy drinking 50% of his or her drinking days. However, heavy drinking would only have occurred on one day during the entire year—an excellent outcome. In the present case, it should be noted that the vast majority of days in the posttreatment year were abstinent. Thus, in terms of the actual number of days of heavy drinking, there were 37 such days in the pretreatment year, but only 4 in the posttreatment year, representing a near elimination of days of extremely heavy intake. Lastly, at assessment he rated the severity of his drinking problem as Very Major, meaning that he had experienced at least two drinking-related consequences that he felt were “serious.” At the 1-year follow-up, he rated the severity of his problem for the posttreatment year as Minor, meaning that he had experienced some consequences, but none that he considered serious. The main outcome, therefore, was a drastic reduction in the number of heavy-drinking days.

Case 5: Heavy Drinking Across Most Situations

A relatively flat IDS profile can be thought of as undifferentiated, since it lacks distinct peaks among the subscale scores, although undifferentiated profiles that differ in overall elevation may also differ in their clinical relevance. For example, an undifferentiated but generally low profile might indicate a person for whom there are not many situational determinants of heavy drinking (or for whom the situational determinants of drinking, if any, are not assessed by the IDS) and who rarely drinks heavily. Such a profile could reflect a person who now and then drinks too much. In our experience, however, an undifferentiated profile that has a high elevation (high subscale scores) is likely to reflect a more serious case, where drinking is quite frequent and has come to pervade many aspects of a person's life (i.e., has become a generalized response). Although we have found undifferentiated profiles to be infrequent among problem drinkers, the following case is presented to illustrate the clinical features likely to

accompany a flat, elevated profile.

The client was a 42-year-old married female with 20 years of education who worked as an accountant. Figure 11.14 presents her Clinical Assessment Summary. When she entered treatment she reported that she had drunk five or more drinks per occasion for 24 years prior to entering treatment but that her drinking had only been a problem for her for the 4 years prior to treatment. Her ADS score was 21, the highest score that could qualify for the study. She reported consequences of blackouts, loss of coordination, hangovers, missed work, affective impairment when she combined drinking with the use of cannabis, and failed attempts at cutting down. She described her style as a steady drinker who drank mostly liquor and primarily when alone. She had not been in treatment previously. Her treatment goal at assessment and at the end of treatment was abstinence.

Name: _____ Date Completed: _____

CLINICAL ASSESSMENT SUMMARY

ADS Score: 21 ADS Components: Blackouts; loss of coordination; some sickness next day; tried to cut down and failed.

Age: 42 Sex: M F Yrs. Education: 20 Marital Status: M/Cl NM S D W

Employment Status: Full-time Occupation: Accountant

No. of Alcohol- or Drug-related Arrests: 0 No. of Jobs lost due to Alcohol or Drug use in past year: 0

Ever purposely abstinent: Y N Longest no. mos. purposely abstinent: 1 Family History of Alc. Problems: Y N

Prior A/D treatment: Y N Describe: _____

Problem Self-Appraisal: Major problem. Describes self as steady drinker who mostly drinks liquor when alone.

Alcohol Consequences: 3 days missed work; cognitive impairment; affective problems when combines drinking with cannabis; some blackouts.

Other Drug Use: Prescribed Atarax. Occasional cannabis, but doesn't see it as problem.

No. of Yrs. problem drinking: 4 No. of Yrs. heavy drinking: 24 No. days morning drinking in past yr.: 0

Timeline Past 360 days	<u>100</u> No. of days Abstinent	<u>256</u> No. of days 5 - 9 SDs
	<u>4</u> No. of days 1 - 4 SDs	<u>0</u> No. of days \geq 10 SDs

Drinking (Patterns, features, or use characteristics): Consistent moderately heavy intake with a few abstinent days thrown in lately. Now focusing more on weekends.

IDS (heavy use situations in past yr.): Fairly flat profile - not much differentiation.

SCQ (vulnerability): Reports self as most vulnerable in control testing situations and when affectively aroused (positive or negative).

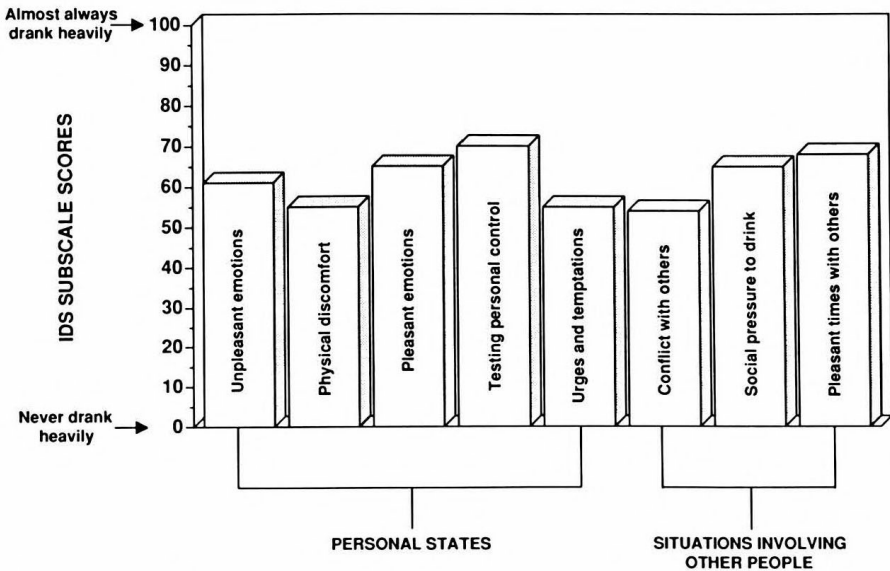
Goal: Abstinence.

Additional Observations: Quit smoking 13 years prior. Resolved drug problem 18 years prior.

The excerpt from her Timeline shown in Figure 11.15 is representative of her drinking for the

pretreatment year and shows a pattern of typically drinking six or seven drinks on 5 days per week. Her IDS profile, which appears as Figure 11.16, reflects the undifferentiated general elevation discussed earlier. In Homework Assignment 1 she described her most serious problem drinking situation as when she was alone at home. She estimated that such situations constituted about 75% of all of her problem drinking episodes. The major variation in situations was that on weekdays she began drinking later in the evenings, whereas on weekends she started earlier. She described her second most serious type of problem drinking situation as getting drunk at parties or when visiting with friends, which accounted for about 15% of her problem drinking occasions. The third problem drinking situation was when she was thinking about her mother. She reported that such circumstances were associated with about 10% of her problem drinking and that it was a virtual certainty that she would drink heavily in such situations. Interestingly, she reported that on rare occasions (2% of all drinking occasions) she was able to limit her drinking to small amounts without adverse consequences. Such situations were limited to her work environment (e.g., office Christmas party, business lunch).

	SUN	MON	TUES	WED	THURS	FRI	SAT
		1 Canada Day	2	3	4	5	6
J	7	8	9 6	10 6	11 6	12 6	13 6
U	14 6	15 6	16 6	17 6	18 6	19 6	20 6
L	21 6	22 6	23 6	24 6	25 6	26 6	27 6
	28 6	29 0	30 5	31 0	1 0	2 6	3 6
A	4 7	5 Civic Holiday	6 5	7 0	8 0	9 6	10 6
U	11 7	12 5	13 5	14 0	15 0	16 6	17 6
G	18 7	19 5	20 5	21 0	22 0	23 6	24 6
	25 7	26 5	27 5	28 0	29 0	30 7	31 7
S	1 6	2 Labour Day	3 7	4 0	5 7	6 0	7 6
E	8 6	9 0	10 6	11 0	12 6	13 0	14 6
P	15 6	16 0	17 6	18 7	19 0	20 0	21 3
	22 0	23 6	24 0	25 0	26 7	27 4	28 5
	29 0	30 0	1 0	2 8	3 0	4 4	5 1
O	6 0	7	8	9	10	11	12
C	13	14 Thanksgiving	15	16	17	18	19
T	20	21	22	23	24	25	26
	27	28	29	30	31 Halloween		



With such clients it is important to discuss the role that conditioning, or habit strength, is likely to play as they attempt to change their behavior. Clients who have a regularized, if not ritualized, pattern of consumption can readily understand that it should be expected that there will be a strong habit component to their drinking. This can lead to a discussion that in breaking any habit, not just drinking, temporary discomfort should be expected to accompany the change. The client should understand that the discomfort does not have a mystical basis. Rather, there will be problems such as are associated with changing any well-practiced behavior pattern. The client can be asked to remember some habit that he or she wanted to break at one time and to focus in particularly on how the discomfort subsided over time. This exercise is intended to reinforce the point that it is natural to feel discomfort at changing a well-practiced behavior and that to some extent success at changing the pattern will require tolerating the discomfort until “not engaging in the behavior” becomes the new normal state.

In terms of the client’s self-devised treatment plan, she felt it was essential that she make new friends and get out of the house so that she would not be alone at home. She met two new friends over the course of treatment and intended to get out of the house or to invite friends over at least one night per

week. She also thought it would be helpful to ask her spouse to do things with her on weekends. To fill her time at home, she planned to buy a sewing machine and begin projects (e.g., Christmas gifts, house redecorating). She also accepted the nomination to become the vice-president of a club to which she belonged. She felt that having to prepare for speaking engagements would occupy her time and make drinking more difficult. Finally, she planned to speak with a wardrobe consultant and to take a makeup course to increase her self-esteem and confidence. She stated: "You don't have to look 'dated.'"

Outcome

Except for 1 day early in treatment the client was abstinent throughout the course of treatment. After treatment, her drinking was greatly diminished for the posttreatment year compared to the pretreatment year: She went from 28% abstinent days during the pretreatment year to 96% abstinent days during the year following treatment. Her light drinking (1-4 drinks) increased from 1% pretreatment to 56% of all drinking days. As for heavy-drinking days (>10 drinks), she had none in the pretreatment year, while these constituted 7% of her drinking days in the posttreatment year. While her mean drinks per drinking day decreased from 6.1 pretreatment to 4.0 posttreatment, the more impressive change was in her actual drinking days. They declined from 260 days in the year prior to treatment to a posttreatment year total of 14 days (about one drinking day per month). Finally, while she had evaluated her drinking as a Major Problem (negative consequences, of which at least one was "serious") prior to treatment, she rated it as Not a Problem at the 1-year follow-up.

This chapter was intended to provide readers with an overview of the types of clients for whom this treatment approach was developed and to highlight the abilities that the clients themselves ought to bear in dealing with their problems. The examples presented here were not selected as the "best," but rather to exemplify different types of IDS profiles. These examples clearly illustrate that problem drinkers not only can take responsibility for dealing with their own problems, but that they can be quite creative and ingenious.

