



Helping Persons with Addiction Series 4

**NATIONAL INSTITUTE OF MENTAL HEALTH
AND NEURO SCIENCES**

Bangalore



H 2 H (Help to Help)

WOMEN PARTNERS OF MEN WITH ALCOHOL DEPENDENCE :

A COUNSELLING MANUAL

Supported by the Indian Council for Medical Research





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WOMEN PARTNERS OF MEN WITH ALCOHOL DEPENDENCE : A COUNSELLING MANUAL

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Developed as part of an ICMR Study:

**Development of a partner focused intervention for alcohol dependence
and assessment of impact on couples' outcome: A pilot study**

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Introduction

The problem of alcohol addiction extends much beyond the person who is dependent. It impacts the entire family, especially the partner and children. Most often alcoholism is considered to be a family disease. A lot of work has been done in the area of alcohol addiction and there are established evidence based interventions for persons with alcohol dependence. However, the woman partner of the person with alcohol dependence is often neglected. In most de-addiction centers, the focus is on the person with alcohol dependence and not on the partner. Being a partner of a person with alcohol dependence, the woman may be subjected to violence, experience psychological distress, poor physical health, economic pressure, lack of support and other problems. We often emphasize the partners' role in the spouse's recovery process but fail to understand the emotional and physical barriers that prevent them from providing effective support. Moreover, it is important to foster and strengthen resilience among the women partners to help them cope with the situation, provide support to their partners in recovery, as well as manage their own physical and mental health. This is particularly important when their spouse does not meet their expectation of quitting or reducing alcohol consumption.

In order to understand and address the needs of these women, a research initiative titled: "Development of a partner focused intervention for alcohol dependence and assessment of impact on couple's outcome, phase-1: A pilot study" funded by ICMR was carried out at NIMHANS. This included a needs assessment of women partners through a literature review, focus groups with women partners and detailed needs assessment among 50 women partners of men treated for alcohol dependence. The intervention was tested out among 60 women partners. The major findings of the intervention was that there was significant improvement in the women partners provided the intervention at 3 months follow-up in terms of life satisfaction, marital quality of life, self- concept and perceived support compared to women partners who had not received the intervention. While abstinence from alcohol by the husband itself produces these positive changes, in reality, many persons with alcohol dependence relapse, leading to severe mental

distress in their wives or partners. It therefore becomes very important to provide active support to women partners to deal with such relapses as well as help themselves in improving their physical and mental health and well-being.

As an outcome of the research, this interactive manual titled: **H2H Women Partner of Men with Alcohol Dependence: A Counselling Manual** was developed. The H2H stands for help to help themselves as well as their husbands.

This manual focuses on assessing the woman partner, educating her about the disease concept of alcohol addiction, emphasizing her role in the recovery process, helping her learn ways to deal with her emotional distress, enhancing her overall physical and mental health, improving her support system and enhancing her parenting skills. All these areas are dealt separately in seven steps. These therapeutic sessions are scientifically designed based on individual in-depth interviews and focus group discussions.

Every session requires active participation by the client (woman partner) in order to achieve mutually accepted goals and contracts. It also requires her to take responsibility for learning the necessary skills to deal with the situation effectively. The intervention consists of seven steps (ten sessions) and is basically developed for women partners of men with alcohol dependence who have sought treatment in an addiction treatment facility. However, the number of sessions, setting and the information provided may be modified to suit the client's needs and convenience. Topics that have been included in this manual can be modified depending on the situation/setting where it is implemented. We emphasize a personalized approach, based on the client's needs, in delivering the interventions.

General guidelines for the manual:

- Throughout the manual, some expressions are used interchangeably. These include client/partner, husband/spouse and addiction/dependence
- The information provided in *Italic text* is for the clients, whereas information provided in normal text is for the treatment provider.
- The treatment provider in the manual means any mental health professional.

Step 1

Detailed Assessment and Ventilation (2-3 Sessions)

Expected Outcome

By the end of this session, the treatment provider should be able to:

- Develop rapport.
- Orient the client about the purpose and procedures of the intervention.
- Make a therapeutic contract.
- Collect detailed information to plan and structure the intervention.
- Allow the client to express her thoughts and emotions freely.

Establishing rapport

The treatment provider introduces himself/herself.

I am _____. I understand that your husband has an addiction for which treatment is planned. You must have gone through a lot of difficulties yourself before coming here. I would like to ask you a few questions about your own health and well-being. May I go ahead? _____ (if yes, continue with the key questions).

KEY QUESTIONS TO CLIENT

- ✓ What is your name?
- ✓ Where do you live?
- ✓ Has your husband been seen by a doctor/counselor?
- ✓ What have they told you?
- ✓ How have you been feeling in this situation?

The treatment provider briefs the client about the importance of the intervention.

Any woman whose husband has developed an addiction, faces a lot of challenges. These may include feeling emotionally upset, frequent thoughts that it is better to die than face the situation, changes in ways of living, becoming withdrawn and not communicating with the addicted partner, poor physical and mental health, self-neglect and so on. This can worsen when the woman does not receive any support. Our aim is to provide help for you in addition to the usual de-addiction treatment your husband would receive. This therapy will help you to feel better and deal effectively with your current situation. We would carry out the therapy after carrying out a detailed assessment which will include talking to you about yourself, your family, your husband/partner. Your physical and emotional well-being would also be assessed.

The treatment provider explains about the intervention procedure.

These are sessions which we will have with you over a period of 3 weeks (approximately two/three sessions in a week). You could go through all these sessions or choose from it. During the sessions, you may decide that additional topics need to be discussed, in which case you can tell me. Shall we go through this in more detail? _____ (if yes, please continue with the table below).

Phases	Do You Need This? √ Tick The Box
<p>1: Assessment, Emotional support and Ventilation</p> <p>Complete details will be explored including personal details, physical and mental health examination</p> <p><i>I would like to know some personal details to understand your current situation. Subsequently I will also be doing/arranging a physical and mental health examination to understand your health and current well-being. Would you like to go through this session?</i></p>	Recommended for all
<p>2: Support in the Recovery Process</p> <p>Understanding the issues i.e., the concept of alcohol addiction and helping the client to support her husband in the recovery process.</p> <p><i>In this session, we will discuss the concept of alcohol addiction and its related issues followed by how you would be able to better support your husband in the recovery process. Would you like to go through this session? (if yes, please <input checked="" type="checkbox"/>)</i></p>	

<p>3. Dealing with Emotional Distress</p> <p>Helping the client feel relaxed and explore the causes for her emotional distress.</p> <p><i>In this session, you will learn how to do some simple relaxation exercises, to understand the causes of your emotional distress and how to deal with such situations. Would you like to go through this session? (if yes, please <u>√</u>)</i></p>	
<p>4: Health and Well-Being</p> <p>Discussing family health problems, eating habits, hygiene practices, family planning methods and healthy sexual practices.</p> <p><i>In this session, we will be discussing about your family's physical health, eating habits and hygiene practices. We will also discuss family planning methods and healthy sexual practices. Would you like to go through this session? (if yes, please <u>√</u>)</i></p>	
<p>5: Support system in crisis</p> <p>How to help oneself [Coping with difficult situations, learning methods of problem solving, stopping enabling behavior (behaviors that hide or encourage alcohol or drug use by your partner),making safety plans] and how to seek help (NGO's, Banks, Al-Anon/AA Groups, organizations for Women and Legal Aid or legal bodies).</p> <p><i>In this session, you will learn certain skills to help yourself and I would also guide you, to seek help. Would you like to go through this session? (if yes, please <u>√</u>)</i></p>	
<p>6: Parenting Skills</p> <p>Parenting styles and facilitating healthy upbringing of the children.</p> <p><i>In this session, I would help you to explore how you have been bringing up your children and addressing their issues. This would help you in dealing with your children in a more healthy manner. Would you like to go through this session? (if yes, please <u>√</u>)</i></p>	
<p>7: Termination</p> <p><i>Summarization and Referral if required.</i></p>	
<p>Going through all the sessions may take us approximately 6 to 10 hours over a period of 3 weeks.</p>	

Once this is completed, proceed with therapeutic contract.

Therapeutic Contract

At this point, it is helpful for the treatment provider to introduce the therapeutic contract, which can enhance the participation and compliance with treatment sessions:

THERAPEUTIC CONTRACT

In order to help myself feel better and deal better with the current situation, I, _____ (name of the client), agree to cooperate and comply with the treatment suggested to me during the course of my partner's treatment for addiction. In this connection, I agree to:

- Undergo a detailed assessment conducted by the treatment provider.
- Attend all therapy sessions as scheduled
- Try and put into practice the activities that are suggested in the section.

Signature and date (client)

Signature and Date (Treatment provider)

This page can be photo copy and given to the client

CLIENT INFORMATION SHEET

The main objectives of the intervention will be to:

- Reduce my emotional distress
- Improve the quality of my marital life, the quality of my life, my communication and coping.
- Help my husband/partner in the recovery process
- Help me to develop problem solving skills
- Help me to reduce conflict, harm and violence
- Help me in building up a support system
- Promote positive physical and mental health
- Learn about a balanced diet for myself and my family
- Develop good hygiene practices
- Learn about healthy sexual practices
- Improve my skills as a parent
- Help me understand child development, child-parent relationship and to promote positive discipline.

Sessions	Date	Timings	Activities
Follow up	Date:	Timings:	

Name and signature (Treatment provider):

Contact Number:

The treatment provider collects detailed information to get a clear picture of the client's situation and thereby structure the intervention according to the individual need.

CASE HISTORY

- **Birth and childhood history:** birth details, family history, schooling and childhood experience.
- **Occupational history:** current and past employment details and employment experience.
- **General medical history:** recent life style changes, reproductive health, family planning and medical problems.
- **Marital history:** age at marriage, whether arranged by family/self, initial experiences, relationship with husband and in-laws, level of marital satisfaction, extra-marital issues, conflict and violence issues
- **Psycho-social issues** (response to husband's drinking):
 - Explore problems related to husband's drinking such as abnormal behavior, anger outbursts, memory problems, harm to self and others, fall/accidents, high risk sexual behavior, suspiciousness and others in relation to alcohol.
 - Explore situations encountered because of husband's addiction – difficulty in buying ration and medicines, paying rent and school fees, missed social functions, verbal and physical fights with family or neighbours.
 - How the client responded to the partner's behaviour (e.g., violence) examples including approaching the family members, friends, police etc.
- **Parental role:** Explore areas such as disciplining styles, moral/academic/emotional guidance and shared parental responsibilities.
- **Finance and expenditure:** Regular source of income, financial responsibility and management, savings and personal expenditure.
- **Social Support:** Whom she turns to for support (emotional, material and informational).
- **Sexual history:** Sexual experiences, intimate partner sexual violence, alcohol consumption of husband and its impact on her sexual experience, awareness about HIV/STI.
- **Future views:** What she hopes will be the changes in her life? And what are her expectations from the treatment provider.

Physical and Mental health examination

At this stage, the treatment provider discusses with the client the need to evaluate general physical health and arranges for the same (If being carried out by a male physician, ensure that a family member or a female health staff is present).

It is possible that you may be neglecting your health because of your problems and stress. We also know that when a person is often intoxicated, he may engage in risky sexual behavior. This may also expose his partner to sexually transmitted illnesses like HIV, Hepatitis B and C. These conditions can be picked up by special tests.

Would you like to be tested for these? If yes, proceed with the following investigations.

- Record *height, weight, BMI* and *BP*

Height _____ Weight _____ BMI _____

BP _____

Please see the box below for appropriate decision making on the physical health and referral.

BMI

18.5 – 24.9 = NORMAL RANGE

Below 18.5 (Under weight)	}	Please refer the client to a doctor
25 - 29.9 (Over weight)		
30 and above (Obese)		

BLOOD PRESSURE

More than 90/60 and less than 120/80 = Normal range

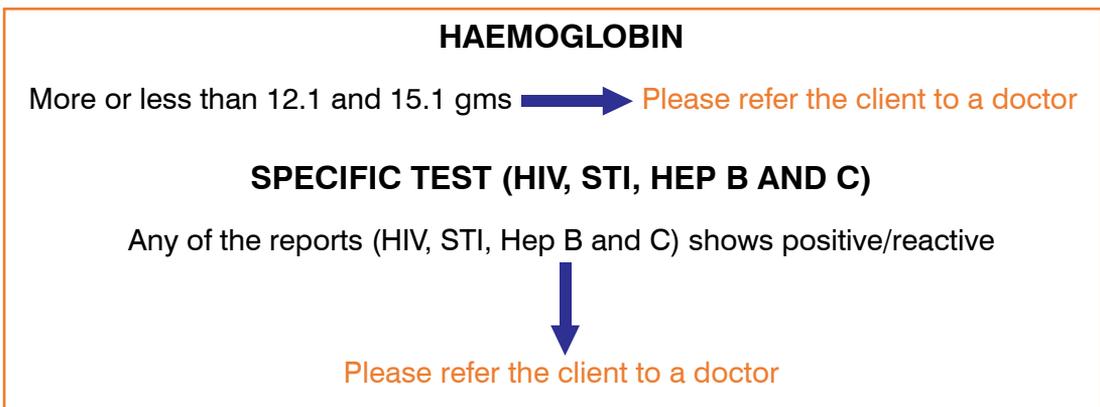
90/60 or less = low blood pressure	}	Please refer the client to a doctor
140/90 and above = high blood pressure		

- Investigations that are recommended include:
- *Haemoglobin, and other tests as required and*
- *Specific tests (HIV, STI, Hep B and C if indicated)*

Haemogram _____ HIV _____

STI _____ Hep B and C _____

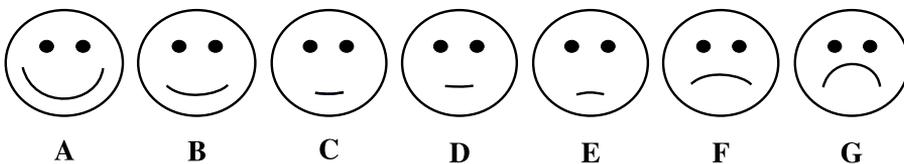
Please see the box below for appropriate decision making on the physical health and referral.



Subsequently, the need for a mental **health examination** is discussed with the client to evaluate her mental health.

Faces Scale: Before going into details, the treatment provider, introduces the client with a chart of smiling faces to understand their feeling at the moment.

Before going into further details, can you choose of these faces, the face which comes closest to expressing how you feel at this moment?



Quite often, women partners of men with alcohol dependence report feeling helpless, hopeless, worthless, irritable, having low energy, restless, losing interest in usually pleasurable activities headache,, reduced sleep and so on. Have you ever faced similar problems in your day to day life? _____ (if yes, continue). This might be a normal reaction to life struggles, but at the same time this can be a warning sign about your mental health. Here are some questions that will help us to understand better your state of mental health

CHECKLIST 1 (DEPRESSION)

At least one of these following symptoms for most days (most of the time) for at least 2 weeks:

1. Persistent sadness or low mood; and/or ()
2. Loss of interests or pleasure ()
3. Fatigue or low energy ()

If any of above present, ask about associated symptoms:

4. Disturbed sleep ()
5. Poor concentration or indecisiveness ()
6. Low self-confidence ()
7. Poor or increased appetite ()
8. Suicidal thoughts or acts ()
9. Agitation or slowing of movements ()
10. Guilt or self-blame ()

The 10 symptoms then define the degree of depression and management based on the number of symptoms and the degree to which they are present.

- **Not depressed** (fewer than four symptoms)
- **Mild depression** (four symptoms)

- **Moderate depression** (five to six symptoms)
- **Never depression** (seven or more symptoms, with or without psychotic symptoms)

Symptoms should be present for a month or more and every symptom should be present for most of the day

If the client has a few symptoms or is mildly depressed, offer the intervention and re-assess. If she is moderately or severely depressed, suicidal or does not report improvement in her symptoms, suggest that she sees a psychiatrist for evaluation.

CHECKLIST 2 (ANXIETY)

The symptoms should be present for a period of at least six months with prominent tension, worry and feelings of apprehension, about every-day events and problems and at least four symptoms out of the following list of items must be present, of which at least one from items (1) to (4).

Autonomic arousal symptoms

- (1) Palpitations or pounding heart, or accelerated heart rate. ()
- (2) Sweating. ()
- (3) Trembling or shaking. ()
- (4) Dry mouth (not due to medication or dehydration). ()

Symptoms concerning chest and abdomen

- (5) Difficulty breathing. ()
- (6) Feeling of choking. ()
- (7) Chest pain or discomfort. ()
- (8) Nausea or abdominal distress (e.g. churning in stomach). ()

Symptoms concerning brain and mind

- (9) Feeling dizzy, unsteady, faint or light-headed. ()
- (10) Feelings that objects are unreal (derealization), or that one's self is distant or "not really here" (depersonalization). ()

- (11) Fear of losing control, going crazy, or passing out. ()
- (12) Fear of dying. ()

General symptoms

- (13) Hot flushes or cold chills. ()
- (14) Numbness or tingling sensations. ()

Symptoms of tension

- (15) Muscle tension or aches and pains. ()
- (16) Restlessness and inability to relax. ()
- (17) Feeling keyed up, or on edge, or of mental tension. ()
- (18) A sensation of a lump in the throat, or difficulty with swallowing. ()

Other non-specific symptoms

- (19) Exaggerated response to minor surprises or being startled. ()
- (20) Difficulty in concentrating, or mind going blank, because of worrying or anxiety. ()
- (21) Persistent irritability. ()
- (22) Difficulty getting to sleep because of worrying. ()

(Please note: If the client has a few symptoms of anxiety, offer the intervention. If the client is severely anxious or does not report improvement in her symptoms, suggest that she sees a psychiatrist for evaluation).

Session closing (the following can be applied to all session as relevant):

- ✓ Summarize the session
- ✓ Ask for clarification
- ✓ Inform about the date and time of next session.
- ✓ Explain about the practice exercise to be carried out, and remind her to complete the exercise for review in the next session (not applicable for the present session).

Step 2

Support in Partner's Recovery Process

(1 Session)

Marital support is very important for recovery in addiction and is predictive of successful treatment. Therefore, this session primarily focuses on educating the client about alcohol dependence and emphasizing her role in the partner's recovery process. The session starts with educating her about the disease concept of alcohol dependence, which involves: assessing her awareness about alcohol dependence, causal factors, understanding addiction and treatment options. Later on, the session needs to move on to her role in the recovery process- this includes, effective communication, general helpful and unhelpful responses, gender differences in communication, communication skills and reinforcing abstinence behavior.

STEPS INVOLVED IN EDUCATING THE PARTNER ABOUT ALCOHOL DEPENDENCE AND EMPHASIZING HER ROLE IN THE RECOVERY PROCESS:

Step 1: Educate about disease concept of alcohol dependence

- 1.1 Assessing partner's awareness about alcohol dependence
- 1.2 Causal factors: Genetic and Environmental
- 1.3 Understanding Addiction
- 1.4 Treatment: Medication and Counseling

Step 2: Partner's role in the recovery process

- 1.1 Helpful and unhelpful responses
- 1.2 Gender differences in communication
- 1.3 Communication skills
- 1.4 Reinforcing abstinence behavior

Learning objectives

By the end of this session, the treatment provider should be able to:

- Improve the partner's understanding about alcohol addiction.
- Help the partner to support her husband in the recovery process.
- Enhance her quality of life.
- Enhance her communication skills.
- Enhance substance free behavior in her husband/partner.

Opening session (the following can be applied to the following sessions as relevant):

- ✓ Enquire about how things have been since the last meeting
- ✓ Provide a brief summary of the previous session
- ✓ Introduce the topic for the session- *In today's session, we will focus on improving your understanding of alcohol dependence and its consequences. Perhaps this will help you support your husband in coming out of the addiction.*

Step 1: Educate about the disease concept of alcohol dependence

Educating about the disease concept of alcohol dependence would help to remove the myths about alcohol dependence. This can also help the partner to overcome any negative attitude towards her husband and thereby help in his recovery.

You could share with the client how understanding the problem can change the attitude with which one looks at the problem.

Example 1: X is a 28 year old married woman who is employed and educated upto degree. She is from a middle socio-economic family background. Her husband has alcohol dependence since 2 years. When she was asked about her understanding of alcohol dependence, her response was – *“I think he is drinking because he has lost his job and he is very stressed out because of it. He does not have much will power to avoid drinking alcohol. Most people whom I have seen drink because of stress, peer pressure, lack of will power...”* After learning about alcohol dependence, the partner's response was – *“Good that I came to know about this, now I understand the problem...I think I should also change my behavior towards him..If I motivate him, he may change...”*

also feel better now...” this example shows that, right awareness can bring greater acceptability among people.

Suggested treatment provider’s script

What is your understanding about addiction? How do you think people get addicted to alcohol (example: Peer pressure/due to tension/when there is family conflict/when the spouse is distressed)?

Based on the client’s awareness, the treatment provider educates the client using the script suggested below:

1.1 *People get addicted to alcohol not because of a single factor but a combination of multiple factors, one among them is **because of a genetic risk**; this plays a major role in developing addiction. It is well-known that alcoholism is passed down the generations in a family (using the husband’s family of origin the concept is may explained).By nature, some people are highly impulsive, then want things immediately, and find it difficult to control anger, they like to do risky things. Such persons may be more likely to develop addiction if they turn to the use of alcohol or drugs. Persons who are by nature very shy, socially awkward, moody may also turn to alcohol to overcome these difficulties.*

*Not only do genetic factors play a role, but many **environmental factors** also affect an individual’s thinking about alcohol and its effects. These may include watching family members drink, being around friends who drink or in situations where alcohol is freely offered, like in parties.*

1.2 *Reward pathway, also known as the pleasure pathway, involves areas in the brain and the release of some brain chemicals. It is responsible for stimulating feelings of pleasure that motivate us to engage in a behavior that is necessary for our survival such as eating, drinking water, nurturing and procreating. **For example:** when we are hungry and have food, we feel satisfied; therefore we repeat this behavior. Certain parts of the brain get excited when the person consumes alcohol or uses tobacco. The person initially uses it to feel this pleasure.*

As time goes by, the person needs to increase the amount of alcohol or tobacco to get the same effect. This makes the person go after the substance, as well as increase the number of times of using, as the effect of the substance comes down. Alcohol gives temporary pleasure to the person but the problems worsen over a period of time.

1.3 Stress Relief

Over time, using alcohol or tobacco becomes a way of dealing with tension. Any negative feeling, like having a quarrel at home, getting irritated with the children, having a bad day at work, losing a job, breaking up of a relationship, financial loss, and the person resorts to the use of the addicting substance as a way of dealing with the problem. Similarly, if the person does not know any other way of coping with sadness, anxiety, or anger, using alcohol becomes the easiest way of handling feelings.

1.4. Withdrawal Symptoms

Once used on a regular basis, people who are addicted to alcohol experience withdrawal symptoms when the alcohol is not in their system. This include shaking of the hands, irritability, reduced sleep and craving for alcohol. The person very often restarts drinking to get relief from these unpleasant symptoms.

*What we have to understand is that **Alcoholism is not a choice**. Although, initially the decision to use alcohol is a choice, but once the addiction develops, the person loses the ability to maintain self-control and make the right decisions. This happens because brain function has been altered and disturbed, which affects the person's behavior, decision making, judgment, memory and learning.*

1.5 Medication and counselling

*We give **medication for detoxification and to reduce craving**. We also provide **counseling** in our hospital to teach the person that withdrawal symptoms will fade away over time, to teach him how to handle craving, temptation to drink from outside as well as the thoughts of drinking that may come again and again in his mind. Still there are chances that people, relapse because addiction, just like in the case of high blood pressure or diabetes, is a condition that remains for a long period and a person can get back into the earlier problem, which we call a relapse. So, treatment cannot be done in just one session, follow-up intervention and monitoring as well as **“your” (spouse) support** is important to reduce the risk for relapse; because the spouse plays a very important role in helping the person remain alcohol free and in preventing relapse.*

Step 2: Partner's role in recovery process

As we already know, the partners' role is very essential in the recovery process. Now we will discuss how the partner can actually help her husband in the recovery process.

2.1 Helpful and unhelpful responses

It is useful for the treatment provider to discuss the following table with the client in order to emphasize the importance of the way she responds to her husband during the process of recovery or in the event of a relapse.

Let us discuss some of the reactions and responses of wives/partners that may be helpful to reduce alcohol consumption in their husbands/partners. Here is a list of these; do you think you can put into use these helpful responses?

Helpful Responses	Can I do this?
<i>You should always remember that alcohol dependence is a disease. It is not a moral weakness or a lack of will power.</i>	
<i>Pay extra attention to his nutrition, medication and health related needs.</i>	
<i>Peer pressure is one of the most important factors leading to relapse. If you restrict him forcibly, he may become defensive and hostile towards the family. These issues can be discussed with the professionals, so that the team will teach your husband appropriate peer handling and drink refusal skills.</i>	
<i>Give the medicines regularly as per the doctor's recommendation and bring him for regular follow up.</i>	

Now, let us discuss some reactions and responses that are generally unhelpful and may worsen a person's drinking or behavior. Could you tell me if you would be able to avoid such reactions/responses?

Unhelpful Responses	Can I avoid this?
<i>Do not argue, quarrel, justify the use of substance, or take up the responsibility of covering up the consequences of the substance use.</i>	
<i>Do not discuss his previous drinking problems with others.</i>	
<i>Do not suspect. For example, don't start questioning whether he has had a drink or not, especially when he comes home after a day's work. Do not make phone calls to his friends or colleagues to check whether he is drunk or not or smell him when he comes home.</i>	
<i>Do not stop the medicine without the doctor's knowledge.</i>	

Do you think it is difficult for you to avoid any of these responses? Let us discuss further how to make it easier for you to learn how to avoid such unhelpful responses?

2.2 Then the treatment provider introduces gender differences in communication.

The way in which men and women communicate is different but this difference is minor. What is important to know is that men and women sometimes perceive the same message to have different meanings. Studies show that women are more sensitive to interpersonal meaning in the message they exchange with their husband whereas, men are more sensitive about their status. These patterns come as a result of societal expectation from each gender. This can create specific and commonly experienced misunderstanding.

To carry out this discussion, the treatment provider can first use the script below and then use the table provided below to go into specifics of gender difference and finally end by asking the client regarding similar experiences.

In order to use the helpful and unhelpful responses that we learnt about just now effectively, it becomes essential to discuss how you can communicate effectively with your husband. Before going into communication skills, it is important to understand gender difference in communication because this is one of the basic reasons for misunderstanding. Both men and women understand the same message differently.

For example: She: Don't go out with your friends!

He : Why?

She : They will make you drink.

He : You never trust me.

She : Ok, do whatever you want. You never care about the family.

In this example, she is trying to communicate something like, "I care for you and you are important to me." The message he hears her saying is: "you must do what I say. I know how you are when you are with your friends. You don't have control over yourself."

Therefore it is important to understand gender difference in communication in order to avoid such misunderstandings. Let's discuss this in detail.

Men	Women
<ul style="list-style-type: none">• <i>Frequent use of "I" and "me"</i> <i>Example: "I know what is good for the family".</i>• <i>Raises his voice</i>• <i>Not giving cues that they are listening (irregular eye contact, may continue another activity while speaking and so on)</i>• <i>Often uses conversation in a competitive way, perhaps in an attempt to establish dominance in the relationship</i>• <i>During conflict tends to withdraw emotionally. Example: walks out from the house</i>	<ul style="list-style-type: none">• <i>Frequent use of "us" and "we"</i> <i>Example: "we should discuss about the family".</i>• <i>Raises her voice</i>• <i>With a women, usually is the other way round</i>• <i>Tends to use conversation to establish friendship/intimacy.</i>• <i>During conflict-tends to criticize</i> <i>Example: you are always useless.</i>

Now as we discussed about gender difference in communication, would like you to share any similar experience in your life.

From our discussion, we have realized that the way we communicate with each other can create misunderstanding. Therefore let us plan specific actions that can make up effective communication.

1.3 Then brief about effective communication skills:

First and foremost **avoid mind-reading**, avoid telling the person that you know what he or she thinks or feels. This might lead to a misunderstanding. **For example;** when your husband does not talk to you, you might think that he is angry with you. This might create problems in your relationship. Most of us may get angry or frustrated when others try to tell us what we think or feel and this often leads to arguments or angry outbursts. Usually when we try to mind-read we are not really trying to communicate, we are trying to dominate and control the other person, and no one wants to be dominated or controlled.

Second, **do not label the person**, usually when we label someone, we are not trying to communicate, we are expressing anger and aggression and the natural reaction on the other person's part is to become defensive and aggressive. **For example;** when your husband comes home drunk, if you call him drunkard and useless, then this might provoke him and lead to further conflict because here we are not referring to his action but labeling him.

Third, **no interrupting and no long speeches**, when we interrupt or engage in long speeches, we might be giving the other person the message that "what you have to say is not important. What I have to say is more important than your thoughts or feelings." This might give them the feeling that you are controlling them.

Fourth, **be specific**, If we talk about a specific time, place, and event, it is easier to get to an agreement and change rather than an argument. If we are generalizing, we are often labeling the person rather than their action. **For example;** "you always do _____" or "you never do _____" this might lead to labeling.

Communication skills:

- Avoid mind-reading
- No name-calling
- Avoid inter-ruptions and long speeches
- Be specific
- Stick to present
- Talk about one thing at a time
- Claim your own feelings and actions
- Give and get feedback
- Respond to feelings expressed by another person
- Do not talk when partner is intoxicated

*Fifth, **Stick to the present**, when someone is trying to change oneself and if we keep criticizing them for things they did in the past, it frustrates them greatly. To keep the temper under control and to avoid arguments, it is better to stick to the present.*

*Sixth, **talk about one thing at a time**. If we want to solve a particular problem with another person, it is better that we solve one problem at a time rather than bringing many problems together because the other person might feel overwhelmed and it might lead to more conflict.*

*Seventh, **claim your own feelings and actions**. Try not to blame another person for your own feelings or actions. **For example**; try not to use the following statements – “you made me feel _____” or “you made me do _____”. Other people can’t make us do anything, unless they use physical force because no one can make us feel or think in a certain way. Our feelings are our own.*

*Eighth, **get and give feedback**. When the other person is talking, it is useful to make sure we understand them. The best way is to repeat what the other person has said and clarify with the same person. This will help us to reduce misunderstanding.*

*Ninth, **respond both to the spoken and unspoken parts of the message**. It is helpful to notice and respond to the feelings expressed by another person. If others feel that we are really paying attention and understanding them, they might respond favorably.*

*Last but most important, **do not talk to your husband when he is intoxicated**. Choose a time, when he is receptive to communicate.*

1.4 The treatment provider helps the client to develop and use the reinforcers to maintain substance free behavior.

Finally we will be discussing ways to encourage substance free behavior. This is very essential because abstaining from the substance is a sudden change for your husband and this often leaves him blank. Therefore we need to find suitable activities to help him remain substance free. Would you like to work on this? _____ (if yes, continue). Could you tell me, what are the things that your husband enjoys? _____

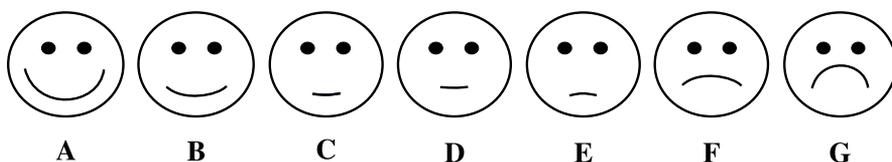
When the client lists various activities or things that her husband enjoys, then the treatment provider can simultaneously tick the behavior/activities that are applicable for the client using the table below:

Substance free behavior	Can I do this?
<i>Express of love/affection</i>	
<i>Stop nagging</i>	
<i>Acknowledging and praising</i>	
<i>A look of appreciation</i>	
<i>A pat or a hug</i>	
<i>Watching TV with him</i>	
<i>Cooking his favorite food</i>	
<i>Visiting places of his interest (favorite spots, relative's homes, movie, shopping, in-law's house and so on)</i>	
<i>Allow him to freely mingle with the children</i>	
<i>Mutual decision making</i>	
<i>Sharing responsibility with him</i>	
<i>Others</i>	

Once the brain storming activity is completed the treatment provider asks the client to read the list once again and to practice these activities regularly whenever her husband is abstinent.

Faces Scale: Before closing the session, the treatment provider, presents to the client the chart of faces to understand their feeling at that moment.

Before ending this session, can you choose one face out of these faces, which face comes closest to expressing how you feel at this moment?



SUMMARY

Alcohol addiction is a disease; both genetic and environment factors play a role in maintaining the condition. Therefore long term intervention, monitoring as well as spousal support is very important to help the person remain alcohol free.

Some of the factors that are essential in the recovery process:

- ✓ Remember the helpful and unhelpful responses
- ✓ Understand gender difference in communication
- ✓ Practice communication skills
- ✓ Engage in reinforcing behavior

HOME PRACTICE ASSIGNMENT I

- Most of these communication techniques are difficult to remember and practice the first time might be difficult, but gets easier with practice. It is helpful to practice them with the most important people in your lives, especially with your husband since in this relationship good communication is most important.
- Ask the client to track on paper and bring to each session at least one positive behavior that she has noticed in her husband each day.
- Engage in shared recreational activities such as eating together, visiting relatives and so on.
- Engage in family rituals such as meal time, television time, celebrating birthdays so on.

Step 3

Dealing with Emotional Distress

(2 Sessions)

Learning objectives

By the end of this session, the treatment provider should be able to:

- Reduce the client's emotional distress

Suggested treatment provider script

In today's session, we will learn a simple way of relaxation by using a well-known method. After that, we will learn how to use this in everyday life to get relief from stress. This is also useful in certain situations where you find yourself out of control. Progressive muscle relaxation involves a two-step process in which you systematically tense and relax different muscle groups in the body. With regular practice, progressive muscle relaxation gives you an intimate familiarity with what tension—as well as complete relaxation—feels like in different parts of the body. This awareness helps you spot and counteract the first signs of the muscular tension that accompanies stress. And as your body relaxes, so will your mind. You can combine deep breathing with progressive muscle relaxation for an additional level of stress relief.

Please Note: Before practicing Progressive Muscle Relaxation, ask the client whether she has a history of muscle spasms, back problems, or other serious injuries that may be aggravated by tensing muscles.

Instructions:

- Lie down on a bed in a comfortable position
- Loosen your clothing, take off your footwear, and be comfortable
- Take a few minutes to relax, breathing in and out in slow, deep breaths, and count 1-2-3 hold for a second and exhale with a count of 1-2-3.

- For a sequence of muscle groups to follow, see the box below:

PROGRESSIVE MUSCLE RELAXATION SEQUENCE: MOST POPULAR SEQUENCE RUNS AS FOLLOWS:

1. Clench your right fist.
2. Now, clench your left fist.
3. Now clench both fists at a time.
4. Now clench your fists and bend your arms.
5. Now straighten your hands.
6. Now wrinkle.
7. Now twitch your eye brows.
8. Now press your tongue to the roof(palate) of your mouth.
9. Now bite your teeth tightly (pressing jaws)... as hard as you can.
10. Now press your lips against each other.
11. Now bend your head forward and let your chin touch the chest.
12. Now bend the head backwards and turn it left and right.
13. Now bend your shoulders upwards in an arch like manner.
14. Now bend your shoulder backwards.
15. Now move your shoulder in a circular manner.
16. Now swell your belly (abdomen)with air.
17. Now shrink your belly in.
18. Now tighten your thigh muscles as tightly as possible.
19. Now bend your toes upwards.
20. Now bend the toes downward as tightly as you can.
21. Now slowly draw in a deep breath and slowly release it.

Termination (After 10-15 minutes of relaxation)

- Now you are calm, comfortable and relaxed. Count from one to four and four to one. Now start. Oh... good... (After completion of the counts i.e. 1-4 and 4-1) slowly open your eyes... now slowly get up... sit for a while... now you are completely relaxed, fresh and comfortable.

Discuss the following relaxation techniques with the client to help her to adapt a suitable technique for herself.

Now let us discuss some of the relaxation techniques that are suitable for you.

Relaxation Techniques	Can I Practice this?
<p>1. Progressive muscular relaxation (mentioned above)</p>	
<p>2. Simple relaxation</p> <ul style="list-style-type: none"> • <i>Assume a comfortable position in a quiet environment. Select some neutral, peaceful, pleasant thought, object and focus full attention on it, while at the same time maintain the comfortable position.</i> • <i>Take several deep respirations and exclude unpleasant thoughts. Deep breathing exercises are a form of relaxation, and when practiced regularly, can bring about relief from stress.</i> • <i>Next, tighten in sequence the following muscle groups. Tense the muscles: 1. Dominant hand and arm, 2. Non-dominant hand and arm, 3. Facial muscles, 4. Shoulder and upper torso, 5. Abdominal muscles and 6. Legs and feet.</i> • <i>Following completion of the muscles tensing and relaxing, take several deep respirations, sit quietly for a few minutes and focus attention on the pre-selected thought or object.</i> 	
<p>3. Diaphragmatic breathing</p> <ul style="list-style-type: none"> • <i>Sit comfortably, with loose clothes.</i> • <i>Place one hand on the upper part of your abdomen.</i> • <i>Slowly inhale through your nose. As you do so, push your stomach out and feel your diaphragm expand. Do not suck into your abdomen.</i> • <i>Now exhale through pursed lips, feeling your abdomen fall inwards. You may even push gently with your hand, allowing the abdominal muscles fall inwards, at the same time relaxing your neck, chest and shoulder muscles.</i> • <i>Repeat this exercise for 5-10 minutes, 3-4 times a day.</i> 	

While practicing these techniques, please note the following:

- Concentrate fully on what you are doing. Do not allow any other thought to cross your mind.
- Do not fall asleep.
- Wear comfortable clothes.
- Concentrate only on that part of the body engaged in tensing and relaxing.

Remember, these are only some examples of relaxation. In India, many people find yoga or other forms of meditation as simple ways of reducing stress, anxiety or depression. If you are comfortable doing that, please go ahead.

We have chosen the simple relaxation exercises because they are easy to do in your own home and easy to learn.

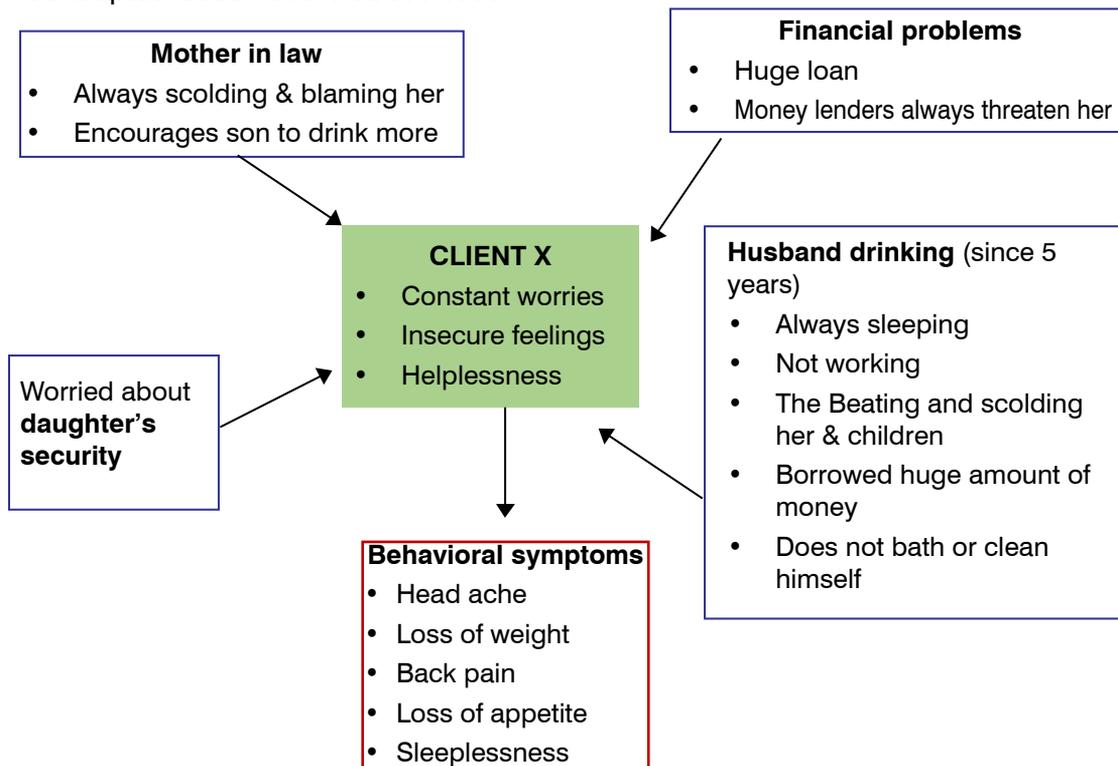
At this point it is helpful to discuss the events associated with emotional distress.

✓ Conceptual framework of the individual case can be used to demonstrate emotional distress (**An example is given below**).

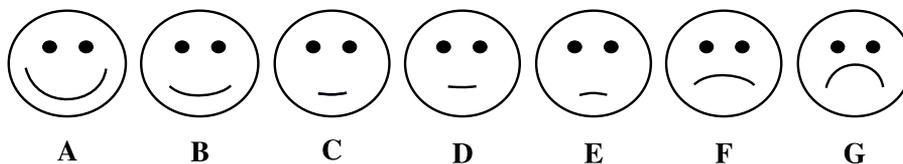
Case Vignette

X is a 32 year old Hindu married woman. She is working as a house maid in two houses and earns around Rs 3000/- per month. She has frequent head ache, back pain, loss of weight, sleeplessness and loss of appetite. She has been married for 12 years and is living with her mother-in-law right from the day she got married. Client reported that all the problems occurred once her husband started drinking. She is the only source of income for the family. Her husband does not go and work. He starts drinking in the morning and continues throughout the day. He does not even bathe or brush, he just wants to drink. He beats and scolds her everyday primarily for money. The mother-in-law always scolds and blames her in front of everyone. She also encourages her son to drink. He borrows money from others to drink. The people from whom he borrows money, comes home and demand repayment. When he does not return the money, they scold and threaten her. She is worried about her daughter's (9 years old) security because of increasing crime against young girls and women in the city.

Conceptualisation of the above case



Faces Scale: Before ending this session can you choose one face out of these faces, which face comes closest to expressing how you feel at this moment?



SUMMARY

- ✓ Regular practice of relaxation technique helps in managing day to day stressors.
- ✓ Deep breathing with progressive muscle relaxation is recommended.

Please Note: Based on the individual case, summarize the conceptual framework.

Home Practice Assignment II

Practice relaxation regularly

Step 4

Health and Wellbeing

(1 Session)

Healthy lifestyle practices are essential for healthy living. Maintaining good physical and mental health is necessary to carry out daily activities efficiently. Therefore, this session primarily focuses on addressing the clients' as well as her family's physical health issues, educating her about healthy lifestyle and hygiene practices, family planning methods and sexually transmitted diseases. (S. T. D.)

Learning objectives

By the end of this session, the treatment provider should be able to:

- Help the client understand ways of improving her physical health as well as of her family members
- Provide the information required to enhance healthy and hygienic practices
- Impart awareness about family planning
- Impart awareness about sexually transmitted disease

Suggested treatment provider script

In today's session, we will discuss about general health of the family, eating habits, hygienic practices, family planning methods and sexually transmitted diseases. Before going into details, can you tell me if you/your family members are having any health issues?

Discuss the following table with the client, ask her to choose the physical health issues that are applicable for her as well as her family and then provide appropriate referral:

	Physical problems	Applicable	Needs Referral
Self	Head ache		
	Tiredness/giddiness		
	Chest pain		
	Body pain		
	Knee pain		
	Neck pain		
	Back pain and lower back pain		
	Digestion related problems/burning sensation/stomach ache		
	Ear, nose and throat related problems		
	Weight related problems (underweight/overweight)		
	Blood pressure/cholesterol/diabetes		
	Others		
Husband	Head ache		
	Tiredness/giddiness		
	Chest pain		
	Body pain		
	Knee pain		
	Neck pain		
	Back pain and lower back pain		
	Digestion related problems/burning sensations/stomach ache		
	Ear, nose and throat related problems		
	Weight related problems (underweight/overweight)		
	Blood pressure/cholesterol/diabetes		
	Others		

Children	Head ache		
	Tiredness/giddiness		
	Chest pain		
	Body pain		
	Knee pain		
	Neck pain		
	Back pain and lower back pain		
	Digestion related problems/burning sensations/stomach ache		
	Ear, nose, throat related problems		
	Weight related problems (underweight/overweight)		
	Others		
Other family members	Head ache		
	Tiredness/giddiness		
	Chest pain		
	Body pain		
	Knee pain		
	Neck pain		
	Back pain and lower back pain		
	Digestion related problems/burning sensations/stomach ache		
	ENT related problems		
	Cardiac problems		
	Blood pressure/Cholesterol/Diabetes		
Others			

Referrals _____

Then introduce healthy eating habits and hygienic practices.

Eating a healthy and balanced diet is very essential for a healthy life. Not eating a balanced diet can have serious impact on physical health. Undernutrition, iron deficiency, obesity high blood pressure, diabetes, anemia and heart diseases are common problems because of unbalanced diet. Therefore it is important to plan a healthy and balanced diet for yourself and your family.

Can you tell me what you had in past 24 hours i.e., for breakfast, lunch and dinner?

Based on the client's response, if you find that the client is not eating appropriate quantity i.e., 1600 calories every day (to calculate the calories refer the appendix), then the following information can be provided.

Usually at home we may all suffer from various physical health problems like headaches, body pain, cold, fever, low/high blood pressure, underweight/overweight; all these problems might not only be the result of environmental changes but also due to malnutrition. Therefore let us discuss how to plan a nutritious meal every day, so that you do not suffer from malnutrition.

1. Meal planning chart

Discuss the following chart with the client and help her to plan her regular meal according to her convenience and affordability:

Early Morning	*Breakfast (Never skip)	Mid-day	Lunch	Tea	Dinner
Tea-with milk	Upma/Rice bath/3 Idlies/2 Dosas	1 Seasonal fruits	1 bowl salad	Tea/ coffee	Salad and fruits
Peanuts (a few) or 4 badam	1 glass milk		1 big cup Green leafy veg	2 Biscuits /Fruits	Veg
	1 egg/Veg curry/pulses		Fish/Gram 1cup		Dal/2 Chicken/ fish pieces
			Raita / curd		2 Chappatis / Rice 2 medium cup
			2 Chappatis / Rice 2 medium cup		
Drink minimum of 1.5 to 2 liters of water every day to keep your body well hydrated					

Do you think you can put these into your regular meal planning? _____
 If you have difficulty with any of these, can you tell me, so that we can discuss this further and make it easier for you to plan your meal according to your convenience.

2. Healthy lifestyle practices

Eating healthy diet alone is not sufficient. Other healthy life style practices are also very essential for achieving and maintaining a healthy life.

In addition to meal planning, we will also discuss other important healthy life style practices that are important for maintaining good physical health.

Help the client adopt healthy practices using the following table:

Healthy Diet	Can I do this?
<ul style="list-style-type: none"> ➤ <i>Maintain regular timing for eating.</i> ➤ <i>Eat plenty of fresh vegetables, fruits and fresh foods.</i> ➤ <i>Avoid aerated drink (Pepsi, cola, sprite, soda and others)</i> ➤ <i>Use sugar and salt only in moderation.</i> ➤ <i>Drink plenty of water every day.</i> ➤ <i>Choose a low fat content food.</i> ➤ <i>Avoid red meat</i> ➤ <i>Avoid ghee, butter and vanaspathi</i> ➤ <i>Avoid fried foods</i> 	
Sleep hygiene	Can I do this?
<ul style="list-style-type: none"> ➤ <i>Maintain a regular bed and wake time schedule including weekends</i> ➤ <i>Avoid excessive fluids before bedtime, so that you don't have to wake up in the middle of the night to use the toilet.</i> ➤ <i>Do not take naps during daytime.</i> ➤ <i>Avoid coffee, tea, soft drinks, chocolates and tobacco products (if you are using) close to bedtime</i> ➤ <i>Finish eating at least two or three hours before your regular bedtime</i> 	
Exercise	Can I do this?
<ul style="list-style-type: none"> ➤ <i>Walk for minimum of 30 minutes for at least 5 days a week</i> ➤ <i>Maintain ideal body weight</i> 	

If the client is unable to practice any of these activities mentioned above, please discuss the reasons with the client and provide her him with other alternatives.

3. Basic Hygiene Practices

Health issues can result from unhygienic practices. Unhygienic practices can make a person vulnerable to infections. Therefore, it is important to discuss some of the basic hygienic practices.

Before discussing the hygienic practices, please explore what are the regular hygienic practices with the client.

What are your regular hygiene practices like cleaning practices (washing hands, cutting nails, bathig, cleaning kitchen and so on)?

Based on the client responses', the following information can be provided.

In order to minimize the risk of infection, it is useful to follow proper hygienic practices.

Then brief the client about basic hygienic practices, which can be useful in day-to-day life using the following table:

Basic Hygienic practices	Can I do this?
<ul style="list-style-type: none">• Wash your hands with soap after urination and after handling animals, including pets.• Wash hands before and after eating food.• Cut your nails regularly and keep it clean.• Tie your hair neatly when you cook.• Make sure that all the family members bathe regularly.• When you eat food, make sure the place is clean.• Use clean clothes while cooking.• The kitchen surface and the floor should be cleaned regularly. If it is not clean, the insects will sit on it and lead to infection.• Keep the food covered.• If flies or any other insects sit on the food even for a short period, don't use it.	

4. Feminine Hygienic Practices

Before discussing about vaginal and menstrual hygiene, discuss about clients routine vaginal hygienic practice.

What are your regular feminine hygiene practices (washing private parts so on)?

Based on the client response, the following information can be provided.

In our culture, hygienic needs of women are usually discussed in the context of pregnancy. However, feminine hygienic (sanitary needs of women's private parts) Practices pertains to all women. This will help us protect against minor problems like infection, vaginal itching so on. Now let's look into some of the basic hygienic practices.

Feminine Hygienic Practices	Can I do this?
<ul style="list-style-type: none">• Warm water is the best cleaner for your private parts, because it is strong enough to kill harmful bacteria and yet mild enough not to cause any problems.• The vagina is self-cleaning, only the outer part needs to be cleaned. It is good to wash after every bowel movement and urination, in order to avoid bacteria entering the vagina.• Remember to wash your hands after cleaning the private parts.• Wear 100% cotton underwear every day because cotton is a natural fabric, which would help the delicate parts to breathe. Also regularly change your undergarments and wash them with mild detergent.• After sex, wash your private parts. <p>During the menstruation, change the pads regularly, at least 3 times a day. When you change the pads, make sure you clean the private parts with water, in order to avoid infections and rashes.</p> <p>After use, the pad should be wrapped in a newspaper or waste paper and put it in a garbage bin. Do not flush down the toilet.</p>	

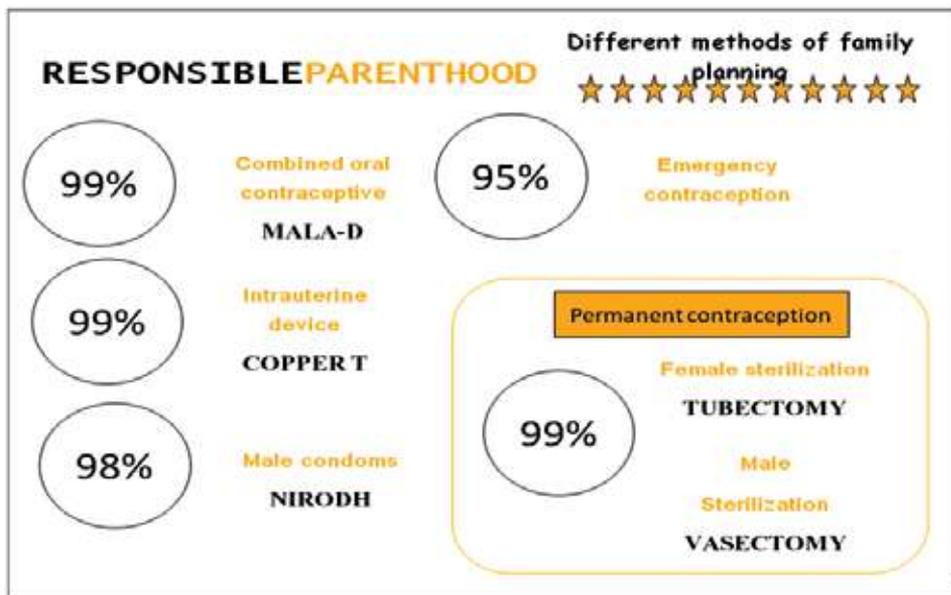
At this point, it is helpful to have a discussion on family planning methods.

Do you use contraceptives?

Based on the client's response, the following information can be provided.

Family planning is essential for a healthy family. It is helpful to reduce the chances of unwanted pregnancy. There is no one best method which suits everyone, hence one needs to choose the method, which best suits the client. Let us discuss some of the effective family planning methods.

Using the following information, discuss the details of the family planning methods.



(a) Male Condoms

One of the commonly used male condom brand is Nirodh. It works by forming barrier to prevent sperm and egg from meeting. Nirodh is 5/- rupees per piece and 98% effective. It is available in every medical store. Your husband or you do not need a doctor's prescription to buy it

It also protects against sexually transmitted infections, including HIV.

How to use and for more details please watch the video <http://youtu.be/HwDSBbyW7oM>

(b) Oral contraceptive

Mala-D is a safe oral contraceptive pill and a government owned brand. It works by preventing the release of eggs from the ovaries. It is 3/- rupees for a cycle and 99% effective. It is available in every medical store. You do not need a doctor's prescription to buy it. Daily one tablet, before going to sleep is recommended.

Side effects: *Nausea and dizziness, breast tenderness, irregular bleeding, weight gain and headaches*

Please Note: *Should not be taken while breast feeding. It does not provide protection against sexually transmitted diseases (S.T.D)*

(c) Intrauterine device (IUD) / Copper T

It is inserted high in the uterus by a physician, and is effective for about 10 years. It is free of cost in government hospitals and 99% effective. It works by damaging the sperm.

Side effects: *Longer and heavier periods during first months of use are common but not harmful*

Please Note: *It does not provide protection against Sexually Transmitted Diseases.*

(d) Emergency contraception pills

These pills helps to prevent pregnancy up to 5 days after unprotected sex. It prevents ovulation. It is 95% effective. For more details contact your nearby primary health care center or a gynecologist.

(e) Female sterilization (Tubectomy)

The tubes are tied in order to prevent pregnancy. Only consider this method when you are sure that you will not want to become pregnant in the future. It is free of cost in the government hospitals and is 99% effective. It works by blocking the eggs from meeting the sperm.

Pregnancy may occur if: *(a) the tubes grow back together or a new passage forms that allows an egg to be fertilized by the sperm. (b) The surgery was not done correctly and (c) You would have been pregnant at the time of surgery.*

Please Note: *a) voluntary and informed choice is essential and (b) It does not provide protection against Sexually Transmitted Diseases (S.T.D)*

(f) Male sterilization (vasectomy)

It is a permanent contraception to block or cut the tubes that carry the sperm from the testicles. It is free of cost in government hospitals and 99% effective after 3 months. It works by keeping the sperm out of ejaculated semen.

After the surgery: 3 months delay in taking effect.

Please Note: a) Voluntary and informed choice is essential. (b) Does not affect male sexual performance. (c) It does not provide protection against Sexually Transmitted Diseases (S.T.D.).

After explaining different methods of family planning, please discuss the possibilities of failure in family planning methods and pregnancy.

What if you still pregnant, what measures do you think you will use?

Inform the client not to take any measures at home but to visit gynecologist for further assistance and also provide information about the negative consequences of home remedies.

Then brief about Sexually transmitted diseases

Before discussing about sexually transmitted infection/HIV/Hep-B and C, explore the understanding of the client regarding sexually transmitted diseases/HIV/Hep-B and C.

Have you heard anything about Sexually Transmitted Diseases?

Based on the participant's awareness regarding STI/HIV/Hep-B and C, the following information can be provided.

Sexually Transmitted Diseases	Description	Symptoms
<i>STI</i>	<i>Infection in urinary tract</i>	<i>Vaginal ulcer White, yellow or foul smelling discharge from the vagina Lower abdominal pain Burning sensation and itching around the vagina</i>
<i>HIV/AIDS</i>	<i>A virus that affect the immune system</i>	<i>Persistent Fever, headache and being very tired Quick weight loss Diarrhea, vomiting, and nausea Swollen lymph nodes (glands in the neck and groin)</i>
<i>HEPATITIS B</i>	<i>A virus that infects the liver</i>	<i>Feeling very tired, mild fever and headache Not wanting to eat, stomach ache and vomiting Diarrhea or constipation Muscle aches and joint pain Skin rash Yellowish eyes, nails and skin (jaundice)</i>
<i>HEPATITIS C</i>	<i>A virus that infects the liver (more severe than Hep B-it can lead to permanent liver damage)</i>	<i>Feeling very tired Joint pain and stomach pain Itchy skin Sore muscles (pain and stiffness in muscles and dark urine) Yellowish eyes and skin (jaundice)</i>

Please note: if you have any above mentioned symptoms please consult a doctor

Common causes:

- Sexual intercourse (vaginal or anal) without condom with an infected person
- Receiving infected blood/untested blood
- Reusing needles used on/by a infected person.
- Infected woman or her child during pregnancy, delivery or breast feeding

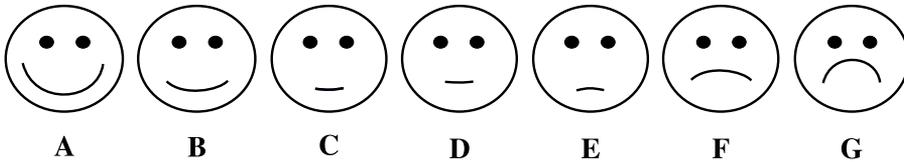
Prevention:

- Do not share needles.
- When you go for any kind of blood transfusion, make sure you receive tested blood.
- Avoid practices that increase the likelihood of blood contact, such as sharing of razors and toothbrushes
- Vaccine is the best way to prevent infection from Hepatitis B.
- Negotiate safe sex with husband especially when he is intoxicated. Use the following table to teach the client how to negotiate safe sex.

	Can I do this?
• Postpone the sexual act.	
• Try to avoid the situation (going out to buy vegetables, wash cloths, vessels or others).	
• Encourage your husband to use condom when he is not intoxicated by educating him about STDs.	
• Use female condoms if possible.	
• Others.	

Do you think it is difficult for you to do any of these? Let us discuss further to make it easier for you?

Faces Scale: Before ending this session can you choose one face out of these faces, which face comes closest to expressing how you feel at this moment?



SUMMARY

- Good physical health is essential for overall well-being.
- Some of the factors contributing to good physical health: 1) Appropriate eating habits, 2) Healthy life style practices, 3) Routine hygienic practices and 4) Feminine hygienic practices.
- Family planning is essential for a healthy pregnancy. There is no one best method which suits everyone, hence one need to choose the method, which best suit them.
- Effective family planning methods: 1) MALA-D – oral contraceptive pill, 2) NIRODH – male condom, 3) Copper –T, 4) I-pill/unwanted 72 – emergency oral contraceptive pill and 5) Tubectomy (female sterilization) and Vasectomy (male sterilization).
- Common sexually transmitted diseases are: 1) sexually transmitted infection, 2) HIV/AIDS and 3) Hepatitis B and C.

Step 5

Support System in Crisis

(1 Session)

Even after the best effort from the partner, the husband may still relapse. Therefore this session focuses on dealing with such crisis. This includes how to help yourself and how to seek help from others.

Learning objectives

By the end of this session, the treatment provider should be able to help the client to:

- Enhance her coping skills.
- Learn a general approach to problem solving skills.
- Reduce her enabling behavior.
- Find out ways to improve support system.
- Reduce potential situation of harm and violence.

Suggested treatment provider script

In today's session, we will discuss about how to handle any crisis situation. It may be that your husband is unwilling to stop alcohol or come for treatment even after your best effort. Keeping this example in mind, we will discuss about how to help yourself as well as how to seek help from others.

HOW TO HELP YOURSELF?

First remember that change does not always occur instantly. You need to be patient and encourage your partner to return to take help and make an attempt to change. This may take time. In the mean while, you need to develop the strength to deal with the situation.

1) One way of dealing with it, is by developing appropriate **coping skills** because difficulties are a part and parcel of our life and we need to face those in order to live meaningfully and happily.

Discuss the following table with the client and help her to adopt healthy coping skills:

Ways to develop appropriate coping skills	Can I do this?
<ul style="list-style-type: none"> • Acknowledge your feelings. <i>It is alright to take time to cry or express your feelings.</i> 	
<ul style="list-style-type: none"> • Reach out. <i>If you feel stressed, lonely, isolated or angry, seek out or talk to a family member or friend on whose shoulder you can unburden your worries. They can offer support and companionship. Try and participate in community, religion or other social events. Volunteering to help others also is a good way to lift your spirits and broaden your friendships. Do not engage in self-harm (cutting hands or using non-prescriptive drugs) or use chewing tobacco or drinking excess coffee/tea (not more than 4 cups) to relieve stress</i> 	
<ul style="list-style-type: none"> • Be realistic. <i>As families change and grow, traditions and rituals change as well. Choose a few to hold on to, and be open to creating new ones.</i> 	
<ul style="list-style-type: none"> • Set aside differences. <i>Try and accept family members and friends as they are, even if they don't live up to all of your expectations. Set aside grievances until appropriate time for discussion. And be understanding if others get upset or distressed when something goes wrong.</i> 	
<ul style="list-style-type: none"> • Stick to a budget. <i>Decide how much money you can afford to spend. Then stick to your budget.</i> 	
<ul style="list-style-type: none"> • Plan ahead. <i>Set aside specific days for day-to-day activities such as washing, cleaning, buying vegetables and others. That will help prevent last-minute scrambling.</i> 	
<ul style="list-style-type: none"> • Don't give up healthy habits. <i>Skipping meals, not having food on time, overeating only adds to your stress and guilt. Continue to get plenty of sleep and physical activity.</i> 	

- **Make free time for yourself:** Find some free time for yourself. Spending just 15 minutes alone, without distractions, may refresh you enough to handle everything you need to do. Take a walk in the morning or evening. Observe the nature and the world around you. Listen to soothing music. Find something that reduces stress by clearing your mind, slowing your breathing and restoring inner calm.

{In spite of the best efforts by the client, if she is persistently sad or anxious, has persistent physical complaints, is unable to sleep, irritable and hopeless, and unable to face routine chores, you would refer her to a mental health professional urgently}.

If the client is unable to practice any of these activities as mentioned above, please discuss the reasons with the client and provide her with other alternatives.

2) Another way of dealing with it is by developing **problem solving skills**, when a person is distressed and appears to have too many problems, it is very difficult to sort out and differentiate issues. This leads to a feeling of being overwhelmed which leads to despair and comes in the way of finding proper solutions to resolve the problem. When a person feels that her problems are building up and nothing is under her control, she may develop a feeling of helplessness and dejection. For example, a woman whose husband is an alcohol dependent can be worried about her children or family, She can be concerned about her own health, finance, and also worried about her future.

Assessing and defining the problem is the first step in problem solving. At this stage, it becomes important for you to:

1. Think of all the possible problems you are facing.
2. View each problem separately.
3. List the problems in the order of severity and seriousness.
4. Think of each problem in its smallest part so that the problem becomes manageable.

Let's take each problem, one at a time and answer these questions to understand your problem and to tackle it.

- **What** is the problem?
- **Whom** does it affect? Or **who is** contributing to it?
- **Where** did or does it happen?

- **When** did or does it happen?
- **Why** does it happen?
- **How** can it be tackled?

Only assessing wouldn't help, we should also set an objective. In its simplest and most useful form, an *objective* is a *clear statement regarding something that an individual is to achieve or a general goal that can be reached by a number of smaller steps.*

Problem solving skills

- Assess and define the problem
- Take one problem at a time
- Try to answer basic questions – what, when, who, and how

For example:

“Today I am going to try and talk to my husband without blaming him”.

“I should discuss my problems with someone”.

“I should stop thinking too much about the problem”.

Since the objective is defined, let's try to answer some of the basic questions:

- *What exact course of action is involved?*
- *What will be done?*
- *When should it be done?*
- *Where will it be done?*
- *Who will do it?*
- *Will it be done alone or with help of my family?*
- *What help will I need?*
- *How will I decide whether it has worked or not?*

If the client is unable to practice any of these activities mentioned above, please discuss the reasons with the client and provide her with other alternatives.

Also remember to:

- ✓ Encourage adaptive coping such as becoming member of Al-anon group/self-help group, praying to god, going to a place of worship or meditation and so on.
- ✓ Help the woman identify whatever she is good at and encourage her to do things that make her happy or relaxed such as art, exercise, sport, hobbies,..., it could be anything that lifts her spirits.
- ✓ Help her find things to do and to distract herself, to accept the problem rather than denying issues, help her use religious/spiritual ways of dealing with the problem, help her confide in people whom she trusts so that they can provide her support when in needed.

1) **Reduce enabling behavior** – Help the client to identify enabling behavior and then help her to reduce the behaviour using the following table.

In addition to problem solving, we will also discuss another important behaviour that is important for dealing with the crisis:

What?	Pros/Cons
<p>Covering up, making excuses or taking on responsibility for the consequences of substance use .</p> <p>Examples</p> <p><i>Ignoring the problem</i> – because your husband get defensive when you bring it up or your hope that it will magically go away</p> <p><i>Accepting his excuses</i> – “I’m destroying myself with alcohol because I’m depressed” .</p>	<ul style="list-style-type: none">➤ It may reduce the intensity of conflict at home➤ But it is actually suppressed for short term➤ Enabling helps in reinforcing substance use behavior – therefore the intensity of the behavior keeps increasing

What to do?

- Become aware of your own enabling behavior
- Try to reduce enabling behavior by setting realistic and meaningful boundaries that is not to take responsibility for consequences of substance use of your husband.
- Seek professional support
- Protect yourself and children from verbal, emotional and physical abuse.

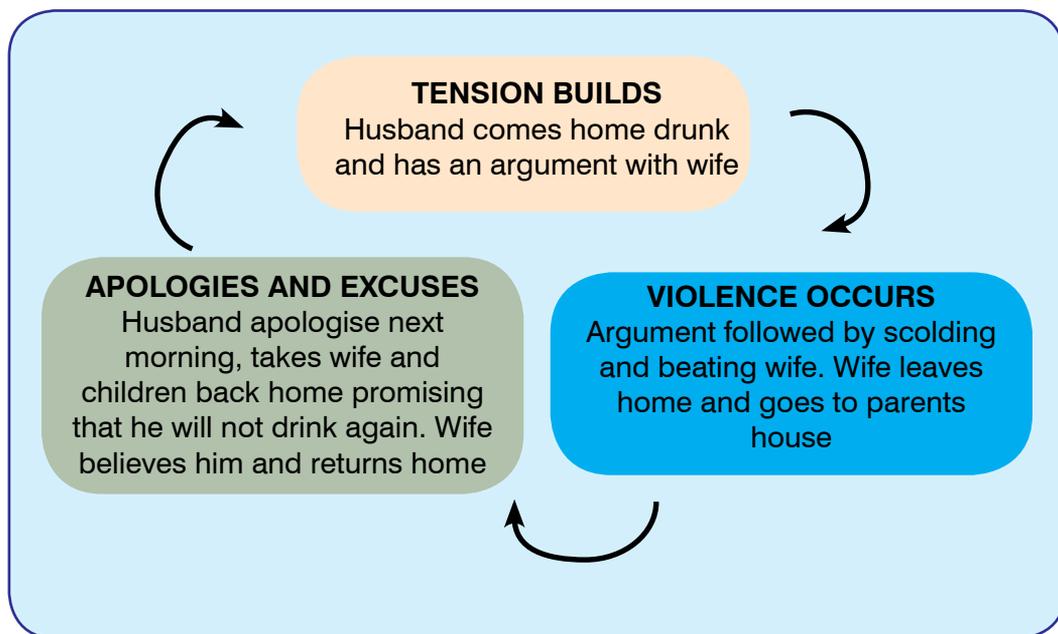
If the client is unable to practice any of these mentioned above, please discuss the reasons with the client and provide her with other alternatives.

1) Violence management and Safety plans

The counselor needs to identify the vicious cycle of violence.

Women stay in abusive relationship because of fear of consequences, stigma of separation and divorce, cultural norms, lack of support, keeping this a family secret, not knowing whom to approach for help and others. These factors reinforce the cycle of violence. Therefore drawing a vicious cycle of violence (example given below) from violence history of the client and discussing the same with the client is useful to help her break free from this cycle. You can help her see where in the loop she can bring about change and do something differently.

Let us discuss how you can deal with violence at home.



Now let's discuss a very important area that is how to protect oneself and children from harm.

Discuss some of the following safety plans with the client to protect her from the harm/ violence (please inform the client that these tips can be used in any situation which involves violence/harm)

	<i>Can I do this?</i>
<ul style="list-style-type: none"> • <i>Leave the house/work place anytime when violence takes place.</i> 	
<ul style="list-style-type: none"> • <i>Store all your essential belongings in one safe place, so that you can take them, in case you have to leave home.</i> 	
<ul style="list-style-type: none"> • <i>Take help from your friends whom you can trust.</i> 	
<ul style="list-style-type: none"> • <i>Keep harmful things out of reach of the spouse.</i> 	
<ul style="list-style-type: none"> • <i>Keep a mobile phone in your hand with numbers of your friends/others who would help in speed dial. If you don't know, I can help you...</i> 	
<ul style="list-style-type: none"> • <i>To prepare a safe place in your house where you can lock yourself and your children till it's safe for you to come out.</i> 	
<ul style="list-style-type: none"> • <i>Prepare children to be ready to leave (if it is not safe)</i> 	
<ul style="list-style-type: none"> • <i>In case of leaving the house the client has to be know about the place where she is going to go.</i> 	
<ul style="list-style-type: none"> • <i>After leaving her husband, the client has to be careful not to give her new address or phone number to everybody.</i> 	
<ul style="list-style-type: none"> • <i>Try to admit or readmit the children into school.</i> 	
<ul style="list-style-type: none"> • <i>Avoid going to work for a while, be escorted or take a different route to work or if possible shift to a different job or place.</i> 	
<ul style="list-style-type: none"> • <i>Leave the work place along with other colleagues.</i> 	
<ul style="list-style-type: none"> • <i>To call the case worker/woman's organization for help.</i> 	
<ul style="list-style-type: none"> • <i>To register a police complaint to be on the safer side and not hesitate to call the police when needed.</i> 	

If the client is unable to practice any of these methods mentioned above, please discuss the reasons with the client and provide her with other alternatives.

HOW TO SEEK HELP?

Helping oneself alone will not be very effective. Therefore the client also needs to know how to seek help in order to cope with the situation more effectively.

Now let's discuss how to seek help?

First introduce different support systems using the following chart:

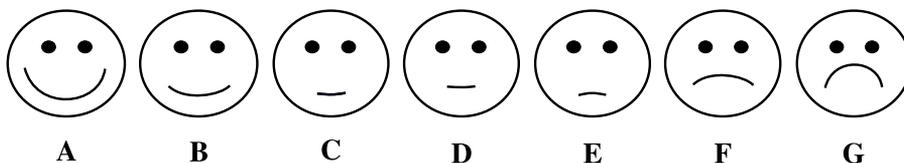
<p>Al-anon/AA Meetings</p> <ul style="list-style-type: none"> ✓ <i>It is a helpful session for a person with alcohol dependence and for their family.</i> ✓ <i>It is a place for self-expression.</i> ✓ <i>They have regular meetings and this serves as a strong support group.</i> 	
<p style="text-align: center;">Self-help groups</p> <p><i>The primary goal of self-help groups is to:</i></p> <ul style="list-style-type: none"> ✓ <i>Empower women financially</i> ✓ <i>Develop leadership abilities among poor people</i> ✓ <i>Increase school enrollments</i> ✓ <i>Improve nutrition and</i> ✓ <i>Provide awareness about the use of birth control.</i> 	<p style="text-align: center;">Banks (Mahila Accounts)</p> <p><i>Most of the nationalized and other banks have 'Mahila accounts', exclusively for women.</i></p> <p><i>Benefits of Mahila accounts:</i></p> <ul style="list-style-type: none"> ✓ <i>The banks offer loans to women at lower interest rates</i> ✓ <i>Low minimum balance facility</i> ✓ <i>Free travel (household) insurance and</i> ✓ <i>Accidental death insurance</i>
<p style="text-align: center;">Women organization/NGO</p> <p><i>It helps women in distress, provides them counseling, and helps them with short stay home facilities and rehabilitation.</i></p>	<p style="text-align: center;">Legal support</p> <ul style="list-style-type: none"> ✓ <i>The women have all the rights to file a complaint for all kinds of violence experienced at home or outside.</i> ✓ <i>Police can provide all kinds of legal support.</i> ✓ <i>Free legal aid is also available in many places through the state legal aid cell</i>
<p>For contact details please refer appendix</p>	

Then discuss the following table with the client and help her to develop an appropriate support system:

Now let's discuss from whom you can get support?

Support persons/ organizations	Material support	Emotional support	Information/ advice support	Can I get help?
Husband				
Children				
Parents				
In-laws				
Siblings				
Husband's siblings				
Friends in workplace				
Friends in neighborhood				
Friends (others)				
Relatives				
Self-help groups/ NGOs /Bank				
Al-anon				
AA				
Women's organization				
Police				
Others				

Faces Scale: before ending this session can you choose one face out these faces, which face comes closest to expressing how you feel at this moment



SUMMARY

How to help yourself ?

- 1) Develop appropriate coping skills:
 - ✓ It is ok to express feelings
 - ✓ Seek help
 - ✓ Be open to change
 - ✓ Try to accept others, even if they don't live up to your expectations.
 - ✓ Stick to a budget
 - ✓ Plan ahead
 - ✓ Don't abandon healthy habits
 - ✓ Make free time for yourself
- 2) Develop problem solving skills
 - ✓ Assess and define the problem
 - ✓ Take one problem at a time
 - ✓ Try to answer basic questions - what, when, who and how
- 3) Reduce enabling behavior
- 4) Use safety plans

How to seek help?

- ✓ Al-anon/AA meetings
- ✓ Self-help group
- ✓ Banks (Mahila Accounts)
- ✓ Women organization/NGO
- ✓ Legal support (Police Legal Aid Cell)

Step 6

Phase 6: Parenting Skills (Optional)

(1 Session)

Children are brought up in a family where there are a lot of conflicts, may have a variety of emotional problems and this needs to be addressed in order to avoid future problems. Therefore this session primarily focuses on understanding the importance as well as ways to promote positive discipline and also focuses on the ways to improve child-parent relationship.

Learning objectives

By the end of this session, the treatment provider should be able to:

- Understand the importance and ways to promote positive discipline.
- Think of ways to enhance the child-parent relationship.

CHILDREN'S DETAILS

(Fill in the details referring to the assessment)

Sibling order	1	2	3	4	5
Name					
Age					
Class					
Problem behavior identified					

Suggested treatment provider script

In today's session, we will discuss various issues faced by children and how to handle these issues. We will particularly focus on our attitudes and its influence on our children. Before going into details, discuss about the clients' general disciplining style.

When your child makes any small/big mistake, how do you generally react/
respond to it?

How does the child in turn respond/react to you?

Then briefly discuss different positive disciplining styles

Now let us look into some of the ways in which we can improve your relationship with your children, which can bring mutual respect and cooperation.

- a) **Avoid punishment** –The problem with punishment is that when misbehaviour is met with punishment, the behavior stops immediately but soon it begins again – and again and again. Punishment does work, but we must be aware of its long term effects. **For example;** when the mother beats the child, the child might think he/she won't get caught next time (escaping from the problem) or he might think now they are winning, but my time will also come (revenge) or might think I'll do the opposite to prove that I need not do what they say (rebel).
- b) **Avoid too much leniency** –When we are too lenient or pampering our children always then they might develop a sense of dependency. **For example;**if we keep giving the child everything even before asking then the child might grow up thinking that everybody should serve him/her or take care of him/her. If we avoid this, we can help our children to develop a belief in their own abilities.
- c) **Involve the child in setting limits** – The purpose is to keep children safe and socialized. When we set limits for him/her and enforce them through punishments (lectures, scolding or beating), it might cause rebellion. This might not keep the

children safe and socialized. Therefore, the best way is to involve children in setting limits which means asking them why limits are important, what they should be and how everyone can be responsible. **For example;** when you ask the child why homework is important, they might say that “so I can learn”. When we give these kinds of choices to the children, they might also feel a sense of power and the tendency to follow the limits is also high.

d) Ask curiosity questions – when the limits are crossed, avoid lecturing or scolding, instead ask curiosity questions. For example: ask questions like “what happened? What do you think caused that to happen? How can we solve them?”

e) Use kind and firm phrases

- Your turn is coming.
- I know you can say that in a respectful way.
- I care about you and will wait until we can both be respectful to continue this conversation.
- Act, don’t talk. (For example, quietly and calmly take the child by hand and show him/her what needs to be done).

Now discuss how to implement these techniques in everyday life, using the following table:

Positive discipline techniques	Can I do this?
Don’t always punish	
Don’t always be lenient	
Involve children in setting limits	
Encourage the child to ask curiosity questions	
Use kind and firm phrases	

It is also useful to discuss the following with the client on **ALCOHOL USE IN THE FAMILY AND ITS IMPACT ON THE CHILD**. Be cautious while discussing this, as it can create problems in the family if not handled carefully. This discussion with the client should not contribute to negative attitude towards the husband.

It is essential to know that children have a variety of needs that must be fulfilled. They need love, affection, nurturance and a clear structure. Parental alcohol use can impact these needs. Children in the families of alcohol dependent have problems in

studies, forming relationships, physical health and emotional health. Most often they have negative feelings like anger, guilt, shame and isolation. These problems can aggravate when you do not focus on the child and provide too much attention on your husband's drinking. Remember even if violence is not directed at the child marital conflict between you and your husband can harm the child-parent relationship, relationship of the child with others, self-esteem of the child and increasing feeling of loneliness in the child.

Let us discuss how to protect our children from these harms.

	Can I provide this?
• Sufficient positive attention from you	
• Sufficient positive attention from other significant people like teachers/ grandparents/good friends.	
• Seek support from schools/ NGOs	
• Others	

At this point, it is helpful to introduce this exercise

Like other parents, we also want to give our children good childhood experiences. We would have faced many problems in our families, which we don't want our children to suffer. When we see our parents or our grandparents, we know that even they would have also thought in similar lines but it didn't work because only wanting to do better isn't enough.

First, we can't teach what we haven't had the chance to learn ourselves. Second, we may not know that these behaviors might be repeated in our children. Through this exercise let's explore how we have contributed in passing some of our attitudes and ways of dealing with people and the world into our children.

- a) **Dishonesty:** Lying to ourselves and others or stealing (e.g., blaming, denying or justifying our mistakes, focusing on looking good over inner qualities)

Ways I may have modeled or taught dishonesty to my children _____

- b) **Self-centeredness and using people:** Putting our own wants ahead of the well-being and feelings of others. This includes being careless about hurting other people, not trying to see things from the other person's point of view, and treating others as tools by cheating, teasing and so on.

Ways I may have modeled or taught self-centeredness and using people to my children _____

Ways I can model & teach consideration and respect for others _____

- c) **All-or-nothing thinking:** Calling ourselves or others stupid or bad for making small mistakes, feeling we are either better or worse than everyone else, as well as making small problems into disasters.

Ways I may have modeled or taught all-or-nothing thinking to my children _____

Ways I can model & teach realistic thinking _____

- d) **Doing things to excess:** Doing too much of some things like abusing alcohol, over eating, over spending, excessive working, or any other activities, often leading to painful consequences.

Ways I may have modeled or taught going to excess to my children _____

Ways I can model and teach moderation _____

- e) **Impulsiveness:** Lack of self-control, not giving enough attention to the consequences of our actions.

Ways I may have modeled or taught impulsiveness to my children _____

- f) **Impatience and unrealistic expectations:** Expecting immediate success, lack of tolerance for not getting what we want right now and wishful thinking so on.

Ways I may have modeled or taught impatience to my children _____

- g) **Isolation from others:** Lack of trust, poor communication, loneliness, judging ourselves by different standards (usually harsher) than we apply to everyone else, refusal to ask for help.

Ways I may have modeled or taught isolation to my children _____

Ways I can model and teach connection to others _____

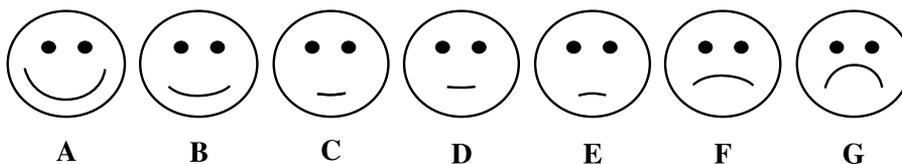
- h) **Shame:** low self-esteem, feelings that we are defective/stupid/ugly/crazy/bad, feeling that if we fail at something or do bad things we're bad people.

Ways I may have modeled or taught shame to my children _____

Ways I can model and teach self-respect to my children _____

Once the exercise is over, discuss the thoughts and feelings of the client while doing the exercise.

Faces Scale: Before ending this session can you choose one face out of these faces, which face come closest to expressing how you feel at this moment?



SUMMARY

- ✓ Positive disciplining skills will enhance child-parent relationship.
- ✓ Some of the positive disciplining skills: 1) Avoid punishment 2) Avoid too much leniency, 3) Involve children in setting limits, 4) Ask curiosity questions and 5) Use kind and firm phrases.
- ✓ Unknowingly we might contribute some of our attitudes and ways of dealing with people and the world into our children.

PRACTICE HOME WORK

- ✓ You can use the same exercise at home because you might not remember everything at this moment.
- ✓ Please practice some of the positive disciplining skills at home with your children and share your experience in the next session.

Step 7

Summarization & Termination

(1 Session)

Summarization

In the closing session, I would like to take some time and summarise our journey through the intervention. It is important to remember the following points:

- Alcohol addiction is a disease; both genetic and environment factors play a role in maintaining the condition. Therefore long term intervention, monitoring as well as your support is very important to help your husband remain alcohol free.
- *Some of the factors that are essential in the recovery process which we have already discussed are:*
 - *Helpful and unhelpful responses.*
 - *Understand gender differences in communication.*
 - *Practicing communication skills.*
 - *Engaging in reinforcing behavior.*
- *Even after your best effort,, your husband can still relapse. His relapse may have nothing to do with your efforts, as addiction is itself a chronic, relapsing disorder. Therefore it is essential to adopt appropriate coping skills, problem solving skills, reducing enabling behavior and taking safety measures which we have already discussed. Apart from these you can also seek help from others (family/friends/ Al-anon groups/self-help groups/banks/women organization/police) based on your needs and convenience.*
- *Maintaining good physical and mental health is necessary to carry out every day activities efficiently. Therefore, eat well, sleep well, engage in physical exercise, practice relaxation techniques, have regular routines, maintain family rituals as well as maintain hygienic practices.*
- *Do not lose your self confidence. Learn to rely on yourself and when needed, reach out to others for support.*

- *Family planning is essential for fertility control and healthy pregnancy. There is no one method which suits everyone, hence you need to choose the method, which best suits you best (Example: MALA-D – oral contraceptive pill/NIRODH – male condom/Copper –/Tubectomy /Vasectomy).*
- *Be aware of the common sexually transmitted diseases which include sexually transmitted infection, HIV/AIDS and Hepatitis B and C.*
- *Last but not the least, try to focus on children’s health and wellbeing which we have already discussed in previous sessions.*

Once the summarization is completed, discuss the following assignments with the client that needs to be practiced regularly at home

CONTINUE TO PRACTICE THE FOLLOWING ASSIGNMENTS AT HOME

1. Most of these communication techniques are difficult to remember and practice. The first time might be difficult but gets easier with practice. It is helpful to practice them with the most important people in your lives, especially with your husband since those are the relationships in which good communication is most important.
2. *Engage in shared recreational activities such as eating together, visiting relatives so on.*
3. *Engage in family rituals such as meal time, television time, celebrating birthdays so on*
4. *Practice relaxation technique regularly*
5. *Walk for minimum of 30 minutes for 5 days a week*
6. *Please practice some of the positive disciplining skills at home with your children.*

Do you have any doubts? If yes, please discuss with the client _____

Once the doubts are clarified, discuss the following with the client.

Talk about the gains made by the client using the following questions.

How did you feel about the sessions in general?

Which session do you think was more useful for you?

Highlight and reinforce the strengths of the client

You can use the following space for writing the strengths of the client before discussing so that you will not miss out any points _____

Arrange for follow up

Please provide a date and time on the clients' information sheet for follow up usually after 3 months.

End the session by telling the client that she can contact you anytime for any emergency.

References

- Barlow, J. (2010). *Substance Misuse*. London: Jessica Kingley Publication.
- Barnard, M. (2007). *Drug Addiction and Families*. London: Jessica Kingley Publication.
- Depression and anxiety checklist. The ICD-10 Classification of Mental and Behavioural Disorders (1993). Geneva: WHO. W
- Family Planning Methods, WHO. Retrieved from <http://www.who.int/mediacentre/factsheets/fs351/en/>
- Finley, R, James.,& Lenz, S, Brenda. (2006). *Addiction treatment Homework Planner*. United States of America: John Wiley.
- Karnataka State AIDS Prevention Society. Retrieved from <http://www.ksaps.gov.in/Index.htm>
- Long, L, Lynn.,& Young, E. (2007). *Counseling and therapy for couples*. United States of America: Thomson Brooks.
- Mohan, J & Sehgal, M. (2003). *Youth and Drugs*. New Delhi: Abhijeet Publication.
- Murthy P (Ed). *Women and Drug Use in India: Substance, women and high risk assessment study*. United Nations Office on Drugs and Crime, 2008. Retrieved from: http://www.unodc.org/documents/southasia/reports/UNODC_Book_Women_and_Drug_Use_in_India_2008.pdf.
- Murthy, P., &Nikketha, S, B. (2007). *Psychosocial intervention for persons with substance abuse: theory and practice*. Bangalore: NIMHANS.
- Murthy, P, Chandra, P, Bharath, S., Sudha., and Murthy, S. (1998). *Manual of Mental Health Care for Women in Custody*. New Delhi: The National Commission for Women.

- National Institute of Mental Health and Neuro sciences. (2009). *Addiction: What to know and how to get help?* Bangalore: NIMHANS publication.
- Nattala, P., Murthy, P., and Nagarajaiah. (2013). *Relapse prevention in alcohol dependence: a family-based approach*. Bangalore: NIMHANS.
- Nelson, J. (2006). *Positive discipline*. New York: Ballantine books
- Recommendation of the national sleep foundation, USA. Retrieved from <http://www.sleepfoundation.org/article/ask-the-expert/sleep-hygiene>
- Sankaran, L., Muralidhar, D., and Benegal, V. (2006). Strengthening resilience within families in addiction treatment. *Indian Journal of Social Psychiatry, 14 (1-4), 22-29*.
- Varma, Deepthi S.; Chandra, Prabha S.; Callahan, Catina; Reich, Wendy; Cottler, Linda B. (2010). Perceptions of HIV Risk Among Monogamous Wives of Alcoholic Men in South India: A Qualitative Study. *Journal of Women's Health, 19, 815*.
- Velleman, R. (2001). *Counseling for Alcohol Problem*. New Delhi: Sage Publications.