ENHANCING MOTIVATION FOR TREATMENT: BROADENING THE CONSTRUCTIVE CONFRONTATION MODEL

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Constructive confrontation has served as a primary strategy to strengthen motivation for treatment. This study examined the degree to which male alcoholics perceived their work environment and their spouses as motivators in their decision to seek alcoholism treatment. Subjects reported that spouses were significantly more motivating than job pressures in their decision to enter an alcoholism treatment program. These findings suggest that Employee Assistance Programs could enhance the existing job coercion model by including a broader set of potential motivating agents outside the workplace. The development of a Family Assistance Program is offered as a model to reframe EA practice and incorporate a broader set of motivational factors.

BACKGROUND

Motivation for treatment continues to be a central issue for the alcoholism field. Because of the dynamics of addiction and the particular societal context within which alcoholism is framed, self-identification of alcoholics and self-initiated readiness for treatment rarely occurs. Despite several decades of progress in the treatment of alcoholism, motivating clients to seek treatment remains a persistent problem.

The development of a work-based model, the Employee Assistance Program (EAP), brought a promising new strategy to the alcoholism field by using the workplace as a means for strengthening motivation for treatment. This strategy introduced job coercion as a primary motivator for treatment, a motivational tool neither appreciated nor employed much before the development of the EAP.

The constructive confrontation strategy (Trice and Roman 1978) capitalizes on the role of the supervisor to monitor job performance and creates an early identification system for intervening with job difficulties. Workplaces are seen as ideal environments within which to intervene in alcoholism because: a) most alcoholics are at work as opposed to on the streets; b) considerable evidence indicates that alcoholism interferes with job performance and is therefore noticeable at the workplace (Maxwell 1960); c) the workplace has a set of control and monitoring mechanisms that can potentially be useful in the initial stages of motivation, identification and documentation, (Erfurt

Journal of Employee Assistance Research, Vol. 1, No. 1 (Summer 1992).
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and Foote 1977); and d) the workplace can use its structures and policies to confront alcoholism as it spills over into job performance (Trice 1962).

The constructive confrontation strategy has been used in workplace settings for over two decades and is nearly universally accepted as an essential ingredient for the Employee Assistance Model. Although some research conducted outside the workplace supports the use of coercive techniques with alcoholics, such as in driving while intoxicated programs (Rosenberg and Liftik 1976), the preponderance of evidence lies within the employee assistance field (Trice and Sonnenstuhl 1988).

The exploration of job coercion has to be conceptualized as two primary issues: utilization and effectiveness. The first issue centers on the degree to which job coercion is used at the workplace. While programs and policies can be developed, it does not necessarily follow that the actual mechanisms are implemented, and that supervisors will be trained to confront the alcoholic employee. In this case, the program remains a paper program in which there is a policy, but little or no actual implementation of the policy. This is a failure of utilization. The second issue focuses on effectiveness: to what extent has the constructive confrontation strategy been effective in coercing the employee into treatment? While it is correct to assume that job coercion cannot be effective if it is not employed, the two issues are related, but separate aspects of the job coercion strategy.

In general, more research has focused on the effectiveness of the confrontation strategy than on the prevalence or utilization of job coercion. Early studies on effectiveness report high rates of rehabilitation using job coercion (even though these studies are often flawed by the absence of controlled evaluations).

Heymen (1971, 1976), one of the earliest proponents of job coercion, reported that employees referred to the EAP due to impaired job performance, reported a greater degree of work improvement than those in treatment for other reasons.

Many of the early studies reported on measures of job performance improvement for employees referred by the supervisor. Hilker, Asma, and Eggert (1972), Franco (1960), and Asma, Eggert, and Hilker (1971), used improvements in absenteeism, tardiness, sickness and accident benefits and decrease in grievances as evidence of the power of job coercion. On average, success rates of 70% were reported by these studies (Asma, et al. 1971). More recently, Trice and Beyer (1984), using a national sample of 600 supervisors, reported an 80% improvement in general conduct and a 74% improvement in work performance following referral to the EAP.

Findings from Canadian researchers, however, present conflicting data about job coercion. For example, Freeberg and Johnston (1979, 1980) report that while voluntary clients differed from coerced employee clients before treatment, similar treatment outcomes were found in both groups.

A controlled study, conducted by Smart (1974), represented the first research to openly raise the question of whether coercion is a necessary element in the treatment of employed alcoholics. This study reported no significant differences between employees who entered treatment through job coercion and those who entered treatment voluntarily.

None of the above studies address the utilization of job coercion, an area considerably understudied despite the widespread adoption of EAPs. Googins and Kurtz (1980) presented some of the first research to identify barriers to EAP utilization by supervisors. Their findings highlighted the role of informal networks and communications among supervisors as well as a number of structural and cultural barriers which interfered with

supervisor utilization. This parallels the work by Trice and Roman (1978) which identified a number of encouraging and discouraging factors affecting supervisor's assumption of their role within the EAP framework.

Perhaps the most comprehensive examination of coercion is a longitudinal study by Shain and Groeneveld (1980) of five companies where employed alcoholics were referred to a residential treatment center. The study hypothesized that as EAPs matured they would refer progressively earlier cases (lower level of impairment from alcoholism), but the findings tended to disprove the hypothesis. In fact, they found that supervisors did not have negative job performance ratings for employees with alcohol problems.

While the study of job coercion has focused on the workplace as a motivational agent, it may have overlooked other sources of motivation which exist outside the workplace. The alcoholic employee lives and interacts within other environments which may prove to be effective sources for motivation. Because job coercion has been such a dominant focus for motivation within the EAP model, other sources of motivation have not been sufficiently acknowledged or incorporated into the EAP.

Shain and Groeneveld (1980), for example, found that a number of measures other than job coercion had a strong impact on motivation. In comparing assessment of job coercion to assessment of spouse coercion, higher scores of spouse coercion were reported in three of the five companies studied, with roughly equivalent spouse coercion scores for the other two companies. Assessment of coercion from children was somewhat lower than job coercion, but nevertheless close to the job coercion scores. This data suggests that coercive forces exist outside the job that may play an important role in initiating the treatment process for employed alcoholic men.

The role of the spouse as a motivating force has been long discussed in the family treatment literature (O'Farrell 1991), but has not been examined in relationship to job coercion. While it is doubtful that worksites and homes act similarly as motivators, this does raise the unexplored issue of probable interaction between the two forces and to what extent home or spouse coercion is as powerful as job coercion in motivating the alcoholic to seek treatment. Because these two forms of coercion have been viewed as separate arenas, there has not been much attempt to examine them in concert. It has been widely reported in the EAP field that jobs have such high self-esteem value that the family generally disintegrates before alcoholics lose their jobs. Clinical observations would tend to buttress this finding (Masi 1982). However, there is no empirical basis for such claims, and virtually nothing is known about either the chronology of work and family disintegration in the life of the alcoholic employee, or the relative power of home versus job coercion.

It is the purpose of this article to explore the role of both spouses and the workplace in motivating alcoholic husbands to accept and enter treatment. Using standardized measures of job and spouse coercion, a broader picture of the motivational forces affecting the alcoholic are assessed. Although there are limitations to the data, it does provide some exploratory findings on a broadened conceptualization of motivational forces in alcoholic employees.

METHOD

Subjects

The data for this article were drawn from a larger study comparing working and non-working wives of alcoholics. The initial research project examined the dynamics of alcoholism in families as well as the effects of dual employment on family interactions. Since relatively little is known about working wives of alcoholics, data were collected from both husbands and wives on the unique aspects of the wives' working role as well as the effect of their husbands' alcoholism on their job and family life. Husbands rated the degree to which their jobs and their spouses influenced their decision to seek alcoholism treatment. Husbands also provided information about the degree to which their alcoholism interfered with their ability to function on the job and maintain positive family relationships.

The data reported here will focus on 91 employed husbands who were participants in one of three inpatient alcoholism treatment programs. Inclusion criteria for the study were 1) married or cohabitating for at least the past 3 years, 2) alcoholism as a primary diagnosis, 3) no severe psychiatric disorder, and 4) employed full-time. Subjects were recruited in two ways. At two of the inpatient alcoholism programs, all male alcoholics were asked by their treatment counselor to complete a screening sheet which determined study eligibility. Counselors were trained by the research team to appropriately administer the screening sheet and answer client questions. Males who met study criteria and were interested in participating in the research project signed a release form allowing the hospital to provide their names to the research team.

At the third alcoholism treatment program, a research assistant met briefly with new admissions prior to a weekly group therapy session to describe the study, complete the screening forms with the clients and determine interest in participating in the study. These men also signed a release form allowing the research team to contact them at home. Consecutive admissions who met the study criteria, who agreed to participate, and whose wives agreed to participate became research subjects. Sixty working wives (20 hours or more per week) and 31 non-working wives completed the study with their husbands. Informed consent was given by all respondents.

Husbands ranged in age from 26 to 63 with a mean age of 42 years with wives from 23 to 62 years old, with a mean age of 38.5. Eighty-six percent of husbands and 95% of wives graduated high school and 22% and 15% respectively were college graduates.

Couples were primarily Catholic and White. Most of the wives were married for the first time, with more men than women remarried. These couples had been married for a median of 12 years, with 43% married 10 years or less and 30% married more than 20 years. Twelve percent of the couples were cohabitating for at least 3 years and 2% were separated for less than 3 months. Eighty-three percent of couples had an average of 2 children living with them.

These couples reported a median gross family income between $30,000 and $40,000 annually. This figure is similar to the median income of $34,800 reported nationally for households headed by a married couple (Statistical Abstract of the United States 1989).

Work History

Husbands were employed at different companies in various occupations. They worked an average of 47 hours (s.d. = 11.5) per week and were employed at the same company for an average of 10.7 years (s.d. = 9.7). They held their current position for an average of 8 years (s.d. = 8.5), with 30% employed in managerial positions. Wives were employed for an average of 6 years at their company (s.d. = 4.6), with an average of 4.5 years (s.d. = 4.1) in their current position. The mean hours worked per week was 38.0 (s.d. = 10.8), including 6 wives who held a second job. Twenty-three percent of the

wives held managerial positions, with the remainder in lower status occupations.

Drinking History

Fifty-eight percent of the wives reported that their husbands had drinking problems that preceded their marriages. Fifty-seven percent of the husbands reported that they were children of alcoholics. These figures are extraordinarily high, given that recent surveys found a lifetime prevalence in only 11.5 to 15.7% of American adults (Myers, Weissman, Tischler, Holzer, Leaf, Orvaschel, Anthony, Boyd, Burke, Kramer, and Stoltzman 1984). None of the women reported problems of alcohol or drug dependence in themselves, but half identified themselves as children of alcoholics.

Husbands completed the Michigan Alcoholism Screening Test (MAST), a self-administered questionnaire designed to identify alcoholic respondents (Seltzer 1975), but also useful as a scoring continuum for assessment (Skinner 1979). All exceeded the cutoff of 5 for a diagnosis of alcoholism, with a range from 7 to 51 (maximum possible range is 0 to 53) and a median of 36. Most husbands reported near daily alcohol use in the 30 days prior to treatment, with a median of 25 days ($X=19.1$, $s.d.=13.3$). Half of the husbands ($N=85$) experienced alcohol withdrawal symptoms and 12% reported having at least one drug overdose. Fifty-four percent of husbands were using other drugs in conjunction with alcohol.

Average length of stay for inpatient treatment was 14 days. All husbands successfully completed their treatment and engaged in virtually identical treatment programs at all three hospitals. The treatment programs consisted of detox, followed by individual and group therapy, educational sessions about alcohol related topics (e.g. alcoholism as a disease, denial, alcoholic families, relapse), introduction to self-help groups and aftercare plans. While many of these men worked in corporations with Employee Assistance Programs or Drug Testing Programs, there is insufficient data to determine the presence or absence of an EAP, the effectiveness of the EA programs, the degree of supervisor training, the perceived reputation of these programs, and other related factors.

Data Collection and Instrumentation

Data were collected from both husbands and wives approximately one month following husband's discharge from treatment. A self-administered questionnaire was completed by both husbands and wives. The questionnaire contained standardized instruments (described below) and questions designed specifically for the study. Areas of examination included: demographics, alcoholism, previous treatment, family and home life, job, coping skills and well-being. In addition, face to face interviews were conducted only with the wives without their husbands present. The interview lasted approximately one hour and consisted of mostly close ended questions focusing on pre-marital dating and drinking problems, family history of alcoholism and degree of family support, work history and the impact of husband's drinking on work performance, support at work and outside the family, and degree of involvement in husband's treatment.

The procedure for data collection was as follows. Husbands who met study criteria, signed a release form and indicated interest in the study were contacted at home by telephone by a research assistant approximately 1 week after their discharge from treatment. The study was described again to potential participants and the necessity of joint husband and wife involvement was explained. Husbands and wives who both agreed to participate were enrolled in the study.

Couples were asked the most convenient location for data collection which included their home, the treatment center or Boston University. The majority of data collection occurred at couples' homes in the evenings and weekends. A research assistant was responsible for reviewing the husbands' and wives' questionnaires for completion and for conducting the face to face interview with the wife. Husbands completed the questionnaire on their own, while in a separate room, their wives participated in the interview. The research assistant reviewed the husband's completed questionnaire while the wife was filing out her questionnaire. Then, the research assistant reviewed the wife's questionnaire to insure completeness.

The standardized instruments reported in this article are: the Job and Spouse Coercion Scales of the Ontario Problem Assessment Battery for Alcoholics (Freedberg and Scherer 1977), and the Job Satisfaction Scale (JSS) (Quinn and Staines 1979). (Tables 1, 2 and 3 provide further detail of these scales). The Ontario Problem Assessment Battery for Alcoholics is a self-report inventory with satisfactory reliability and validity for use with employed alcoholics. The Job and Spouse Coercion Scales, two of the nine coercion scales included in the instrument, assess the degree to which job-related factors and spouse-related factors influence the motivation of alcoholics to resolve their drinking problem. Reliability indices are reported above .75.

The JSS is one in a series of measures developed by Quinn and Staines in 1969 and revised in 1977 for use on national samples. Two dimensions of job satisfaction are incorporated into the nine items: the worker's evaluation of specific facets of the job and a global affective reaction to the job. Reliability data have been reported (Quinn and Staines 1979), as well as validity data (Mangione 1973).

RESULTS

Results presented in this section include data on the husbands' work experience, job satisfaction, and the extent to which job coercion and spouse coercion acted as motivators in husbands' decision to seek treatment. Data, which was collected at one month after husband's discharge from treatment, will be presented in the following sections: work performance, job satisfaction, and job-spouse coercion.

Work Performance

Husbands reported that they were absent from the job an average of 28 days in the preceding twelve months. Seventeen of the twenty-eight days absent were reported as due to drinking. While no comparison group data was collected in this study, their absenteeism appears to be well above that reported in national data. For example, their absenteeism, both drinking and non-drinking related, was significantly higher ($p<.0001$) than the absenteeism rate of a group of 484 married, employed, non-alcoholic men ($x=4.3$ days absent) who participated in a study of work and family stress (Googins 1991a). The high rate of the husband's absenteeism due to drinking may reflect hospitalization for alcoholism, as well as days missed due to negative consequences of drinking related behaviors.

The men were also asked to respond to a series of questions probing the extent and degree to which their drinking impaired their work. While manifestations of work difficulties varied, there was an overall acknowledgement of significant impairment. Eighty percent of husbands reported that their drinking had interfered with their ability to function at the work place, with 89 out of the 91 men indicating that their drinking affected their job performance to some degree. Specific impairments included absentee-

ism (77%), lost time during the work day (62%), poor work performance (51%) and on-the-job accidents (16%).

While these specific measures indicated a rather widespread impact of their drinking on job performance, the same group also reported that their drinking led to some negative interaction with their supervisors and co-workers. Sixty-four percent reported difficulties with their supervisors on drinking-related issues and 49% acknowledged drinking-related difficulties with their co-workers.

Perhaps even more interesting is that these negative experiences with supervisors did not appear to translate into their supervisors taking any formal action. Less than a third received a verbal warning from their supervisor and about one-fourth received a written warning. Only 10% were suspended or terminated from their job due to drinking or drinking-related behaviors. Of those men who reported job problems, only 39% reported receiving some type of disciplinary action. Thus, despite the fact that most of the men reported significant impairment on the job, the vast majority, over two-thirds, were never confronted by their supervisors in any formal manner. This is confirmed by standardized scores on the Job and Spouse Coercion scales which are reported in a later section.

Job Satisfaction

Responses on job satisfaction indicated a relatively high rate of satisfaction. Thirty-one percent of husbands reported that they were "very satisfied" with their job with 49% "somewhat satisfied." In response to the question, "Knowing what you know today, if you had to decide all over again to take the job you have now, what would you decide?" 48% of the men would take the same job, 40% would have second thoughts and 11% would not take their current job again. Individual items on the JSS scale are reported in Table 1. There is no data on whether these men had their jobs held for them upon completion of their treatment, which potentially might affect their level of job satisfaction.

Job and Spouse Coercion Scales

In order to determine the power of spouse and job coercion, data were obtained from the Spouse and Job Coercion Scales, which assess the degree to which job and spouse influence the motivation of the alcoholic employee to seek treatment (Tables 2 and 3). The notion that confrontation at work can motivate alcoholic employees is supported by a high correlation between job sanctions (i.e. warnings, suspensions and grievance actions) and job coercion ($r = .58$, $p < .001$). Although job coercion when utilized is an effective technique, it appears to be infrequently used in this study. While 55% felt drinking might result in job loss, only 20% reported they were getting pressure from their employer. This is reflected in the low percentage (10%) who felt it was "mostly true" or "completely true" that their "employer was a major reason for seeking treatment." The fact that 44% of respondents felt that they could easily get another job that suited them may also explain the apparent lack of concern about job sanctions and possible job loss. Moreover, of those who felt that their employer was not the major reason for seeking treatment, 72% felt they could easily get another job. It is important to note that this perception of job coercion (as measured by the job coercion scale) is similar to the degree of actual coercion reported in the previous section Work Performance.

Husbands indicated that their wives were significantly more influential than their work environment ($p < .001$) in their decision to enter treatment, with 44% rating their spouse's attitude toward drinking as a major reason for seeking treatment. This high degree of spouse coercion is in stark contrast to indicators of job coercion. Sixty percent of husbands responded "mostly true" or "completely true" to the statement, "*my spouse* is pressuring me to do something about my drinking behavior" compared to only 20% who responded "mostly true" or "completely true" to the statement, "*my job* is pressuring me to do something about my drinking behavior." Ninety percent of husbands reported that their spouse disapproved of their drinking and 84% indicated that their drinking behavior hurt their relationship with their spouse.

Examining this from a different perspective, the majority of men felt little pressure from the job to seek treatment. Only 22% felt their wives were NOT motivating them to seek treatment compared to 71% who felt their job was NOT a motivation.

The relative power of spouse coercion is reinforced when examining other spousal attributes or factors related to the husband's drinking. Spouses were asked how they coped with their husband's drinking and attempted to remedy their alcoholic marriages. Most wives (68%) reported coping with the drinking by directly confronting their husbands, while substantial numbers reported keeping isolated (45%), turning to their families (41%), or keeping busy outside the home (38%) or outside the family (32%). Almost one-half of wives (40.7%) gave their husbands an ultimatum that one of them would have to leave the family

Table 1
Job Satisfaction Scale (N=91)

	NOT AT ALL TRUE(%)	A LITTLE TRUE(%)	SOMEWHAT TRUE(%)	VERY TRUE(%)
I'm given a chance to do the things I do best.	10	22	26	42
I am free from the conflicting demands that others make of me.	26	30	32	12
My supervisor gets people to work well together.	15	29	41	15
Promotions are handled fairly.	24	23	35	17
At work, people take a personal interest in me.	11	18	40	31
My fringe benefits are good.	13	09	36	42
Physical surroundings are pleasant.	13	30	34	22

Table 2
Job Coercion Scale

	NOT TRUE(%)	SLIGHTLY TRUE(%)	MODERATELY TRUE(%)	MOSTLY TRUE(%)	COMPLETELY TRUE(%)
I think I will lose my job unless I do something about my drinking.	22	13	9	14	41
My employer is pressuring me to do something about my drinking.	58	10	11	8	12
My drinking behavior may result in my being demoted at work.	61	9	12	6	11
My employer's attitude toward my drinking is a major reason for my seeking treatment.	74	11	4	[illegible]	6
I could easily get another job that suits me.	23	4	28	30	14

home unless treatment was sought with more than a third of wives (38.5%) rating themselves as partially involved in their husband's decision to seek treatment

DISCUSSION

The constructive confrontation model, which uses job coercion as a motivator for treatment, has continued to have success within EAPs. However, more recent research from the substance abuse field concerning motivation for treatment has offered information on additional sources of motivation within the alcoholic's environment. Several studies, for example, have demonstrated positive outcomes using a unilateral family therapy approach which relies on behavioral training of the spouse in enhancing treatment entry of resistant alcoholics (Thomas, Santa, Bronson, and Oyserman 1987; Sisson and Azrin 1986). Similar studies from marital and family research also provide evidence of the power of spousal participation and involvement in enhancing treatment outcomes (O'Farrell and Cowles 1989).

Recently, a small group of researchers led by William Miller have pioneered a series of innovative assessment techniques which offer new strategies for motivating the alcoholic to seek treatment. These new developments have

Table 3
Spouse Coercion Scale

	NOT TRUE(%)	SLIGHTLY TRUE(%)	MODERATELY TRUE(%)	MOSTLY TRUE(%)	COMPLETELY TRUE(%)
I think my spouse will leave me unless I do something about my drinking.	12	20	11	23	34
My spouse is pressuring me to do something about my drinking behavior.	7	20	13	12	48
My spouse disapproves of my drinking behavior.	1	3	6	12	78
My drinking behavior is in some way hurting the relationship between me and my spouse.	2	6	8	14	70
My spouse's attitude toward my drinking is a major reason for my seeking treatment.	22	21	12	14	30

drawn heavily on Miller's concept of motivational interviewing which deviates from the traditional confrontational model. This approach relies on motivational assessment which uses environmental and interpersonal processes to provide "feedback of objective assessment results through a therapeutic atmosphere of empathy and support" (Miller 1991, p. 3).

From the findings described above, motivation to seek treatment for employees with alcohol problems does appear to come from a number of sources, both inside and outside the workplace. Although there is considerable evidence that job coercion, when utilized by supervisors, remains a potent source of motivation, there appears to be other motivational agents outside the workplace possessing equal motivational potency. It appears that spouse involvement may play a more instrumental role in the EAP model than was previously thought. Given the reported perceptions by the husbands of spousal influence, it appears that the role of the spouse may be critical in providing the necessary motivation to seek treatment.

Because of the limitations of the data, it