Couple Therapy
ROLE OF BEHAVIORAL COUPLE THERAPY
IN TREATMENT OF SUBSTANCE USE DISORDERS
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Learning Objectives
At the end of this presentation the participant will be able to:
- Discuss the relationship between substance use and marital problems
- Describe the Behavioral Couple Therapy method
- Apply principles of Behavioral Couple Therapy to couples with substance use issues

Background
According to the National Survey on Drug Use and Health (NSDUH)
- An estimated 18 million alcohol users had an Alcohol use disorder in 2013
- Since 1999, opiate overdose deaths have increased 265% among men and 400% among women (SAMSHA, 2014)
  - 1.8 million people had an opioid use disorder related to prescription pain relievers
  - 517,000 had an opioid use related to heroin use
- In 2013, an estimated 855,000 people had a stimulant use disorder because of cocaine use
Relationship Issues

- Dysfunctional relationship
- High levels of relationship dissatisfaction
- High prevalence of verbal and physical aggression
- Significant sexual problems
- Significant psychological distress
- Instability evidenced by partners taking steps towards divorce or separation

Medical Problems
- Legal issues
- Financial difficulties

Relationship Destructive Cycle

- The relationship between substance use and marital problems is not unidirectional with one consistently causing the other.
- Each can serve as a precursor to the other, creating a "vicious cycle" from which couples that include a partner who abuses drugs or alcohol often have difficulty escaping (Gurman, 2008, p.525)

Substance Use                            Relationship Dysfunction

Reversing a Destructive Cycle through Behavioral Couple Therapy

Behavioral Couple Therapy (BCT)

- Founded on the principles of Marital Couple Therapy (MCT) originated in the late 1960's early 1970's
- (BCT) is the approach to couples and family therapy that has the strongest empirical support for its effectiveness
- Successful in broadly diverse populations, from very poor to wealthy, and among a broad range of ethnic and racial groups (Fals-Stewart, O'Farrell & Birchler, 2004)
### Behavioral Couple Therapy (BCT)

- Highly structured, behaviorally oriented, skills-based, often manualized and largely psychoeducational
- Potential participants must indicate some evidence of relationship in order to be successful
- No gross impairment or psychosis that would significantly interfere with learning new information, practicing skills or completing assigned tasks
- Mostly effective with couples in which only one partner has an addiction problem (Gurnam, 2008)

### BCT Method

- Partners must be married or, if unmarried, cohabiting in a stable relationship for at least 1 year
- Weekly sessions for 12-20 weeks over 5-6 months lasting 50-60 minutes
- Group behavioral couples therapy (GBCT), treating three or four couples together, usually over 9 to 12 weeks
- Brief behavioral couples therapy over six sessions
- Adjunct to substance abuse counseling
- Stand alone intervention is an option
- Children are not included in sessions
- History of severe partner physical aggression is an exclusion criteria (Fals-Stewart, O’Farrell & Birchler, 2004, p.32)

### BCT Goals

BCT and family-based treatments for substance abuse in general have three primary objectives:

- To eliminate abusive drinking and drug abuse
- To engage the family’s support for the patient’s efforts to change
- To restructure couple and family interaction patterns in ways conducive to long-term, stable abstinence (Fals-Stewart, O’Farrell & Birchler, 2004, p.33)
Constructive Cycle

Substance Use Recovery

Enhanced Relationship Functioning

- Communication Skills Training
- Problem Solving Skills
- Increase Caring Behaviors
- Continuing Recovery Plan
- Self-Help Support

Therapeutic Interventions

Relationship-Focused Interventions
- Adjustments to recovery
- Increasing positive exchanges
- Communication skills training
- Problem-solving skills training

Substance Abuse-Focused Interventions
- Limiting Exposure and Risky situations
- Behavioral Contracting
- Medications (Antabuse, Naltrexone, Methadone)

Skills Training
- Effective communication
- Problem solving and conflict management skills
- Initiating caring behaviors
- Developing rewarding substance free activities
- Develop parenting skills
The Therapist

• Recovery contract
• Validation, step-wise guidance and encouragement
• Clear and defined expectations
• Effective control of volatile expression

Expected Outcomes

• Reduced substance abuse (directly and through restructuring the dysfunctional couple interactions that frequently help sustain it)
• Reversal of destructive cycle
• Confidence, skills sets and stability should be reached regarding substance misuse and supportive relationship quality

Research Findings

A study involving 75 drug abusing men and their wives or cohabiting partners compared the clinical efficacy and cost-effectiveness of three treatment formats:

- Twelve sessions of standard BCT, to both partners, plus 12 sessions of group drug counseling (GDC) featuring session material on 12-step facilitation
- A 12-session group BCT (GBCT), delivered to multiple couples in a group therapy format, plus 12 sessions of GDC
- A 24-session GDC for the male partners only

RESULTS

Compared to participants assigned to GDC, participants in BCT and GBCT had significantly better substance use and relationship outcomes during a 12-month post-treatment follow-up period. The differences between BCT and GBCT were not significant (Fals-Stewart & Birchler, 2002)
Research Findings

In a study conducted by Winters et al. (2002), 75 married or cohabiting women with a primary diagnosis of drug abuse who were randomly assigned to one of two equally intensive outpatient treatments:

- BCT plus individual-based treatment (a cognitive-behavioral coping skills program)
- Individual behavioral therapy alone

**RESULTS**

During the 1-year post-treatment follow-up, women who received BCT had significantly fewer days of substance use, longer periods of continuous abstinence, and higher levels of relationship satisfaction than did participants who received individual behavioral treatment. The findings were very similar to those obtained in BCT studies with male substance-abusing patients (Winters et al., 2002).

Training Opportunities

Training opportunities and resources are available from:
- Elizabeth E. Epstein, Rutgers University, bepstein@rci.rutgers.edu
- Barbara McCrady, University of New Mexico, bmccrady@unm.edu
- Timothy O'Farrell, Harvard Medical School, timothy_ofarrell@hms.harvard.edu
- Christopher Barrick, Research Institute on Addictions, barrick@ria.buffalo.edu

Training Videos:

Questions
References


