

Regular article

Behavioral couples therapy for drug-abusing patients: effects on partner violence

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Abstract

Using data from a previous investigation (Fals-Stewart, Birchler, & O'Farrell, 1996), the purpose of the present study was to examine the effect of Behavioral Couples Therapy (BCT) on the prevalence of partner violence among married or cohabiting substance-abusing men ($N = 80$). Participants were randomly assigned to receive either BCT or individual-based treatment (IBT). The proportion of couples who engaged in male-to-female physical aggression was not different during the year before treatment for dyads in BCT ($n = 17$, 43%) and IBT ($n = 19$, 48%). However, a smaller proportion of couples in the BCT condition reported male-to-female physical aggression during the year after treatment ($n = 7$, 18%) than those in the IBT condition ($n = 17$, 43%). Dyadic adjustment, frequency of heavy drinking, and frequency of drug use during the year after treatment mediated the relationship between type of treatment and the prevalence of male-to-female physical aggression. © 2002 Elsevier Science Inc. All rights reserved.

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1. Introduction

Intimate partner violence (IPV) is a significant public health problem in the United States; based on data from nationally representative surveys, it is estimated that 8.7 million couples experience an incident of physical violence from within the dyad each year (Straus & Gelles, 1990). Additionally, a recent survey of U.S. couples indicated more than 1 in 5 experienced at least one episode of interpartner violence during the previous year (Schafer, Caetano, & Clark, 1998).

Several converging lines of evidence strongly suggest consumption of alcohol and use of other psychoactive substances are associated with greater risk for IPV. For example, Murphy and O'Farrell (1994) found more than

50% of men entering alcoholism treatment had been violent toward a female partner in the previous year. Fals-Stewart (in press) examined the likelihood of partner physical aggression on days of male partners' alcohol consumption, during a 15-month period, for men entering a domestic violence treatment program and domestically violent men entering an alcoholism treatment program. For men entering the domestic violence treatment program, the odds of any male-to-female physical aggression were more than 8 times higher on days when men drank than on days of no alcohol consumption. Men entering the alcoholism treatment program were more than 11 times more likely to engage in male-to-female physical aggression on days when men drank versus days of no drinking. Using data from 2033 women currently in a heterosexual relationship taken from a national family violence survey, Kantor and Straus (1989) found the most important variable that distinguished between women who had been victims of their male partners' violence and those who had not been victimized was male partners' drug use. Schafer, Birchler, and Fals-

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Stewart (1994) found that, among couples in which the male partners were recovering from polysubstance dependence, more than 80% reported at least one episode of partner violence during the previous 12 months.

Given the high prevalence of IPV among couples in which partners misuse alcohol and other psychoactive drugs, some attention has turned to the effect of substance abuse treatment on physical aggression in these relationships. Because there is an increased likelihood of partner physical aggression not only when there is substance use, but also in the context of poor communication and generally negative partner interaction (e.g., Cascardi & Vivian, 1995; Rosenbaum & Maiuro, 1989), which are commonly observed in substance-abusing couples (Fals-Stewart & Birchler, 1998), treatments that address both alcohol and drug misuse and relationship problems would appear to be very promising candidates to reduce IPV. An intervention designed to reduce substance abuse and relationship problems concurrently is Behavioral Couples Therapy (BCT) (O'Farrell & Fals-Stewart, 2000). Findings from multiple studies over the last 2 decades indicate BCT is associated with positive outcomes for alcoholic couples, both in terms of reduced drinking and improved relationship adjustment (e.g., McCrady, Stout, Noel, Abrams, & Nelson, 1991; O'Farrell, Cutter, Choquette, Floyd, & Bayog, 1992). As with alcoholic dyads, many of the couple relationships in which one or both partners primarily ingest psychoactive substances other than alcohol are also significantly distressed (Fals-Stewart, Birchler, & O'Farrell, 1999). In several recent investigations (e.g., Fals-Stewart et al., 1996; Fals-Stewart, O'Farrell, & Birchler, 2001), substance-abusing male patients and their intimate female partners who received BCT reported fewer days of drug use, longer periods of abstinence, fewer drug-related arrests, fewer drug-related hospitalizations, and higher relationship satisfaction through 12-month follow-up than patients receiving individual-based treatment (IBT) (e.g., group therapy, individual counseling). Very similar findings also have been found with married or cohabiting substance-abusing female patients (Winters, Fals-Stewart, O'Farrell, Birchler, & Kelley, in press).

O'Farrell and colleagues (e.g., O'Farrell & Murphy, 1995; O'Farrell, Van Hutton, & Murphy, 1999) have conducted a series of naturalistic studies examining changes in the prevalence and frequency of interpartner violence before and after alcoholic men and their intimate partners participated in BCT. Findings indicated levels of partner violence were reduced during the first and second year after treatment and, for remitted patients, levels of partner physical aggression returned to levels experienced by demographically matched nonalcoholic couples. Unfortunately, in these investigations, intimate partner violence was not examined among participants in a "treatment-as-usual" or other control condition, so it is difficult to ascertain the relative effect of BCT on partner physical aggression compared to traditional IBTs more commonly provided in treatment programs (e.g., group and individual counseling, self-help

support groups). Furthermore, these investigations recruited participants who largely or exclusively misused alcohol; participants who primarily abused drugs other than alcohol were not included. Finally, it is not known why IPV is reduced after BCT. Violence reductions may be due to decreased substance use, reduced couple conflicts, or both.

Thus, what is needed are investigations examining the comparative effect of BCT versus other interventions for substance abuse (e.g., "treatment-as-usual," such as individual and group counseling) on partner physical aggression among married or cohabiting men who primarily misuse drugs other than alcohol. In addition, studies need to determine whether changes in the occurrence of partner violence after BCT are mediated by changes in substance use, relationship factors, or both.

Therefore, the purpose of the present investigation was to examine data from a randomized clinical trial, originally conducted to explore the effects of BCT on substance use and relationship outcomes, to determine the effect of BCT on the prevalence of partner violence. Given that BCT for substance abuse was not designed specifically as a treatment for IPV, if we did find that participation in BCT led to a reduction in the prevalence of partner physical aggression, we also sought to investigate factors that might mediate the relationship between BCT and changes in partner aggression, such as relationship adjustment and substance use behavior.

2. Method

2.1. Participants

Data for the present investigation were taken from information provided by participants who engaged in a previously published BCT treatment outcome study conducted by Fals-Stewart et al., (1996). Couples ($N = 80$) in which male partners were entering substance abuse treatment at one of two community-based outpatient clinics located in northeastern U.S. participated in this study. To be included in the investigation, male partners had to (a) be between 20 and 60 years old; (b) be married for at least 1 year or living with a significant other in a stable common-law relationship for at least 2 years; (c) meet abuse or dependence criteria for at least one psychoactive substance use disorder according to the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., rev.; *DSM-III-R*) (American Psychiatric Association, 1987), with the primary drug of abuse not being alcohol¹; (d) agree to refrain from using psychoactive substances during treatment; and (e) refrain from seeking additional substance abuse treatment

¹ We used a decision tree algorithm to determine husband's primary drug of choice, with decisions based on unweighted combinations of patient self-report data, diagnostic information, prior treatment information, and frequency of use for each drug over the 90 days and 12 months prior to the evaluation (Fals-Stewart, 1996).

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