

Article

Behavioral couples therapy versus individual-based treatment for male substance-abusing patients

An evaluation of significant individual change and comparison of improvement rates

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Abstract

Fals-Stewart, Birchler, and O'Farrell (1996) found that married or cohabiting substance-abusing men ($n = 40$) who participated in behavioral couples therapy (BCT) in addition to individual-based treatment (IBT) for substance abuse had fewer days of substance use and, along with their partners, reported higher levels of dyadic adjustment during and 1-year after treatment than husbands who received IBT only ($n = 40$). In the present study, significant individual change in posttreatment frequency of substance use and dyadic adjustment was evaluated and comparisons of the proportions of participants receiving IBT and BCT who were improved, unchanged, or deteriorated in these domains of functioning were made using data from Fals-Stewart et al. (1996). Growth curve analysis revealed that a larger proportion of husbands in the BCT condition showed significant reductions in substance use ($n = 33, 83\%$) than husbands who received IBT ($n = 24, 60\%$). Also, a larger proportion of couples who participated in BCT showed improvements in dyadic adjustment ($n = 24, 60\%$) than couples whose husbands received IBT only ($n = 14, 35\%$). © 2000 Elsevier Science Inc. All rights reserved.

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1. Introduction

A growing body of research now indicates that behavioral couples therapy (BCT) is associated with positive treatment outcomes for dyads in which at least one partner misuses alcohol, both in terms of drinking behavior and relationship adjustment (e.g., McCrady, Stout, Noel, Abrams, & Nelson, 1991; O'Farrell, Cutter, Choquette, Floyd, & Bayog, 1992). As with alcoholic dyads, the relationships of couples in which one or both partners primarily ingest psychoactive substances other than alcohol tend to be relatively distressed (Fals-Stewart & Birchler, 1994). In a recent study, Fals-Stewart, Birchler, and O'Farrell (1996) extended the use of BCT to men who primarily abused psychoactive substances other than alcohol. Results showed that men who received

BCT as an integrated component of individual-based treatment (IBT) had fewer days of drug use, longer periods of abstinence, fewer drug-related arrests, and fewer drug-related hospitalizations through the 12-month posttreatment follow-up period than those who received an equally intensive program of IBT without BCT. Couples in the BCT condition also reported higher levels of dyadic adjustment and less time separated than couples in which husbands received IBT only.

The differential effectiveness of the BCT and IBT conditions in the Fals-Stewart et al. (1996) study was inferred by examining statistically significant group mean differences on various outcome measures of substance use and dyadic adjustment. However, several authors (e.g., Speer, 1994; Weiss, Weiss, & Donenberg, 1992) have recently raised questions about the external validity of drawing conclusions about treatment efficacy by this method alone. The essential problem is that the reported differences in mean scores on a given outcome measure for two or more treatment groups

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can be statistically significant, but unless information about the variability of responses within each group is provided, it is not possible to determine how effective an intervention was at an individual or participant level. For example, a significant group difference could be the result of a large number of participants in a given treatment condition making a relatively small amount of improvement; for any single participant, the intervention may have limited utility. Alternatively, the result could be due to a comparatively smaller number of participants in a given treatment condition making substantial improvement, with the latter degree of change perhaps having more “clinical significance” than the former. Thus, statistical comparisons of group means tell us very little about the efficacy of interventions for the individual participants. Various statistical methods are now available for determining the significance of individual change; conversion into improvement-deterioration rates may assist in addressing the external validity question by facilitating comparison of change rates among participants engaging in different treatment conditions (Speer & Greenbaum, 1995).

The purpose of the present investigation was to reanalyze data from the Fals-Stewart et al. (1996) study and compare the outcomes of substance-abusing patients who received BCT or IBT in terms of individual change rates on the primary outcome measures. More specifically, we sought to compare the proportions of participants assigned to the BCT or IBT who showed (a) significant reductions in substance use frequency and improvement in dyadic adjustment, (b) significant deterioration in these domains, or (c) no significant change from pretreatment levels of functioning.

2. Method

2.1. Participants

Couples ($N = 80$) in which husbands were entering treatment for substance abuse at one of two community-based outpatient clinics participated in this study. Inclusion criteria were as follows. Husbands 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 addi-

tional substance abuse treatment except self-help meetings (e.g., Alcoholics Anonymous) for the duration of treatment, unless recommended by their primary individual therapists. Couples were excluded if (a) the wife met *DSM-III-R* criteria for a psychoactive substance use disorder in the last 6 months; (b) the husband or wife met *DSM-III-R* criteria for an organic mental disorder, schizophrenia, delusional (paranoid) disorder, or other psychotic disorders; or (c) the husband or wife were participating in a methadone maintenance program and were seeking treatment for adjunctive outpatient support.

Typically, the husbands were high school educated (years education, $M \pm SD = 11.9 \pm 2.4$), age 34.1 years (± 7.6), married or cohabiting 6.1 years (± 3.9), and had 2.0 children (± 1.1). Eighty-four percent ($n = 67$) were White, 13% ($n = 10$) were African American, and the remaining 4% ($n = 3$) were Hispanic. Husbands reported problematic drug and alcohol use for many years (alcohol, 8.4 years ± 4.1 ; opiates, 7.3 years ± 3.4 ; cocaine, 7.0 years ± 3.2 ; cannabis, 7.4 years ± 3.9) and a low percentage of days abstinent (29.8% ± 36.6) from drug and alcohol use during the year before entering the study.

Husbands were randomly assigned to the BCT or IBT condition. Random assignment was effective; analysis of variance (ANOVA) for continuous variables and chi-square tests for categorical variables showed that the BCT and IBT groups did not differ significantly ($p < .05$) on any of the variables just described (see Fals-Stewart et al., 1996, for further descriptive information about participants).

2.2. Procedure

Married and cohabiting male applicants ($n = 154$) entering one of two outpatient substance abuse treatment programs were asked, along with their partners, to participate in an extensive interview to determine eligibility for the study. Fifty-one applicants declined; 17 couples who agreed to be interviewed met one or more of the study's exclusion criteria. The 86 remaining couples were assigned randomly to either BCT or IBT. Three couples from each condition completed less than half of their scheduled sessions and their data were not used in the subsequent analyses, leaving 40 couples in each treatment condition.

2.2.1. Individual-based treatment package

The husband was the only partner in the IBT condition who received treatment provided by the clinics. He met with a therapist for two 60-minute individual therapy sessions and one 90-minute therapy group each week. The goal of this treatment was to help these husbands develop coping skills that would help them remain abstinent from drugs and alcohol. The intervention, which was adapted from cognitive-behavioral treatment programs for alcoholism, has been shown to be effective with patients who abuse other drugs (e.g., Rohsenow, 1995).

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. This algorithm has been described previously (Fals-Stewart, 1996) and is available from the corresponding author upon request.

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