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Article

Behavioral couples therapy for alcoholism and drug abuse

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Abstract

Behavioral couples therapy (BCT) sees the substance-abusing patient with the spouse to arrange a daily "sobriety contract" in which the patient states his or her intent not to drink or use drugs and the spouse expresses support for the patient's efforts to stay abstinent. BCT also teaches communication and increases positive activities. Research supports three conclusions. First, BCT for both alcoholism and drug abuse produces more abstinence and fewer substance-related problems, happier relationships, fewer couple separations and lower risk of divorce than does individual-based treatment. Second, domestic violence is substantially reduced after BCT for both alcoholism and drug abuse. Third, cost outcomes after BCT are very favorable for both alcoholism and drug abuse, and are superior to individual-based treatment for drug abuse. The Institute of Medicine (1998) documented a large gap between research and practice in substance abuse treatment. BCT is one example of this gap. BCT has relatively strong research support, but it has not yet become widely used.

Keywords: Couples therapy; Alcoholism; Drug abuse

Twenty-five years ago the National Institute on Alcohol Abuse and Alcoholism hailed couple and family therapy as "one of the most outstanding current advances in the area of psychotherapy of alcoholism" and called for controlled studies to test these promising methods (Keller, 1974, p. 161). Currently, behavioral couples therapy (BCT) is a family therapy method with strong research support for its effectiveness in substance abuse (Epstein & McCrady, 1998). This article describes typical BCT treatment methods and gives an overview of results of studies of BCT, first in alcoholism and then the more recent work on BCT for drug abuse. This article is an effort to disseminate recent clinical research findings to practicing substance abuse counselors who may be able to apply these findings to their work with alcohol and drug-abusing patients.

1. Purpose of BCT

BCT works directly to increase relationship factors conducive to abstinence. A behavioral approach assumes that family members can reward abstinence—and that alcoholic and drug-abusing patients from happier, more cohesive relationships with better communication have a lower risk of relapse. The substance-abusing patient and the spouse are seen together in BCT, typically for 15 to 20 outpatient couple sessions over 5 to 6 months. Generally, couples are married or cohabiting for at least 1 year, without current psychosis, and one member of the couple has a current problem with alcoholism and/or drug abuse. The couple starts BCT soon after the substance user seeks help.

2. BCT treatment methods

BCT sees the substance-abusing patient with the spouse to build support for sobriety. The therapist arranges a daily *Sobriety Contract*, in which the patient states his or her intention not to drink or use drugs that day (in the tradition of 1 day at a time), and the spouse expresses support for the patient's efforts to stay abstinent. For alcoholic patients who are medically cleared and willing, daily Antabuse ingestion witnessed and verbally reinforced by the spouse also is part of the Sobriety Contract. The spouse records the performance of the daily contract on a calendar provided by the therapist. Both partners agree not to discuss past drinking or fears about future drinking at home to prevent substance-related conflicts, which can trigger relapse, but reserve these discussions for the therapy sessions. At the start of each BCT couple session, the therapist reviews the Sobriety Contract calendar to see how well each spouse has done

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their part. If the Sobriety Contract includes 12-step meetings or urine drug screens, these are also marked on the calendar and reviewed. The calendar provides an ongoing record of progress that is rewarded verbally at each session. The couple performs the behaviors of their Sobriety Contract in each session to highlight its importance and to let the therapist observe how the couple carries out the contract.

Using a series of behavioral assignments, BCT increases positive feelings, shared activities, and constructive communication because these relationship factors are conducive to sobriety. *Catch Your Partner Doing Something Nice* has each spouse notice and acknowledge one pleasing behavior performed by their partner each day. In the *Caring Day* assignment, each person plans ahead to surprise their spouse with a day when they do some special things to show their caring. Planning and doing *Shared Rewarding Activities* is important because many substance abusers' families have stopped shared activities, which are associated with positive recovery outcomes (Moos, Finney, & Cronkite, 1990). Each activity must involve both spouses, either by themselves or with their children or other adults—and can be at or away from home. Teaching *Communication Skills* can help the alcoholic and spouse deal with stressors in their relationship and in their lives, and this may reduce risk of relapse.

Relapse prevention is the final activity of BCT. At the end of weekly BCT sessions, each couple completes a Continuing Recovery Plan that is reviewed at quarterly follow-up visits for an additional 2 years.

This BCT overview describes methods used at the Counseling for Alcoholics' Marriages (CALM) Project in the Harvard Medical School Department of Psychiatry at the VA Medical Center in Brockton, Massachusetts. More details can be found elsewhere (O'Farrell, 1993; Rotunda & O'Farrell, 1997).

3. Research on BCT with alcoholism

A series of studies have compared drinking and relationship outcomes for alcoholic patients treated with BCT or individual alcoholism counseling. Outcomes have been measured at 6-month follow-up in earlier studies and at 18 to 24 months after treatment in more recent studies. *The studies show a fairly consistent pattern of more abstinence and fewer alcohol-related problems, happier relationships, and lower risk of marital separation for alcoholic patients who receive BCT than for patients who receive only individual treatment* (Azrin, Sisson, Meyers, & Godley, 1982; Bowers & Al-Rehda, 1990; Hedberg & Campbell, 1974; McCrady, Stout, Noel, Abrams, & Nelson, 1991; O'Farrell, Cutter, Choquette, Floyd, & Bayog, 1992).

Domestic violence is the focus of recent BCT studies. Table 1 shows the percent of male alcoholic patients who were violent toward their female partner at least once in the year before and in the first and second year after BCT in two studies. There also was a control group of demographically matched couples without alcohol problems drawn from a national survey of family violence in the United States population. Nearly two thirds of the alcoholics had been violent toward their female partner in the year before BCT. This is significantly and substantially higher than in couples without alcoholism. Violence was significantly lower in the first and second year after BCT than it was before BCT, but it remained somewhat higher than among couples without alcohol problems.

Table 1
Proportion of men who physically assaulted their partners in the year before and in the first and second year after BCT alcoholism treatment

	Year before BCT (%)	Year 1 after BCT (%)	Year 2 after BCT (%)	Controls (%)
Study 1	64	28	19	12
Study 2	59	20	21	12

Data show significant reductions in prevalence of violence after treatment. Study 1 data are from O'Farrell and Murphy (1995) and O'Farrell et al. (1999). Study 2 data are from O'Farrell et al. (1998).

BCT = Behavioral Couples therapy.

The violence results are more dramatic when violence is examined in relation to drinking outcome status after BCT. Table 2 shows that domestic violence was nearly eliminated among patients who were remitted (i.e., about half of the sample who remained abstinent) after BCT. *Thus, these studies showed that husband-to-wife violence was significantly reduced in the first and second year after BCT alcoholism treatment and that it was nearly eliminated with abstinence.*

From studies of *cost outcomes after BCT for alcoholism*, Table 3 shows the average costs per case for alcohol-related hospital treatments and jail stays for male alcoholics in two of our Project CALM studies. Costs for the year before BCT were about $7,800 in the first study and $6,100 in the second study. Costs were significantly lower after BCT, averaging about $1,100 for the 2 years after BCT in the first study and for the 18 months after BCT in the second study. Costs savings averaged between $5,000 and $6,700 per case. The benefit to cost ratios show $8.64 in the first study and $5.97 in the second study in cost savings for every dollar spent to deliver BCT. *Taken together, the data from these two studies show that reduced hospital and jail days after BCT save more than five times the cost of delivering BCT for alcoholism.*

Table 2
Proportion of violent remitted and relapsed alcoholic patients after BCT

Time period	Remitted (%)	Relapsed (%)	Controls (%)
Year 1 after BCT	3	35	12
Year 2 after BCT	6	29	12

Data show significantly less violence in remitted and in controls than in relapsed. Data are from O'Farrell and Murphy (1995) and O'Farrell et al., (1999).

BCT = Behavioral couples therapy.