

Behavioral couples therapy (BCT) for alcohol and drug use disorders: A meta-analysis

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Abstract

Narrative reviews conclude that behavioral couples therapy (BCT) produces better outcomes than individual-based treatment for alcoholism and drug abuse problems (e.g., [Epstein, E. E., & McCrady, B. S. (1998). Behavioral couples treatment of alcohol and drug use disorders: Current status and innovations. *Clinical Psychology Review*, 18(6), 689–711; O'Farrell, T. J., & Fals-Stewart, W. (2003). Alcohol abuse. *Journal of Marital and Family Therapy*, 29(1), 121–146]). However, the strength and consistency of this effect favoring BCT has not been examined because a meta-analysis of BCT studies has not been reported. This meta-analysis combines multiple well controlled studies to help clarify the overall impact of BCT in the treatment of substance use disorders. A comprehensive literature search produced 12 randomized controlled trials ($n=754$) that were included in the final analyses. There was a clear overall advantage of including BCT compared to individual-based treatments (Cohen's $d=0.54$). This was true across outcome domains (frequency of use $d=0.36$, consequences of use $d=0.52$, and relationship satisfaction $d=0.57$). However the pattern of results varied as a function of time. BCT was superior to control conditions only in relationship satisfaction at posttreatment ($d=0.64$). However, at follow-up BCT was superior on all three outcome domains (frequency of use $d=0.45$, consequences of use $d=0.50$, and relationship satisfaction $d=0.51$). In addition to other control conditions, BCT also outperformed individual cognitive behavioral therapy without couples therapy ($d=0.42$). Larger sample sizes were associated with higher effect sizes ($p=0.02$). However, treatment dose and publication year were not related to effect size. Overall, BCT shows better outcomes than more typical individual-based treatment for married or cohabiting individuals who seek help for alcohol dependence or drug dependence problems. The benefit for BCT with low severity problem drinkers has received little attention and one study suggests its efficacy may not extend to this subgroup.

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Keywords: Behavioral couples therapy; Cognitive behavioral therapy; Substance use disorders; Alcohol use disorders; Meta-analysis

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A growing number of studies have accumulated over the past 30 years supporting the use of behavioral couples therapy (BCT) for alcohol and drug use disorders (Emmelkamp & Vedel, 2006; Epstein & McCrady, 1998; Miller, Zweben, & Johnson, 2005). Studies show that patients suffering from substance use disorders often have higher relationship distress (Emmelkamp & Vedel, 2002; Marshal, 2003) and this relationship distress or interpersonal conflict is frequently associated with relapse (Cummings, Gordon, & Marlatt, 1980; Maisto, McKay, & O’Farrell, 1995). Actively involving a spouse or partner in treatment as an adjunctive therapeutic strategy can serve different purposes; a partner can be involved as a coach in the process of behavior change, disorder-specific relationship issues can be addressed (protecting the patient from the negative consequences of his/her problem behavior), or more general relationship functioning can be addressed. Behavioral couples therapy (BCT) in the treatment of substance use disorders combines all of these elements. BCT assumes that substance abuse and relationship functioning are reciprocal. In this view, substance abuse has a deteriorating effect on relationship functioning and high levels of relationship distress in combination with attempts by the partners to control substance use may cue craving, reinforce substance use, or trigger relapse (Epstein & McCrady, 1998; Fals-Stewart, Klostermann, Yates, O’Farrell, & Birchler, 2005).

BCT not only focuses on behavioral self-control and learning new coping skills to facilitate and maintain abstinence, as do regular cognitive behavioral interventions, but also focuses on improving partners’ coping with drinking-related situations and improving relationship functioning in general. The interventions used to improve partners’ coping and enhance relationship functioning are comparable with those used in behavioral oriented couples therapy in the treatment of relationship distress, which have shown to be more effective than other interventions at enhancing relationship satisfaction and decreasing relationship discord (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998). Daily support for abstinence as a substance-focused method distinguishes this model which is similar to other BCT models on relationship-focused methods. The purposes of BCT are to build support for abstinence and to improve relationship functioning. BCT promotes abstinence with a “recovery contract” that involves both members of the couple in a daily ritual to reward abstinence. BCT improves the relationship with techniques for increasing positive activities and improving communication (O’Farrell & Fals-Stewart, 2006).

Narrative reviews conclude that BCT produces better outcomes than individual-based treatment for alcoholism and drug abuse problems (Epstein & McCrady, 1998; O’Farrell & Fals-Stewart, 2003). However, the strength and consistency of this effect favoring BCT has not been examined because a meta-analysis of BCT studies has not been

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