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FEMALE DRINKERS ALSO BENEFIT FROM COUPLES THERAPY



The latest in what [family therapy experts](#) have called an "impressive"¹ series of US studies on behavioural couples therapy for substance misuse found that the benefits extended to female drinkers. The approach differs from other family therapies in its focus on concretely changing behaviour so that the couple respond positively to each other, in particular so that every day the substance misuser's partner rewards behaviour conducive to sobriety.

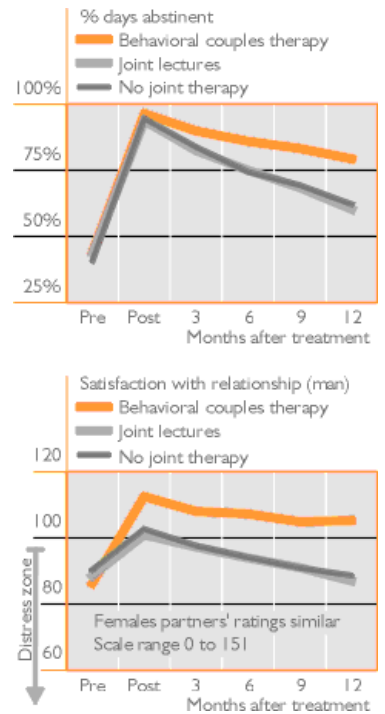
As previously documented in Findings (Nugget [10.2](#)), the approach has benefited (both in terms of substance use problems and family life) men using alcohol, and men and women using primarily opiates or cocaine, but until this latest study had not been tested on female drinkers.

For [the study](#) 246 married or cohabiting women starting outpatient alcohol treatment were approached. Along with their male partners, 138 agreed to participate and matched the study's requirements.² Nearly 90% met criteria for alcohol dependence. They were randomly assigned to three treatments each consisting of 32 one-hour sessions. The first included 12 sessions of behavioural couples therapy during which both partners actively participated. The remaining sessions involved the female partner only in 12-step based counselling. The second was similar except that during the 12 joint sessions the couples listened to lectures about problem substance use. In the third, all 32 sessions were individual 12-step based counselling. This design effectively tested whether engaging the couples in couples therapy added value to instead spending the same time passively being lectured to or using it to reinforce individual counselling.

The answer was affirmative. While outcomes from the other treatments differed little, women whose treatment included couples therapy drank or used drugs on fewer days during the year after treatment (by the end the difference neared 20%) and both partners reported better relationship quality. Similar results were found for heavy drinking. From the woman's point of view, interpersonal problems related to drinking also declined more after couples therapy and both partners reported fewer days marred by threats or violence from the other partner.

High follow-up rates and consistency of outcomes across substance use and problems and relationship quality give confidence that, though the other treatments also were associated with substantial gains, these were greater if the mix included couples therapy. Extra gains were undiminished a year after treatment ended.

With earlier similar results the study makes a strong case for a couples component in substance misuse therapy where this is appropriate. Often, however, it is not appropriate. Behavioural couples therapy is applicable only to patients with an intact live-in relationship with a relative or partner not also experiencing substance use problems and where the relationship is sufficiently supportive for both to agree. This will be the case for many (especially male) drinkers but usually not for long-term dependent users of cocaine or heroin. In the featured study this limitation meant that nearly 4 in 10 of the women were not eligible. In such cases [similar approaches](#) drawing on a broader social network³ may be applicable.



This note was drafted on 30 August 2013.

Another major limitation is the availability of family therapy of any kind. The dominant paradigm sees addiction as a disorder of the individual and treats it accordingly. Few drug misuse professionals have been trained in family approaches and in the UK there is no appreciable national drive to widen their perspective. The recent increasing emphasis on treatments which address not just substance use but also other recovery-relevant issues in the patient's life may alter this situation. Services which wish to pioneer this approach can obtain one of several versions of the [manual](#)⁴ (including an abbreviated six-session version) and adapt it to their needs but should also expect to invest in training and supervision.

1 Rowe C.L. et al. [Substance abuse](#). Journal of Marital and Family Therapy: 2003, 29(1), p.97-120.

2 **FEATURED STUDY** Fals-Stewart W. et al. [Learning sobriety together: a randomized clinical trial examining behavioral couples therapy with alcoholic female patients](#). Journal of Consulting and Clinical Psychology: 2006, 74(3), p. 579-591.

3 Smith J.E. et al. [Take the network into treatment](#). Drug and Alcohol Findings: 2004, issue 10.

4 Fals-Stewart W. et al. [Behavioral couples therapy for drug abuse and alcoholism: a 12-session manual](#). Addiction and Family Research Group, 2004.

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After this entry had been released Findings was informed that the lead author William Fals-Stewart had been found dead on 23 February 2010 after being arrested a few days before on charges arising from an attempt to rebut an accusation of scientific misconduct made in 2004. The accusation related to the alleged fabrication of data in studies undertaken as an employee at the University at Buffalo and Research Institute on Addictions. The arrest was in relation to his allegedly hiring actors to give false testimony during an investigation of the misconduct accusation conducted by the university. At the time of writing we do not know which particular study was alleged to have been falsified, nor whether other studies led by Dr Fals-Stewart are also under suspicion.

For more see the announcement of the charges made by the New York State Attorney General at: <http://www.ag.ny.gov/press-release/new-york-state-attorney-general-andrew-m-cuomo-announces-charges-against-former-ub>

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