Behavioral Couples Therapy + Disulfiram for Alcohol Abuse/Dependence

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Description of the Disorder

There are two ways used to describe people who drink too much alcohol. People with alcohol dependence have strong cravings for alcohol and can’t seem to reduce or stop drinking. They also spend a lot of time drinking or recovering from drinking, and their drinking interferes with many aspects of their life (at work, at home, and other areas). People with alcohol dependence may also show signs of tolerance (a need to drink more to feel its effects) and withdrawal (symptoms such as nausea, sweating, shakiness, and anxiety, when alcohol use is stopped after heavy drinking). Another, less severe type of alcohol problem, alcohol abuse, occurs when a person’s drinking leads to problems in their life, like not showing up for work, failing in school, or not. People with alcohol abuse may drink at times or places that are harmful (like driving while drunk). They may also get into legal problems from their drinking.

Alcohol problems often show up in men by their early 20’s and mid-20’s for women. About 13% of adults develop a drinking problem at some point in their life. About 25-30% of adults who get treatment for alcoholism are either married or in a stable relationship.

Treatment Comparisons

Control Conditions/No Treatment. Behavioral Couples Therapy (BCT) + disulfiram is a treatment used for people who have alcohol problems. There have been many research studies that have found that BCT + disulfiram treatment is better than individual counseling or “placebo” (a comparison to a group that receives no active treatment) treatments at helping patients quit drinking and stay off of alcohol. Studies have also shown that BCT + disulfiram treatment leads to reduced alcohol use for clients who do relapse. People who receive BCT + disulfiram treatment also report fewer alcohol-related social and health problems, and higher levels of satisfaction with their marriage compared to other treatments.

Other Treatments. BCT + disulfiram has been compared to other forms of marital therapy, standard counseling for alcoholism, and alcoholism counseling combined with a “placebo” medication. Consistently across these studies, alcoholic clients who received BCT + disulfiram had better drinking and relationship outcomes compared to those who received other interventions, both during treatment and for long periods after treatment has ended.

Types of Clients Studied. Most studies of BCT + disulfiram have been focused on men with alcohol problems and their female partners who did not have alcohol problems. Recent studies have successfully used BCT + disulfiram with women with alcohol problems and their male partners that do not have alcohol problems. BCT + disulfiram has not been used widely with couples who both have problems with alcohol.

Behavioral Couples Therapy is a treatment for a problem drinker who is married (or
living with a partner) and is trying to quit. The goal is to help the problem drinker to quit and improve relationship with their partner. Treatment focuses on relationship problems, which happen a lot in couples that have a partner with a drinking problem. Also, a “daily sobriety trust discussion” is established between the client and partner. The client states his or her intention not to drink and the partner offers support for the client’s efforts to stay quit. Each day, during this discussion, the problem drinker will take a medication called disulfiram while his or her partner watches. Disulfiram (also known as Antabuse) is a medication that produces unpleasant symptoms (e.g., flushing, headache, nausea, vomiting) if a person drinks alcohol. Most people taking disulfiram will not drink for fear of getting sick. The client and his or her partner are seen in treatment together for 15 to 20 sessions over a 3 to 4 month period. This therapy is appropriate for problem drinkers who are married or in a long term relationship. This therapy is not best for couples where both partners have a drinking problem. People who want this treatment must get approval from their doctor to take disulfiram. Disulfiram cannot be used with people who have liver problems or don’t want to quit drinking alcohol.

1. **Treatment rationale.** Clients and their partners are taught that problem drinking and relationship problems are a “two way street.” This means that problem drinking can worsen relationship problems, and that relationship problems can worsen problem drinking. This is also known as a “vicious cycle” that couples with an alcoholic partner have difficulty escaping. For example, marital and family problems (such as poor communication, poor problem-solving skills, arguing, and financial stress) often set the stage to excessive drinking or drug use. This is sometimes done to cope with the unpleasant feelings that occur when relationship problems occur. Over time, these interactions can help to maintain drinking behaviors after they have started. Drinking can actually have adaptive consequences for the couple or family. For example, drinking can bring about displays of emotion and affection (like showing concern when your partner is suffering from a hangover). It can also regulate the amount of distance and closeness between family members. These results can inadvertently serve to reinforce substance use. BCT + disulfiram has two treatment goals base on these observations. The first goal is to eliminate abusive drinking and get the partner to support the client’s efforts to change. The second is to change family interaction patterns that are more conducive to long-term and stable sobriety.

2. **Recovery contracts.** At the start of treatment the counselor develops and has the partners enter into a Recovery Contract. This is done with input from the couple. As part of the contract, partners agree to engage in a daily Sobriety Trust Discussion. In this discussion, alcoholic client states his or her intent not to drink that day (in the tradition of one day at a time from Alcoholics Anonymous). In turn, the client’s partner expresses positive support for the partner’s efforts to remain sober. As part of the Sobriety Trust Discussion, the alcoholic client takes their disulfiram in front of his or her partner. Both partners also agree to not discuss past drinking
or fears of future drinking between therapy sessions. This is done to reduce alcohol related conflicts outside therapy sessions. Partners are asked to hold these types of discussions for the therapy sessions, which can be monitored by the therapist. Many contracts also include specific provisions for partners’ regular attendance at self-help meetings, such as Alcoholics Anonymous (AA) or Al-Anon. At the start of each session, the therapist reviews partners’ compliance with the different parts of the Recovery Contract. The partners perform behaviors from the Recovery Contract during therapy sessions. This is done so that the therapist can watch the behaviors of the partners and provide feedback.

3. **Relationship enhancement.** Couples-based behavioral homework is used to increase positive feelings, shared activities, and increase awareness of their partners’ efforts. These behaviors are conducive to sobriety. For example, in one exercise each partner notices and calls attention to one pleasing behavior performed by their mate each day. In another exercise, each partner plans ahead to surprise their partner with a day when they do some special things to show their caring. Planning and doing these types activities is important because many substance abusers’ families have stopped doing these things. Doing these activities is associated with positive recovery outcomes. Each activity involves both partners. Sometimes the activities can be performed with their children, or other adults.

4. **Communication skills training.** Partners also go through communication skills training during treatment sessions. This helps to establish healthy exchange of ideas and improve problem solving. It also helps couple resolve conflicts better. Some of the activities practiced in therapy sessions include how to improve listening skills, learning how make requests properly, and how to improve problem solving.

5. **Couple-based relapse prevention.** Relapse prevention planning occurs in the final stages of treatment. At the end of weekly therapy sessions, each couple completes a *Continuing Recovery Plan*. This written plan provides an overview of the couples’ ongoing post-treatment activities to promote sobriety. These are things like continuing of a daily Sobriety Trust Discussion, attending AA meetings and others. There are also contingency plans if relapse does occur, such as contacting the therapist, or an AA sponsor.