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Q: What is behavioral couples therapy?

A: Behavioral couples therapy (BCT) for alcohol and drug use is a conjoint therapy to support abstinence from substances and to improve relationship functioning (O’Farrell & Schein, 2000). BCT treats a patient with substance use disorder with their partner in outpatient, weekly treatment for 12-20 sessions. The treatment is comprised of substance-focused interventions (e.g., a daily recovery contract which reviews urges, triggers, and crisis management) and relationship-focused interventions (e.g., increasing positive activities and teaching communication skills). This treatment can be used with any couple following detoxification, inpatient or outpatient treatment, and in conjunction with other individual or group treatments. It is contraindicated for couples with a court-issued restraining order, an instance of severe domestic abuse in the previous two years, when either member of the dyad has psychosis, or with couples where both members have a substance abuse problem and one member has not been abstinent for at least 90 days.

Q: What is the treatment model underlying BCT?

A: BCT emerged from the Harvard Counseling for Alcoholic Marriages Project (Project CALM). BCT was developed from research that recognized that alcohol abuse was a systemic problem that impacted couples, children, and society. The primary objective of BCT is to modify a couple’s substance-related interactions by rewarding abstinence and reducing the marital distress which is thought to support use and relapse (Ruff, McComb, Coker, & Sprenkle, 2010).

Q: Is BCT recommended as a treatment for AUD in the Military Health System (MHS)?

A: Yes. The *2021 VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders* gives a “weak for” strength of recommendation for BCT in the treatment of patients with AUD, considering patient preference and provider training/competence.

The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q: Do other authoritative reviews recommend BCT as a treatment for AUD?

A: No. Other authoritative reviews have not substantiated the use of BCT as a treatment for AUD.

Other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. Most notable of these organizations is Cochrane – an international network that conducts high-quality reviews of healthcare interventions.

Q: What conclusions can be drawn about the use of BCT as a treatment for AUD in the MHS?

A: The 2021 VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders suggests BCT for the treatment of AUD. Clinicians should consider several factors when choosing a treatment with their patient. Treatment decisions should take into account practical considerations such as availability (e.g., both the patient and spouse's availability to attend treatment) and patient preference that might influence treatment engagement and retention.

References

Department of Veterans Affairs/Department of Defense. (2021). *VA/DoD clinical practice guideline for the management of substance use disorders. Version 4.0*. Washington, DC: Department of Veterans

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