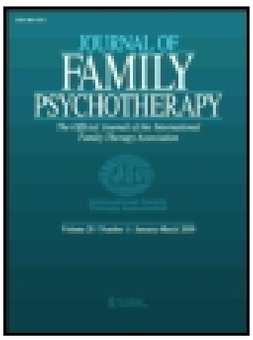

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Substance Abuse Couple Therapy: Clinical Considerations and Relational Themes

Ron B. Aviram
Henry I. Spitz

ABSTRACT. Treatment options for couples when one or both partners use drugs have been limited. Empirical work in this area is beginning to explore the efficacy of couple therapy for substance abuse. Six couples participated in a 20-session treatment program for couples with a male substance user. Several relational themes and clinical considerations are discussed, the relevance of which may be applicable to other couples struggling with substance abuse. Recognizing patterns such as those discussed in this article can aid clinicians to implement intervention strategies to counter repeated destructive relational patterns associated with drug use.

Ron B. Aviram, PhD, is Research Scientist, New York State Psychiatric Institute-Columbia Presbyterian Medical Center.

Henry I. Spitz, MD, is Clinical Professor of Psychiatry, Department of Psychiatry, Columbia University, College of Physicians and Surgeons; and Director of Group and Couples Psychotherapy Program, New York State Psychiatric Institute.

Address correspondence to: Ron B. Aviram, PhD, New York State Psychiatric Institute, Division of Neuroscience-Unit 42, 1051 Riverside Drive, New York, NY 10032 (E-mail: aviramr@pi.cpmc.columbia.edu).

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Substance abuse couple therapy has been relatively unexamined in the literature as a treatment option for substance abusing individuals in committed relationships. Recently, there is growing interest in this modality as a potential efficacious intervention that may offer immediate and long-term benefits to individuals with substance abuse problems. Although there is evidence that family and couple treatment for drug dependence is efficacious, there have been few studies completed relative to the work conducted overall in the drug abuse field (Epstein & McCrady, 1998; Liddle & Dakof, 1995). As a result, progress in our knowledge and understanding has not expanded the range of potential interventions from a systems perspective.

Although few studies have been completed examining the use of couple therapy to treat substance abuse, clinicians in private practice, or in clinics, may encounter couples regularly who have difficulties stemming from drug use. One reason for the historic lack of attention given to this approach may be a function of expertise. In general, substance abuse was considered to be a separate subdiscipline from couple therapy and combined training was rare. Also, such treatment was avoided in large part as a consequence of the difficulties thought to be involved when incorporating family members in the treatment of substance abuse. Empirical work with families of substance abusers over the past 15 years has modified perceptions of these difficulties, allowing researchers and clinicians to consider treatment options that include a systems perspective (Stanton & Shadish, 1997). The relational ability of individuals with substance abuse problems is a relevant consideration for treatment. In fact, significant relationships in their lives may at times contribute to ongoing drug use, as well as support recovery and abstinence.

In the last five years there has been growing empirical interest in using couple therapy as a therapeutic modality for treating substance abuse problems. Recently, Fals-Stewart, Birchler, and O'Farrell (1999) reported that thirty-two percent of 892 consecutive applicants in two substance abuse treatment programs met inclusion criteria to participate in couple therapy for substance abuse. This indicates that a significant group of individuals seeking substance abuse treatment may be eligible for, and could benefit from this modality. A further implication of this

report highlights the fact that substance abuse has an impact (usually negative) on individuals involved with the substance abuser. As such, increasing the sophistication of treatments for couples with substance abuse problems can provide an important alternative or complement to current approaches.

DEVELOPMENT OF CONJOINT APPROACH FOR SUBSTANCE ABUSE TREATMENT

There is some evidence that when both partners are using drugs couple therapy may not be effective (Fals-Stewart et al., 1999). As such, providing couple therapy to treat substance abuse may be most appropriate for couples with one substance abusing partner. An advantage of including the nonusing partner in treatment is that it allows them to be involved in an area of their partner's life that has been problematic and often difficult to talk about together. Indeed, these couples report considerable distress (Fals-Stewart, Birchler, & O'Farrell, 1996; Fals-Stewart et al., 1999). For example, Fals-Stewart and Birchler (1998) studied marital interactions of couples with drug abuse difficulties. Seventeen couples with a drug-abusing husband and 17 non-substance abusing couples were assessed after entering treatment for relationship problems. They found that all these dyads are similar on self-reported adjustment, both scoring primarily in the distressed range. Similarly, Winn (1995) described couples with one partner using drugs as conflict prone and intimacy avoidant. He described these couples as presenting a hierarchal configuration with the nonusing partner in a superior position.

COUPLE THERAPY FOR ALCOHOL PROBLEMS

Interest in couple therapy as a treatment for substance abuse was sparked by successful efforts with alcoholic couples (Epstein & McCrady, 1998; McCrady, Stout, Noel, Abrams, & Nelson, 1991; McCrady, Epstein, & Hirsch, 1999; O'Farrell, 1994; Rotunda & O'Farrell, 1997). Most empirical efforts involved behavioral couple therapy (BCT). This research found that conjoint treatment, when alcohol is present in one partner, reduces drinking, improves relationship satisfaction, and lessens psychosocial problems. Alcohol Behavioral Couples Therapy (ABCT; McCrady &

Epstein, 1997) integrates social learning theory with systems models. The ABCT model links drinking, and recently, drug use, with relationship functioning. Importantly, the treatment includes a focus on both relationship difficulties and behavioral skills training, such as relapse prevention, to facilitate abstinence (Epstein & McCrady, 1998). Other efforts have integrated BCT into an alcohol treatment program that may include individual and group treatments (O'Farrell & Fals-Stewart, 2000; Rotunda & O'Farrell, 1997). Additional work has been completed with alcoholic couples from a systems perspective, indicating that reduced drinking is attainable with this conjoint approach (Berenson, 1976; Steinglass, 1979; Zweben, Pearlman, & Li, 1988).

COUPLE THERAPY FOR PSYCHOACTIVE SUBSTANCE USE

Thus far only two clinical trials have been completed treating nonalcohol drug problems using couple therapy (Fals-Stewart et al., 1999; Fals-Stewart et al., 1996). Fals-Stewart et al. (1996) conducted the first randomized clinical trial of BCT as a treatment for drug abusers. They found that couples receiving BCT had greater levels of satisfaction in their relationship during a 3-month follow-up period, though these differences did not remain significant thereafter. Additionally, drug use relapse occurred at much slower rates during the first 90 days after treatment for husbands in the BCT condition, than for husbands who only received individual treatment. Importantly, fifty percent of husbands in the BCT condition remained abstinent throughout the 12-month follow-up period, while only thirty percent of husbands in individual treatment remained abstinent during that period. These results were promising, although only limited knowledge about the efficacy of couple therapy was possible because all drug using participants also received individual and group therapy as part of an overall treatment program. Additionally, 85% of participants were referred by the court system, which linked successful completion of treatment with their charges.

More recently Fals-Stewart et al. (1999) provided more precise information about these couples by differentiating subtypes and providing important information about treatment outcomes. In terms of feasibility, their sample consisted of 94 (43%) husband-only drug-abusing couples, 36 (17%) wife-only drug-abusing couples, and 87 (40%) dual drug-abusing couples. Each of these subtypes was compared to

non-substance abusing couples seeking treatment to address relational difficulties. Fals-Stewart et al. (1999) hypothesized that as drug use decreased, there would be less conflict about one's role as a husband/partner in relationships with one drug abusing partner. In these couples, relationship satisfaction was positively associated with the amount of time spent abstinent. In dyads in which both partners are using drugs the association between role conflict and drug use was anticipated to be weaker because drug use takes place in the context of the relationship. As such, the relationship between dyadic adjustment and abstinence should be weaker. At 12-month follow-up assessments they found that couples with substance abusing males had been separated significantly less days than couples with female substance abusers, and couples with two using partners. Couples with two substance abusers had significantly fewer days abstinent than the other couples at posttreatment and at 12-month follow-up. Descriptively, their results indicate that when drug abuse is occurring in a relationship, the couple is likely to be significantly dissatisfied with their relationship, want changes in their partners to improve the quality of the relationship, have taken steps toward ending the relationship (particularly if the woman is using drugs), and report frequent use of maladaptive methods to address conflict.

Research completed with substance abusing couples indicates that behavioral strategies such as communication skills and problem solving training used in BCT could benefit couples with substance abuse problems. Fals-Stewart and his colleagues have provided the initial evidence that couple therapy is appropriate and potentially efficacious when treating substance abuse. However, at this point our knowledge and level of theoretical development regarding couple treatment for substance abuse is incomplete.

BROADENING TREATMENT ALTERNATIVES

Snyder, Wills, and Grady-Fletcher (1991a) reported on a 4-year follow-up that examined outcome between BCT and an insight-oriented marital therapy (IOMT) with distressed couples (nonsubstance abusing). In their first study they did not find group differences at termination and at the 6-month follow-up (Snyder & Wills, 1989). However, at 4-year follow-up a significant difference was found in that 38% of BCT couples were divorced, compared to only 3% of IOMT couples. Couples had been randomly assigned and no pretreatment group differences

had existed. These researchers suggested that long-term effectiveness of IOMT might depend on the couple gaining insight and addressing preexisting emotional conflicts (Snyder, Wills, & Grady-Fletcher, 1991b).

In the initial study, Snyder and Wills (1989) excluded couples with chemical dependency. Still, they provide the only 4-year follow-up data from a controlled outcome study with couple therapy (Snyder et al., 1991a). Similarly, in a 2-year follow-up study of couples treated with BCT, Jacobson, Schmaling, and Holtzworth-Munroe (1987) reported significant reductions in treatment gains between the first and second year follow-up. It is possible that treatment success, either in relationship satisfaction or reduction of substance use may be short-term when BCT is utilized alone. Whisman and Snyder (1999) suggested that couple therapy is generally an integrative process. Clearly, substance abuse treatment in a conjoint modality is integrative by its nature. As such, expanding the range and types of conjoint treatment for couples with substance abuse problems continues this integrative focus. Thus far efforts have relied on BCT as a framework because of the availability of an empirically validated manual (Task Force on Promotion and Dissemination of Psychological Procedures, 1995). Incorporating an insight-oriented perspective that could be utilized throughout the course of treatment may further enhance this model. An approach that identifies and works with maladaptive relational themes common in couples with drug problems can enhance our ability to treat these couples successfully. Snyder (1999) described such an approach as pluralistic and potentially contributing to the longevity of outcomes.

Incorporating an insight oriented perspective in conjoint treatment for substance abuse may help clinicians recognize and address clinical issues that may impede treatment. Clinical issues can develop during the course of treatment that may be overlooked, or not addressed in a stand alone cognitive-behavioral couple therapy that may affect the longevity of treatment outcomes. The following will elaborate clinical issues and relational themes that can emerge during couple therapy when substance use is present.

METHOD

A treatment study was conducted to assess the effectiveness of couple therapy for treating substance abuse. Six heterosexual couples with a male substance user participated in weekly couple therapy as part of a

research program for up to 20 weeks. Couples with male substance users were selected based on Fals-Stewart et al. (1999) findings that imply that couples with male substance users are more likely to have higher levels of commitment by both partners than couples with female substance users, or when both are using drugs. Male participants met DSM-IV dependence criteria for at least one psychoactive substance disorder, and females did not use drugs for at least one year. Couples were excluded if either partner met criteria for alcohol dependence, had unstable psychiatric symptoms that required immediate care, or were violent at levels that were considered life threatening.

The treatment approach included both systems and relapse prevention strategies and emphasized the interactive influence of relational and substance abuse problems. Clinical issues and relational themes were elaborated during clinical supervision and detailed discussions of the cases. Supervision was conducted weekly and resembled treatment as it might occur in the community.

CASE PRESENTATIONS–REGULATION OF AFFECT

The use of drugs to regulate emotions is common. However, when this issue is examined from the perspective of the couple's relational context important information about each person's effort to tolerate closeness and distance may emerge. The drug can establish an artificial boundary or buffer through which any emotional discomfort is filtered. Often the partner using drugs is identified as being unavailable to the other partner because of the drug use. At times, however, there is a more hidden function for the drug use that is indirectly supported by the nonusing partner. A potentially overlooked relational function of drug use may be that it paradoxically protects the nonusing partner from emotional demands of the using partner if he or she were sober. In this situation the drug use is a relational symptom that both partners are indirectly supporting.

CLINICAL VIGNETTE

Frank and Caroline have been married for 11 years and have two boys ages 7 and 4. Frank has been using marijuana for 21 years since he was 16 years old. At the beginning of treatment he smoked about 1 joint

daily, usually after work, but sometimes on his way to work as well. Frank initiated couple therapy because he wanted Caroline to learn more about his drug use and perhaps be more understanding about the difficulties of recovery. Upon entering treatment, the couple reported escalating arguments that they were concerned were affecting their children. They also reported a pattern of withdrawal and avoidance during which they barely communicated. In the first phase of treatment, Frank began to cut down his smoking to about a few hits each day. There were even some days during which he did not smoke at all. The couple began to report some improvement in their communication. They felt therapy provided a context in which to talk about feelings they had trouble speaking about on their own. Frank commented several times during this period that he did not know where talking will lead them, hinting that he was unsure about the relationship. However, he would not elaborate his thoughts or concerns. This phase of improved communication was short-lived, as the couple began to report an increase in arguments and hurtful behavior. Caroline stated that she noticed that Frank was angrier, and this was acknowledged by Frank. Although his anger was discussed as possibly associated with withdrawal from marijuana, the couple was unable to talk through or understand more about the anger. Frank was not willing to have a medication evaluation to help with this phase of withdrawal. At that point, Caroline began to state that she was afraid of his anger and was concerned that her children were also being frightened. She stated that when Frank was high, he was withdrawn, but not angry. Frank stated that he felt more patient with his family and coworkers when he was high. At that point his reported marijuana use increased to about 1 joint each day. The couple reported fewer arguments for a period, but also less satisfaction in the marriage. Caroline stated that she preferred Frank high and withdrawn to his angry outbursts. One dynamic that was apparent in therapy from the beginning was that there were thoughts and feelings that the couple was not willing to talk about. It appeared that they feared what they really wanted to say would lead to the end of the relationship. Perhaps Frank wanted Caroline to know that this was possible, and that he was doing the best he could. At that point in their relationship the marijuana use helped him manage his anger, and she was thereby able to avoid being a target of those feelings. The marijuana use helped keep the status quo, keeping the family intact, but at a cost to each partner and their relational satisfaction.

DISCUSSION OF VIGNETTE

In the case described, drugs were used to regulate the emotional intensity that threatened to overwhelm the couple. They acknowledged that the marijuana helped each of them, and Caroline stopped criticizing Frank for smoking, which was one of his stated goals. Each person was supporting marijuana use because it helped control the discomfort stemming from anger. It appears that this couple used marijuana to avoid affect in the same way they were avoiding critical topics in their relationship.

CONTROLLING INTERPERSONAL DISTANCE

Drug use may appear to create distance in a relationship, but paradoxically function to offer the couple a way to connect with each other through their make-up ritual. On one hand, as the drug using partner "one downs" him or herself, the other partner takes on the role of parent, or caregiver, or authority (Winn, 1995). In this enactment the "bad" partner appears to be in a passive position to be forgiven, but importantly also finds him or herself in the active position of seeking forgiveness by endearing him or herself to the angry partner. In this ritual, the couple looks for a way to reestablish a connection, though it appears that they are distancing. This can be seen in the therapy session when the drug-using partner has done something to upset the other partner.

CLINICAL VIGNETTE

Kim and Jerry began therapy after they had been separated for one month. Jerry was arrested for possession of cocaine and was participating in a mandated drug treatment program that was ending. During the early sessions Jerry repeatedly arrived late. It was apparent that Kim was constantly put in the position of being the angry one who had to wait, and in addition to his unspoken ambivalence about treatment, Jerry was continuing to do something wrong by being late. This pattern often occurred between them in other areas of their life, and therefore permitted us to speculate that perhaps Jerry's drug use and his lateness were symbolically equivalent. It was a repetition of other irresponsible behavior on the part of the drug-using partner. In session, the couple

was forced to begin over and over again with the nonusing partner being in the righteous position, but also in the uncomfortable position of being the angry one. The drug-using partner would play out a sequence in which he would try to be cute, or perhaps without any conscious effort on his part, he would be perceived by his partner as endearing. This sequence tended to be nonverbal and was a familiar experience between the couple. This enactment gave the therapist an opportunity to interrupt the couple's automatic behavioral sequence.

Jerry came from a single parent home in which his mother was overly strict and unpredictable with her rage. Kim came from a home in which the father was unavailable. On one level his lateness allowed him to assert his autonomy (though indirectly) while she was re-experiencing her anger and frustration with a disappointing father, and simultaneously experiencing Jerry as needing her. The lateness offered them an opportunity to find one another each time, and reaffirm that they can love one another and be there for each other. The drug use served the same purpose. The symptom of drug use was in the service of asserting his autonomy, thereby eliciting her frustration and anger at not having him present. It gave him satisfaction (associated with autonomy), and simultaneously shame (associated with dependence) about having done something wrong. These feelings were paralleled by her fear of losing him (associated with dependence), and her anger (associated with autonomy) at him for acting irresponsibly. Importantly, the ultimate purpose of his drug use, and other apparently distancing behaviors, began to be understood as facilitating their repetitive efforts to connect. As this pattern was clarified and it became apparent to the couple that they truly were interested in being connected, the drug use dramatically stopped. It was no longer necessary to use it as a symbolic action for the purpose of finding a connection with one another.

DISCUSSION OF VIGNETTE

There was a complementarity associated with this couple's relational pattern. In this case it was determined by Jerry's "doing something wrong," in relation to Kim's ability to "be in the right." Willi (1984) suggested that this pattern could be described in terms of progressive and regressive behavior to acknowledge the continuous co-evolution of partnership. In such a case, regressive behavior is reinforced by the progressive partner, allowing him or her to feel superior and avoid regres-

sive fantasies. At the beginning of treatment these positions tend to be polarized. In the case described, this couple redefined their positions as simultaneously wanting to be accepted by, and wanting to accept the other, rather than the polarized positions present at the beginning of treatment.

INTERDEPENDENCE BETWEEN DRUG USE AND RELATIONSHIP FUNCTIONING

There are important implications for both research and treatment when no reduction in drug use is occurring, and yet the couple reports improved relations. It may be too threatening for someone to give up drugs when the relationship is turbulent and fragile. As stability is established in the relationship it may make it possible to examine the drug use, which may then be given up as emotional needs are fulfilled by one's partner. In a short-term treatment, or research study, this process may be overlooked and data may be interpreted to suggest that treatment is not efficacious, and clinicians in private practice may be discouraged.

CLINICAL VIGNETTE

Over the course of a 20-week treatment Jim and Sue reported that they are communicating better and spending more time together. However, Jim's drug use did not change significantly over that time. Jim had been using heroin for almost 20 years and had numerous short-term periods of abstinence. Following the initial appointment he agreed to enter a detox program and began methadone treatment. Regardless of his participation in a Methadone program he continued to use heroin every few days. He began to confide in Sue when he had cravings and started to use her as someone to call when he felt like using on a few occasions. Although she was frustrated and angry about his ongoing drug use, she felt pleased to be included in his struggle, which he had not shared with her previously. In the past, Sue would only be aware that he was high and withdrawn from her, but he was not willing to talk about his drug problem. This couple began treatment with considerable anger towards one another. Sue was furious that Jim was choosing the streets over her and stated that the drugs were Jim's mistress. One aspect of Jim's drug

use was that it helped him manage anxiety about his precarious home life and fear of abandonment. Paradoxically, it created more tension with Sue each time he got high and made the ending of the relationship more realistic. As they began to talk about their problems, which included not treating each other well, they started to feel like there was hope. They prepared to spend their first Christmas together in 4 years of marriage, because in the past Jim was either in jail, or a treatment facility. Still, little progress was accomplished over the course of treatment regarding drug use.

DISCUSSION OF VIGNETTE

In many cases, when couples call for an appointment they are considerably distressed. There may be a pattern of not communicating about the drug use and anger about not being treated well in the relationship. Sue was eager for Jim to need her for more than food and shelter. In her mind, Jim's drug use was equivalent to a betrayal. When Jim saw he could approach Sue about his cravings and that she would be supportive, he started to speak with her about his fears and struggles with giving up drugs. His behavior gave Sue a sense of hope that things can improve. This provided a temporary sense of improvement, however, problems may persist and can derail progress quickly. For relationship improvement to be sustained there must be a reduction in drug use. The nonusing partner is likely to feel like they gave in too quickly and received nothing in return, leading to renewed relational difficulties. This must be stressed to the couple so that each can share equally in responsibility for the relationship. The dynamic described above also involves concern about closeness and distance (Byng-Hall, 1980). A fear of loss, which was threatened in this relationship, made closeness risky. In this case, drugs also provided a distance regulator, both numbing Jim's feelings and paradoxically creating the feared distance between the couple. An additional consideration concerns differences between substances. Heroin may be a special case that complicates treatment. Without an extended period of abstinence, or stabilization with methadone, the couple therapy may be limited. This early stage in recovery may be facilitated by improvement in the relationship, thereby permitting further reduction of drug use.

ROLE OF RECIPROCITY IN RELATIONSHIPS– NONUSING PARTNER'S PROBLEMS MAY BE EXPOSED AS DRUG USE DIMINISHES

In many cases couples enter treatment with a specific complaint, however, as therapy progresses the couple may discover that their difficulties are broader than their presenting problem suggested. When couples come for therapy about one partner's drug use, it is important to frame the work as involving a focus on the impact drug use has on the relationship, and a simultaneous examination of how the relationship may effect drug use. In some cases nonusing partner issues may appear secondary while drug use is ongoing. In these cases, the using partner is perceived as the identified patient. As drug use decreases, the nonusing partners' emotional difficulties may become prominent. At that point, couples have options regarding the treatment contract. They may decide among several behavioral choices that include: (1) the partner with the drug problem can resume drug use to allow the couple to avoid the nonusing partner's difficulties; (2) the couple may choose to leave therapy as a way of avoiding the new emotional environment that therapy has exposed; or (3) the most adaptive choice is for the couple and therapist to discuss expanding the focus of treatment to include the nonusing partner's emotional problems as an interrelated couple problem.

CLINICAL VIGNETTE

Juan and Estelle entered couple therapy when she was about 5 months pregnant. They reported that they had daily arguments stemming from his marijuana use and she was not willing to expose her child to his drug use. When they began their relationship he had already been smoking and he introduced her to marijuana. They used together over several years until Estelle decided that she would no longer use drugs. At that point she began to distance herself from their social group, which usually involved smoking. Juan did not curb his smoking over the next several years, but did try to hide it from Estelle, which worked sometimes. When she suspected that he was high she would withdraw from him and they would not speak for a day or two. When they entered treatment, Juan made a concerted effort to stop smoking pot and was gradually successful. As his drug use slowed down and stopped, problems with each other's family of origin began to be discussed as problematic. Estelle described being extremely angry with Juan's family.

She stated that they treated Juan poorly and he did not stand up for himself. They both described problems that arose with his family because Estelle did not want to spend any time with them, and she threatened to not include them in her life with her child. It turned out that when Estelle met Juan she had poor relations with her own family and Juan's family accepted her in their home. She did not speak with her family for several years at that time, though at present she was very close with her family again. In the 12th session the couple brought up Estelle's difficulties with her anger and disappointments with Juan and his family. She began to cry and Juan's concern was apparent. They cancelled the next session and when they returned, Juan was still not using marijuana. When asked about their reaction to the last session Juan stated that he was anxious about Estelle's emotional reaction. Estelle only briefly acknowledged it, but did not want to talk about her feelings on this matter. The couple did not return to therapy after this session. It seemed that Estelle was repeating a previous tendency to cut-off emotionally (Bowen, 1978), and the couple chose not to pursue this topic. This occurred when Juan was able to curb his smoking and thereby give room for other issues to emerge in the therapy.

DISCUSSION OF VIGNETTE

It is important to clarify that the treatment contract requires both members to be responsible for their difficulties, although ultimate responsibility to stop drug use rests with the using partner. In the couple described above, Estelle was content to be in therapy as a facilitator, or cotherapist, rather than a participant. It was difficult for her to acknowledge that she had considerable anger with which she coped by withdrawing and avoiding. In this case, the using partner was protective of her defenses, on one hand to help her avoid discomfort, but on the other hand, it also kept him from addressing his feelings about the relationship and her behavior. The couple must be willing to participate in the treatment together and feel safe to acknowledge feelings as they arise in either partner.

COUPLE IDENTITY–NEW LIFE STAGE

Identity can promote or debilitate abstinence from drugs, as well as define the quality of a relationship. For example, Alcoholics Anony-

mous uses the addict label to promote abstinence. In contrast, Walters (1996) posited that identification with an addict label can lead to greater use of drugs and/or relapse, whereas individuals who minimize identification with this label may be less likely to develop drug problems. He stated that identity motivates people to assume specific roles, such that the deviant associations with the addict label could facilitate drug use. Fals-Stewart et al. (1999) findings support this proposition. They speculated that in couples with one drug using partner, less drug use would be associated with less conflict about one's role as a partner, and thus relationship satisfaction would be positively associated with the amount of time spent abstinent. In contrast, one's identity as a partner was incongruent with drug use. They found that increased abstinence was associated with dyadic adjustment among couples with one substance abusing partner, and increased stability in the relationship at 1-year post-treatment.

Identity can have significant implications for role compatibility or incompatibility as a partner in a relationship. As such, elaborating a "couple identity" is an important aspect of working with these couples. If identification with the addict label can, in some cases promote drug use (Walters, 1996), and greater drug use promotes role incompatibility as a partner (Fals-Stewart et al., 1999), it seems important for couples to describe their couple identity when drug use is present. This often appears as a conflictual couple identity, which has not developed to include both partners in creating a fantasy of the future. This is similar to Winn's (1995) description of these couples as two polarized individuals. These couples tend to present two individual identities and a conflicted couple identity. Developing a new couple identity would be a normal developmental stage during treatment. One may suggest to a couple that their relationship is younger than either of their individual identities, and therefore it makes sense that their couple identity is not as strong. Describing a vision of their relationship without drug use is important in beginning to absorb aspects of their individual identities and create a shared couple identity that is clear and can provide direction.

GENERAL DISCUSSION

Couple therapy offers great promise as an intervention strategy for couples with one substance-using partner (Epstein & McCrady, 1998; Fals-Stewart & Birchler, 1998; Fals-Stewart et al., 1996). Caution

should be applied when assessing the relevance of the cases described to other couples with substance abuse problems. The clinical issues and themes identified reflect work with only six couples, though it appears that these issues could be broadly applicable. It is not clear yet if this approach can be used successfully when both partners have a drug problem (Fals-Stewart et al., 1999). For those couples, an initial phase of separate individual treatments may be necessary for the therapist to have leverage in a couple treatment, as they achieve some footing in sobriety. An additional consideration concerns differences among substances. As described above in the case involving heroin, couple therapy as a stand alone treatment may not be sufficient and treatment may necessitate a multidisciplinary approach that can include couple therapy along with methadone, individual treatment, and support groups.

An unintended complication in this kind of treatment can result from success as drug use ceases. Couples that have functioned and adapted to a particular sequence of interactions and environmental conditions may face a crisis when the drug use stops. Winn (1995) states that these couples must negotiate conflict resolution, intimacy, as well as individuation from family of origin during this transitional period. The clinician must be sensitive to these developments, as couples paradoxically feel ambivalent about the new difficulties that may arise when drug use ends. Normalizing this pattern can help couples recognize that their shared conflicts are not evidence of a hopeless relationship. Reframing these problems as opportunities to address issues that may have been hidden because of the drug use can provide assurance that they are continuing to participate in a process of healing and adaptation to new circumstances.

Couples arriving for treatment with one drug using partner will need to be oriented to the interactional factors that are involved in one partner's ongoing drug use. It is also important to explicitly acknowledge the using partner's responsibility in stopping, otherwise the clinician risks credibility with the nonusing partner (Winn, 1995). Tasks that can creatively involve both partners in working on the drug problem offer the nonusing partner a chance to empathize, as well as feel included in an area of life that is often kept private by their drug using partner. The couple learns that it is safe to discuss this issue, setting the stage for communication about other emotionally charged topics. This article has focused on how insight regarding maladaptive, as well as adaptive, interpersonal themes and clinical issues can facilitate treatment when

drug use is present. Clinicians can incorporate this approach in treatment that may additionally include cognitive behavioral techniques that specifically target drug use or poor relational patterns. Such interventions can provide a continuum of coping abilities, from communication about abstract feelings whose origins may not be clear, to tangible action oriented tasks that effect current interactions and ongoing drug use. The complexities of couple therapy increase when drug use is one of the presenting problems. A focus on drug use may provide short-term gains that may however be jeopardized if the historic relational difficulties are not also addressed.

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