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## Cognitive–behavioral couple therapy of drug–abuse in Iran

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### Abstract

The purpose of the present paper was to reports on the application of cognitive-behavioral couples therapy in the treatment of couples who suffered from drug dependence and it's-related disorders. Tow subjects were studied in this research. In order to identify the secondary disorders combined with drug and alcohol in the subjects, the MMPI, and SCL-90-R tests were administered to the subjects, together with a clinical interview based on DSM-IV-TR criteria, and psychiatrist's diagnosis. The results of the study indicated that problem solving skills, relaxation, dependence management, coping skills, and self-monitoring were effective in treating drug abuse and related disorders.

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### 1. Introduction

The common treatments of drug-abuse include traditional approaches such as the supportive and psychodynamic models, behavioral, cognitive, and cognitive-behavioral models. When a couple or a partner/spouse is drug abuser, family and couple therapy which use behavioral and cognitive techniques are highly efficient (Ozechowski & Liddle 2000, cited from Barret and Ollendick 2004).

Cognitive-Behavioral Therapy emphasizes psycho-education and the instruction of skills required for avoiding drug and adopting a new pattern of social and adaptive behaviors. Its major features are self-monitoring, avoiding risk factors, such as the stimuli and situations which predict drinking, changing the enforcing dependencies, instruction of resistance skills in order to fight the temptation of drug avoidance skills, problem solving, mood control, and prevention of recurrence (Monti et al. 1989, cited from Waldron and Kern-Jones 2004). There also exist cognitive-behavioral strategies which can be used in family situations, and are called functional family therapies (Barton & Alexander 1981).

In family therapy and functional couple therapy which use cognitive-behavioral techniques, the major assumption is that family members and their behaviors are interdependent and that the meaning of each behavior lies in the context of family system. Functional family therapy consists of a motivational component and a systematic analysis of intimate/non-intimate communicative functions which considers the application of cognitive and behavioral treatment techniques necessary (Waldron & Kern-Jones 2004).

Waldron et al. (2001) compared the efficiency of cognitive-behavioral family and couple therapy with individual and group cognitive-behavioral therapy in treatment of drug abuse. Cognitive-behavioral couple therapy and cognitive-behavioral group therapy were found to be more efficient. The subjects who had taken part in the related

sessions showed considerable decrease in their drug abuse both in the 4 month follow up and a period of 19 months after treatment. Ozechowski and Liddle (2001) examined twelve clinical case studies which reported on the efficiency of treatment during the pretest-posttest period. In seven of these cases, cognitive-behavioral family therapy was reported to be more efficient than individual cognitive-behavioral therapy in decreasing the drug doses. The positive effects of this type of therapy persisted at least 6 to 12 months after treatment.

## 2. Methodology

Two subjects were studied and treated in this research. They were diagnosed, through the MMPI and SCL-90-R tests which were administered to the subjects and clinical interview by a psychiatrist and psychologist using the DSM-IV-TR criteria, with drug (opium and hashish) abuse.

Prochaska, Diclemente and Norcross (1992) presented a five-stage method for treatment of families in which one of the couples or both suffer from a kind of substance dependence. They believe that the drug-abuser who decide to stop using and change their drug-dependent life style, go through the following five stages:

1. pre-contemplation, consisting of thinking about the change;
2. contemplation and deciding to change;
3. preparation;
4. taking measures;
5. persistence and resistance.

Their method is called *abstinence-oriented cognitive-behavioral therapy*.

The techniques used in this method are psycho-education, coping skills, problem-solving methods, communication skills, relaxation, positive thinking, self-monitoring, self-management, contingencies control, and cognitive reconstruction.

### Case Presentation and Treatment Procedure

Wife: Mrs. R., aged 43, primary school education, married, having two sisters aged 50 and 52 and a brother aged 55.

Husband: Mr. R. aged 49, businessman, with a 25 year old son from his ex-wife.

Treatment Period: 57 sessions, once a week.

A supportive approach was used at first to encourage the couple to continue their therapy. The therapist also asked them to think about and enumerate the negative effects of drug-abuse on their married life, social functions, and their physical and mental conditions.

In one of the sessions, the wife said: “ We are on a rock which may fall off any moment; our only way is to withdraw; we have decided to take part in the traditional 12 stage abstinence plan; we have made the decision several times, of course, but have always failed.” After explaining about efficient and inefficient coping styles, the therapist asked the couple to use the techniques in order to be able to put up with the pressures and tensions of avoidance. After ten sessions, the wife said that she was not taking any drugs, but went on drinking, whereas the husband was still both drinking and taking drugs, and would shout and fight whenever she asked him to give up, intensifying her mental pressure and anxiety. The husband then said: “My wife over-controls me; she would even take control of my breathing if she could. This kind of excessive control increases my anxiety and mental pressure, especially since I am very sad these days because of my mother’s death (crying hard). I had a strong emotional tie with my mother.” The therapist taught the couple problem-solving and relaxation techniques and asked them to use the two in times of trouble, and to seek logical and practical solutions instead of showing impulsive reactions, and also to practice relaxation for about 20 to 30 minutes every day in order to decrease their anxiety. In the following sessions the husband said that he had tried to avoid opium, but had replaced it with cigarette smoking. He said that the techniques were very helpful, especially the relaxation technique which had decreased his anxiety. But he also said that he and his wife did not still trust each other and this made them fight. The couple was then asked to think about why they distrusted each other, and to express their feelings and ideas and to examine the consequences. They both said the distrust was rooted in their moral weakness, and would lead to divorce. They were then asked to use the problem-solving approach to deal with this. They were also taught how to establish better and more sincere relationship, using communication skills, such as active listening and self-expression, to properly control each other’s behaviors concerning drug abuse, and to avoid any behavior which would allow the other partner to go back

to drugs, particularly behaviors which could cause mental pressure and encourage drug abuse. They were also told to use encouragement and enforcement techniques instead of criticism and punishment (psycho-education about the effects of one's behavior on the behavior of the other partner).

In a later, the wife said: "After so many years, I am beginning to feel serene and to have a more healthy life." The husband also said: "I feel a little better and have less anxiety. I can think better and make better decisions. But the tendency towards drugs still tempts us both." Explaining the concept of self-management (self-control, self-monitoring, self-encouragement and self-punishment), the psychotherapist asked them to use self-review and self-monitoring techniques when confronting high-risk situations and to encourage themselves by resorting to favorable and enjoyable activities in case of success. They were also asked to plan and engage in healthy and enjoyable activities to fill their time. The couples were also advised to resort to sports or go for walks, hiking and swimming during the week. In the next stages both couples said that they were having a better relationship with each other, and that instead of standing against one another, they were beginning to support each other. At this stage, the psychotherapist taught them positive thinking techniques, in which they started to look for the strength points in themselves and in each other during the sessions. In the following sessions, both said that they had greater self-confidence now, and had a good feeling towards themselves and each other. In one of the sessions, the wife said that she and her husband had turned to over-eating and could not control their weight gain, and that this was worrying them. Explaining the etiology of the problem, the possibility of the replacement of drug abuse with over-eating, the therapist asked the couple to identify their illogical beliefs concerning drug abuse, and replace them with logical and positive beliefs, thus avoiding intensification of stress and resorting to over-eating. The couple then said that they were scared because they thought if they ever use drugs once again, they will lose control forever. The therapist discussed this idea with them and then asked them to use efficient coping strategies in order to overcome drug dependency, such as planning enjoyable activities, establishing close and intimate relationship, thinking about the negative effects and consequences of drug abuse, and enumerating the positive effects of avoiding drugs. Moreover, both couples were asked to compare their previous conditions with their present one. Both couples said they were very happy with their present conditions, had gained self-confidence, had little anxiety, felt much better that they had finally managed to withdraw from alcohol and drugs, were happy with their relationship, had almost no fights, trusted each other, had gained the power to make decisions, and could have control over situations.

One important measure was that the therapist, in addition to the sessions shared by both couples, held individual sessions whenever any of the subjects needed them. In these sessions the cognitive reconstruction technique was used to help the subjects identify their negative beliefs, expectations, accusations and illogical predictions about themselves and their partner resulting from their drug and alcohol dependent life style, and to replace them with positive, logical and realistic beliefs, expectations and predictions, providing grounds for establishment of an appropriate and supportive relationship.

### **3. Results**

The results of the MMPI and SCL-90-R for the client before treatment showed depression, dissatisfaction with physical conditions, hostility against environmental phenomena, tendency to attract the attention of others through expression of physical pains, emotionality, withdrawal, anxiety, paranoid thinking, severe phobia and hypochondria. Moreover, the clinical interview and the psychiatric diagnosis confirmed the existence of drug-abuse in her.

The post-treatment and follow up results of MMPI, and SCL-90-R were normal for the client. One year later, in the follow-up phase, the client showed any signs of recurrence of the disorders.

At the final stage of treatment, of the presented case, drug use was decreased to zero according to the subjects' self-report and psychiatrist's assessment. The couples were more satisfied with their marital and social relationships and no longer complained about the consequences of substance abuse such as anxiety, depression or aggression. In a one year follow up interview, both of the couples were still successful in avoiding drinking and drug abuse and were also satisfied with their relationships and social functioning.

### **4. Conclusion**

The results showed that the abstinence-oriented couple therapy using cognitive-behavioral techniques, such as psycho-education, training coping skills, problem-solving methods, communication skills, relaxation, positive

thinking, self-monitoring, self-control, dependency-control and cognitive reconstruction, is an effective treatment for drugs dependency and other disorders resulting from it, such as anxiety, depression, and sexual malfunctioning. In this method, the therapist first identified the non-adaptive behavioral patterns which led to drug abuse, then discovered the belief system affecting them, and tried to change the patterns by teaching the necessary skills. One of the probable causes for the efficiency of the method might be the subjects' extreme preparedness and serious need for changing their life style. Other effective causes may be the following: the subjects' skillfulness in establishing relations, their willingness to overcome aggression, and their decisiveness and strong will for withdrawal.

Other factors which might have contributed to the efficiency of the treatment method were the subjects' high social, economic and cultural status, absence of drug abuse in their original families and a history of good relationships with their parents.

The findings of the present study are in line with those achieved by Prochaska, Diclemente and Norcross (1992), Liddle et al. (2001), Azrin et al. (1994), Donohue and Azrin (2000), Waldron et al. (2001) and Ozechowski and Liddle (2001).

The results of the study by Prochaska et al. (1992) showed that cognitive-behavioral couple therapy is effective in the treatment of drug abuse and the marital problems and conflicts it induces. Liddle et al. (2001) compared cognitive-behavioral family therapy with psycho-education-based family group therapy in treatment of adolescent drug abuser, and found the former more effective. Azrin et al. (1994) noticed, in their study that cognitive-behavioral couple therapy led to 50% decrease in alcohol and drug doses in alcoholic couples. Donohue and Azrin (2000) compared cognitive-behavioral couple therapy with problem-solving interventions in treatment of alcoholic couples and found out that the former method was more efficient. Also, Waldron et al. (2001) found cognitive-behavioral couple therapy and group behavior therapy more efficient than individual cognitive-behavioral therapy in treatment of alcoholism and drug abuse related disorders. They also noticed that the effect of the cognitive-behavioral couple therapy lasted for a period of two years after treatment.

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