

# **Cognitive–Behavioral Couple Therapy in Treatment of Alcoholism in Iran (Case Study)**

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**Abstract:**

Alcoholism is one of the most important dependencies which can cause various problems in the individual, family, and social scales. The prevalence rate of alcohol dependence is reported to be approximately 7-8 percent for people aged 18 and over. It is also observed alcohol consumption lead to not only malfunction of liver but also depression, anxiety, aggression, drug–abuse, sleep problems, social maladjustment and suicide. Thus, experts in medicine, psychiatry, clinical psychology and psycho-health fields have been interested in treating people who suffer from alcohol dependence. Cognitive–behavioral family and couple therapies have been found to be the most effective methods for treating couples and families in which one partner/member is alcoholic. **Objective:** The present paper reports on the application of cognitive-behavioral couple therapy in the treatment of two couple (four subject's altogether) who suffered from alcohol dependence and alcohol-related disorders. **Method:** The present research used the case study design, which is a qualitative research method. Four subjects were studied and treated in this research. In order to identify the secondary disorders combined with alcoholism 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. **Results:** The results of the study indicated that psycho education, including instructions for improving problem solving skills, relaxation, dependence management, coping skills, self-management and self-monitoring were effective in treating alcoholism and related disorders. **Discussion:** The factors which might have contributed to the success of the therapy method were the subjects' high social, economic and cultural status, absence of drug and alcohol abuse in their original families and a history of good relationships with their parents.

**Key Words:** cognitive-behavioral couple therapy, Alcoholism, drug-abuse, case study.

## **Introduction**

Alcohol is one of the most effective brain depressants and a major cause of medical and moral problems in most countries worldwide. Yet, about 90% of adults in the US have experienced drinking alcohol and its unfavorable consequences. About 60% of American men and 30% of American women have experiences of drunk driving, losing jobs, and/or being expelled from school or college because of alcohol abuse (DSM-IV-TR, 2000). According to the results of a national survey in 1996, in the US 70% of men and 60% of women use alcohol and the highest rate is among people aged 26 to 34 (APA, 2000).

According to the Fourth Revised Edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, 2000), there are two major types of alcohol disorders. One is the alcohol disorder comprising alcohol dependence and abuse. The other is the secondary alcohol related disorders, including intoxication, withdrawal delirium, dementia, amnesic disorders and psychosis accompanied by hallucination and delusion, mood disorders, anxiety disorders, sexual malfunctions, and sleep disorders.

Alcohol abuse and dependence is usually correlated with abusing other substances, i.e. hashish, cocaine, opium, heroin and the like. Alcohol-related disorders increase the risk of other problems such as car accidents, violence and suicide. Alcohol dependence diagnosis is based on the same criteria as drug dependence diagnosis, consisting of the non-adaptive pattern of alcohol use, which leads to certain clinical disorders or complications, characterized by at least three of the following signs, identified within a twelve month period:

**1. Tolerance, characterized by:**

- a.** the need for a considerable increase in the amount of alcohol to be taken, in order to either achieve an intended effect or to get drunk;
- b.** a considerable decline in the effect of alcohol on the alcoholic person.

**2. Abstinence, characterized by:**

- a.** alcohol abstinence syndrome (criteria A and B from among specific drug withdrawal criteria, such as automatic impulsiveness, e.g. increased heart rate of 100 and more, tremor, sleeplessness, nausea or vomiting, auditory or visual hallucinations, psychomotor restlessness, anxiety and serious epileptic fits).
- b.** using alcohol or other drugs to relieve, decrease or avoid withdrawal symptoms.

**3. Drinking more or longer than what the alcoholic person had planned.**

**4. Permanent tendency or unsuccessful attempts to withdraw from or control alcohol abuse.**

5. Spending too much time or energy to get some alcohol (e.g. driving long distances), or taking other substances (e.g. chain smoking) to control the effects of alcohol deprivation.
6. Reducing or withdrawing from work, entertainment and social activities because of alcohol abuse.
7. Continuing alcohol abuse, while knowing about the lasting physical and psychological problems this may cause and the physiological dependence it may lead to (depending on the existence or non-existence of criteria 1 and 2).

Alcoholism seriously affects relationships when a couple or one partner is alcoholic, and disturbs the couple's social life. Alcohol dependents normally suffer from other problems as well, such as anxiety, depression, and uncontrollable aggression (Carr: 2000). Treatment of alcoholism has therefore been of interest to many specialists in medicine, clinical psychology and mental health.

The common treatments of alcoholism include traditional approaches such as the supportive and psychodynamic models, behavioral, cognitive, and cognitive-behavioral models. When a couple or a partner/spouse is alcoholic, family and couple therapy which use behavioral and cognitive techniques are highly efficient (Ozechowski & Liddle 2000, cited from Barret and Ollendick 2004). Cognitive-behavioral couple therapy models of alcohol abstinence emphasize monitoring the behavioral patterns which contribute to alcohol abuse, and constitute the system of beliefs inspiring these patterns (Finny & Moss 1998). The results of various researches show that cognitive-behavioral couple therapy is an efficient method for treatment of alcoholism and reducing family problems, struggles and conflicts arising from it (Carr 2000, Prochaska, Diclemente and Norcross 1992). Based on the above, the purpose of the present study is to report two instances of successful treatment of two couples suffering from alcoholism, through application of cognitive-behavioral couple therapy.

Cognitive-Behavioral Therapy emphasizes psycho-education and the instruction of skills required for avoiding alcohol 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 drinking, 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).

Liddle et al. (2001) compared the efficiency of cognitive-behavioral family therapy and group therapy which used family psycho-education and cognitive-behavioral family therapy in the treatment of adolescents suffering from alcoholism and drug abuse. All the three methods led to a significant decrease in drug and alcohol abuse, but the subjects who had taken part in the cognitive-behavioral family therapy sessions, showed the greatest decrease in their alcohol and drug doses in the treatment and follow up periods. Azrin et al. (1994) noticed that cognitive-behavioral family and couple therapy leads to 50% decrease in drug and alcohol abuse among alcoholic young couples. Donohue and Azrin (2001) compared cognitive-behavioral couple therapy with problem solving interventions in treatment of alcoholics and found cognitive-behavioral couple therapy more efficient in decreasing the amount of alcohol and drug abuse.

Waldron et al. (2001) compared the efficiency of cognitive-behavioral family and couple therapy with individual and group cognitive-behavioral therapy in treatment of alcohol and 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 and alcohol 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 alcohol and drug doses. The positive effects of this type of therapy persisted at least 6 to 12 months after treatment.

## **Methodology**

The present research used the case study design, which is a qualitative research method. Contrary to quantitative methods which use correlations and experimental measures and quantify all data, qualitative methods study phenomena in their status quo and focus on qualities. In case studies, a subject is studied in depth (Seif, 2004).

Four subjects (two couples) 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 alcohol abuse disorder (alcohol

dependence or addiction to alcohol) and other related disorders such as sexual malfunctions, aggression, anxiety, depression and 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 alcoholics who decide to stop drinking and change their alcohol-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*.

In the first stage, the therapist can help the client by supporting him/her to go from the pre-contemplation stage to the decision making stage. To achieve this, the therapist should create an atmosphere in which the client can express himself/herself freely and discuss his/her opinion about excessive drinking. The therapist should then help the couple recognize their own belief system concerning the negative and unfavorable effects of alcoholism on their relationship, so that they can move toward preparation and planning abstinence measures. As the clients move from the preparation stage to the stage of taking measures, the most important task of the therapist is to teach the couples some problem solving strategies and encourage them to use the strategies in real life situations. A major responsibility of the therapist then is to lead the client to the next stage, which is persistence and resistance, so that the client can avoid the recurrence of alcoholism. The client should first be assisted in identifying the situations which bear the risk of recurrence. S/he should then be instructed on how to cope with the situations. Practicing the coping techniques assures the client that s/he has the ability to control her/his tendency and withdraw (Gordon & Marlatt 1985, cited from Carr 2000). Underestimation of one's ability of self-control and withdrawal leads to inefficient coping in high-risk situations, resulting in the abstinence violation effect (AVE) in the alcoholic person who has recently withdrawn. AVE means that the withdrawn alcoholic comes to believe that in case s/he drinks one more time, s/he will take up drinking again, losing all control over her/his drinking behavior. Experiencing the effect increases the risk of recurrence.

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**

### **Case I:**

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

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

Treatment Period: 57 sessions, once a week.

In the first psychotherapy session the wife said: "I was in the United States since childhood, and I came back to Iran only last year. I have problems with my husband. I was addicted to cocaine, hashish, marijuana and alcohol since the age of 20. I married my husband 12 years ago. He is an opium addict and drinks a lot. We fight very often. He has numerous affairs and is aggressive at home. In an occasion, he threw a cup of hot tea at me and burned me." She went on: "alcoholism is like an octopus whose arms are addiction, prostitution, gambling, and aggression. My husband and I suffer from all these. We have repeatedly decided to withdraw, but could never do it. We are on the verge of divorce now."

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 alcohol 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 alcohol and drug abuse, and to avoid any behavior which would allow the other partner to go back to alcohol or drugs, particularly behaviors which could cause mental pressure and encourage alcohol and 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 alcohol and 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 and alcohol 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 drink or use drugs once again, they will lose control for ever (the AVE). The therapist discussed this idea with them and then asked them to use efficient coping

strategies in order to overcome alcohol and drug dependency, such as planning enjoyable activities, establishing close and intimate relationship, thinking about the negative effects and consequences of alcohol and drug abuse, and enumerating the positive effects of avoiding alcohol and 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 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.

#### **Case II:**

Wife: Mrs. S. A., aged 30, Ph.D., with the history an unsuccessful previous marriage;

Husband: Mr. J. M., aged 43, 2<sup>nd</sup> year of high school education, also with the history of an unsuccessful previous marriage.

Treatment Period: 87 sessions, once a week.

In the first therapy session the wife said: "I lived in the US since I was thirteen. I had an unsuccessful marriage there, from which I have a daughter. My husband lived in the US too and had an unsuccessful marriage, from which he has a 22-year-old son. My husband is alcoholic and addicted to cocaine and opium. He used to have relationships with many women. But when we decided to marry, he promised to give up all of these. Many times he decided to give up alcohol and drugs, but has never been able to do it. If he does not drink or take opium, he gets seriously depressed and therefore expects me to allow him do these things. He says that I am a control freak. He loses control in times of anger, insults, and curses and throws me out of the house. And in his good moods, he flatters me. I'm afraid we may end in divorce." When they were assured of the confidentiality and privacy of the sessions, the husband said that he wished to talk to the therapist alone. In the individual session, the husband said: "I have done every nasty thing you can ever think of, but do not wish to go on with this anymore. My life story has two chapters: one from age 15 to 37 and the other from 37 to 43. I lost my mother 4 years ago and my father 2 years ago. Last year I

also broke up with my sisters and brothers for financial issues, and I married my present wife. I started drinking and substance abuse, hashish, opium and cocaine since the age of 15. I had illegitimate relationships with many women and made many of them pregnant. At 18 I married the girl I loved, and we had a child. My affairs with other women ended up in our divorce. After that, I started drinking more and more and used more drugs and extended my affairs. But at 40, I suddenly became aware of how I was living. I decided to get married and give up all the nasty things, but I couldn't. Now I know these problems are going to tear my life apart. I need your help to withdraw from drugs and alcohol and to start a healthy life."

In another individual session the husband said: "My wife is a control freak. Ever since she found out that we cannot have a child, we have been constantly fighting." Explaining the role of illogical beliefs and thoughts in the formation of negative emotions and behaviors, the therapist helped the husband recognize his own negative beliefs and thoughts and replace them with positive ones. In a session where the husband and wife were both present, the therapist used psycho-education to explain the formation of personality and behavior patterns and asked them to express their thoughts regarding alcohol and drug abuse, without criticizing one another. They were then asked to discuss the negative effects of alcohol and drug abuse on their relationship, social function, career, and health. The husband said: "My aggression and depression is a result of using alcohol. Yet, I do not want my wife to control all my behaviors and tell me what to do and what not to do. I am afraid of turning into a henpecked husband, like my father-in-law, and submit to matriarchy. This creates mental stress for me and intensifies my tendency towards alcohol, opium and smoking." The therapist first identified the couple's non-adaptive behavioral patterns and the illogical beliefs underlying them, which led to alcohol and substance abuse, taught them pertinent problem-solving techniques and asked them to operationally define the problem, whenever it comes up in the course of life, then seek logical, feasible, and practical solutions to it. He also asked the wife to stay calm and create a supportive and caring atmosphere in the family, in order to avoid mental stress for the husband. It was explained to her that her controls only ended up in exactly what she feared which was increasing her husband's drug and alcohol abuse. She was asked to replace critical and punishment-oriented techniques with encouragement and positive methods. In the following sessions, the wife said: "He is absolutely determined to give up alcohol and drugs. He even smokes less. But he is still anxious, depressed, and sometimes even aggressive." They were also taught relaxation and communication techniques (active listening and self-expression), and were asked to practice relaxation 20 to 30 minutes every day. In the following sessions, the husband said: "I am happy with my relationship, because my wife is not controlling me anymore, but I am afraid that this

might not last long.” On the other hand, the wife said that she was worried her husband might take up alcohol and drugs when out and when with friends. At this stage, the therapist devoted a few sessions to explaining efficient and inefficient coping methods and their forming adaptive and non-adaptive behavior patterns. He then asked the husband to identify alcohol and drug abuse high-risk sports, going for walks, hiking, swimming, self-monitoring, self-control, self-encouragement and self-punishment. The wife was also instructed on how to encourage the husband’s favorable behaviors and how to discourage his unfavorable behaviors through correction techniques. In the following sessions, the husband said: “My wife still controls me and I am sick of it.” In the very same session, the wife said: “I do because I love him and I want him to be healthy and safe.” The therapist instructed them on positive thinking and asked them to improve their relationship, show more sympathy towards one another, and practice positive thinking in their daily life. In an individual session afterward, the husband said: “I have affairs with other women and I am feeling guilty about them. The reason is that my wife does not pay enough attention to me.” The therapist asked him to assess the precludes, reasons and consequences of illegitimate affairs and try to control his impulses by self-monitoring and self-punishment. In another individual session with the wife, the therapist asked her to show more concern for her married relationship and not to confine things to controlling the husband for his alcohol and drug abuse. In the sessions which followed, both couples said they were satisfied with the new situation. The therapist then asked them to compare their previous situation with the present one. The husband said: “I am very happy to have a more peaceful and healthier life. I have gained more self-confidence. I shall not go back to drinking and drugs because my married life will shatter again.” The wife also said she was happy that their problems had been solved.

## **Results**

The results of the MMPI and SCL-90-R (diagram 1 and 2) for the first family (female) and diagram 3 and 4 for second family (male) 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 alcoholism in them.

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

Diagram 1: The pre treatment, post treatment & follow up results of MMPI for female

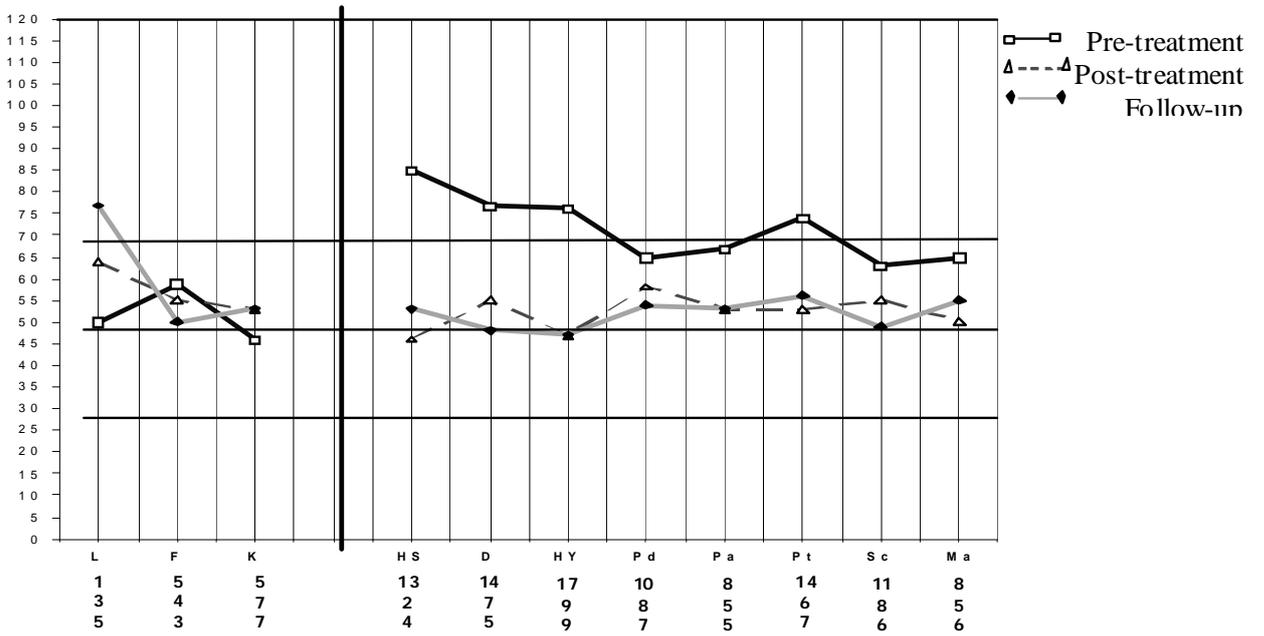


Diagram 2: The pre treatment, post treatment and follow up results of SCL-90-R for female

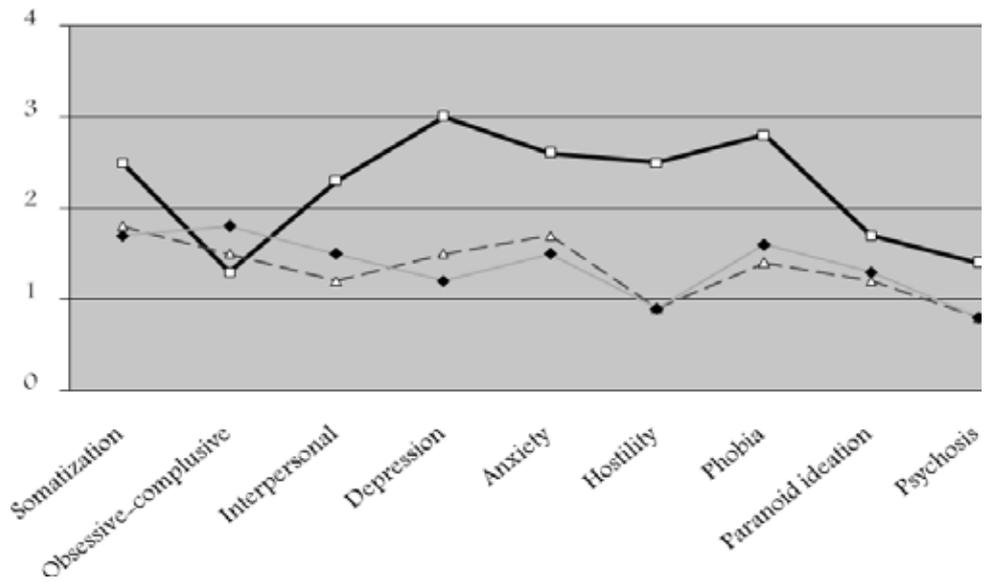


Diagram 3: The pre treatment, post treatment and follow up results of MMPI for Male

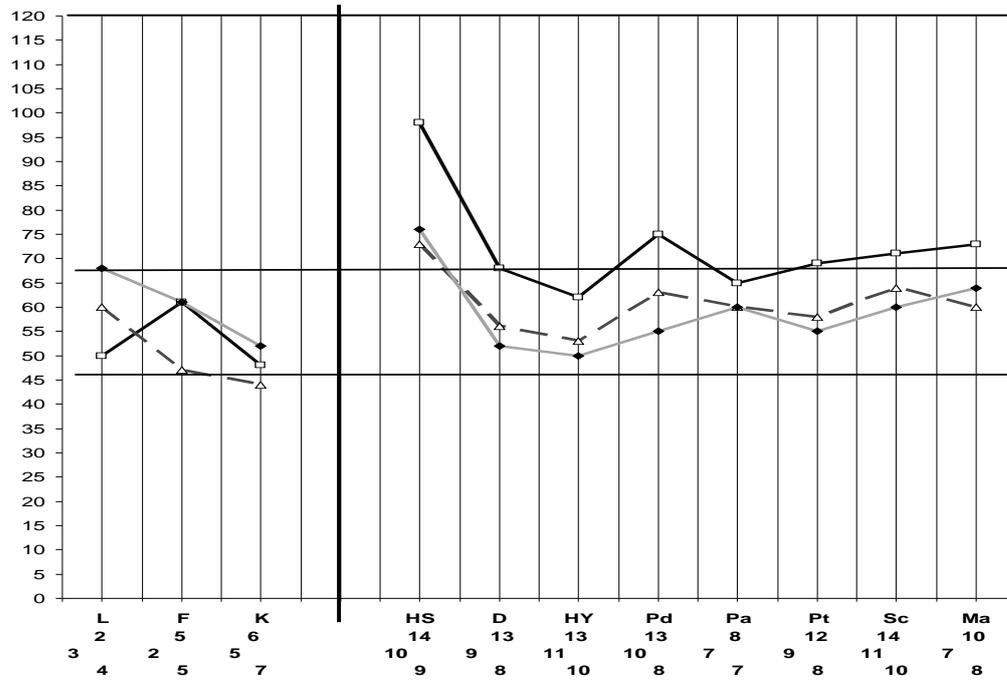
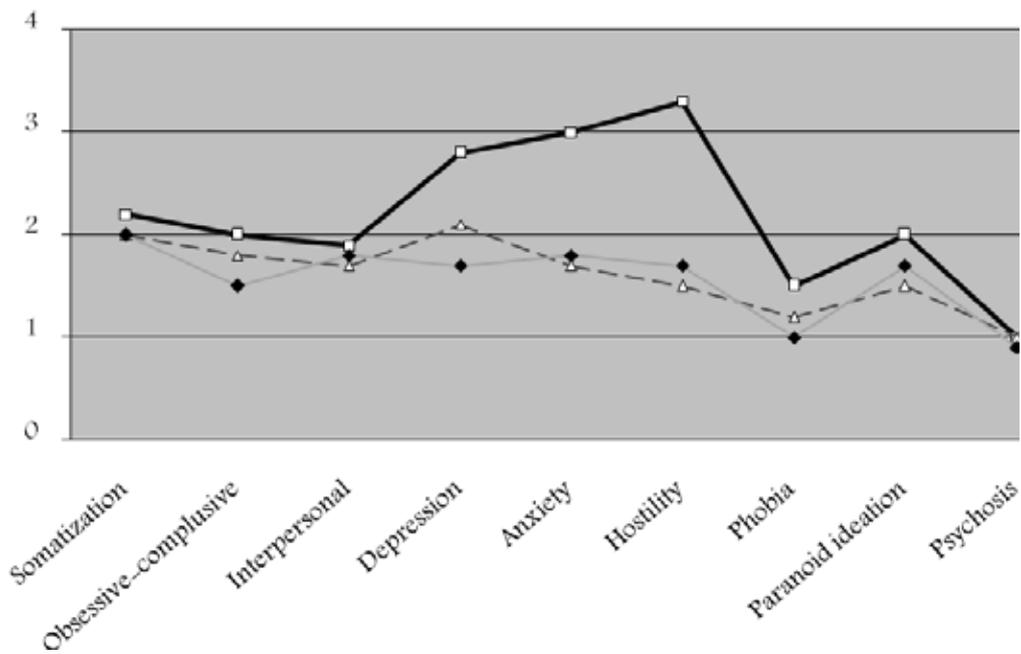


Diagram 4: The pre treatment, post treatment and follow up results of SCL-90-R for Male



At the final stage of treatment, in both of the presented cases, alcohol and 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 drinking or 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.

## **Discussion**

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 and alcohol 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 alcohol and 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 and alcohol 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 alcoholism 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 alcoholism, 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 alcohol related disorders. They also noticed that the effect of the cognitive-behavioral couple therapy lasted for a period of two years after treatment. Reviewing 12 clinical studies, Ozechowski and Liddle (2001) found cognitive-behavioral family therapy most efficient in treatment of adolescent alcoholism and noticed that its treatment effects last for one year.

The limitations of the present study were as follows: not many alcoholic couples who had similar conditions were available. The size of the sample group was therefore limited, and no control groups were available. The suggestion for further research is to use larger samples, control and experimental groups and compare various treatment methods, including individual, group and family cognitive-behavioral therapy in order to obtain more accurate results.

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