Seekers of Couple Therapy for Gambling and Alcohol Use Disorders: How Did They End Up?

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Bonnie Lee, PhD
Faculty of Health Sciences
University of Lethbridge
Research Team

Principal Investigator:
• Bonnie Lee, PhD, University of Lethbridge

Research Team Investigators:
• Andrew Greenshaw, PhD, University Alberta
• Erkan Isik, PhD, Istanbul Aydin University
• Olu Awosoga, PhD, University of Lethbridge
• Darren Christensen, PhD, University of Lethbridge
• Katherine Aitchison, PhD, University of Alberta
• Shireen Surood, PhD, Alberta Health Services

Data Scientist: Matthew Brown, PhD, University of Alberta

Collaborators: Alberta Health Services, Addiction & Mental Health Services (Edmonton & Grande Prairie)

Postdoctoral Fellow:
• Samuel Ofori Dei, PhD

Research Assistants:
• Yanjun Shi, MEd
• Rebecca Knighton, PhD
Disclosure of Potential Conflict of Interest

Gambling and Alcohol Use Disorders with Congruence Couple Therapy (CCT) and Individual Treatment as Usual (TAU): A Randomized Controlled Trial

This trial received a major grant from the Alberta Gambling Research Institute, and sub-grants from CIHR Canadian Research Initiative in Substance Misuse (CRISM Prairie Node) and the Canadian Depression Research and Intervention Network, Regional Depression Research Hub.

Dr. Lee is the developer of Congruence Couple Therapy and has received remuneration for training workshops on the model.
Questions

• Who were the seekers of couple therapy for gambling and alcohol use disorders?

• How did they end up?
Screening Data for Congruence Couple Therapy Randomized Trial (N=171)

• Couple Therapy is not a routine offering in addiction treatment

• Sample from Recruitment for a randomized trial
  • Are you or your partner struggling with alcohol or gambling?
  • We are looking for couples to take part in a study of couple counselling for addiction recovery.

• First study of characteristics of seekers of couple therapy for addiction
50% of TAU and CCT clients had ACE history
46% of TAU and CCT partners had ACE history
Motivations

Relationship problems both contributed to and resulted from the addiction:

“Relationship problems caused by my drinking and gambling”; “Relationship issues led to relapse”; “a lot of trust issues”

Desire to recover from addiction together

“We both struggle with addiction and want to get better together.”

Concerns for well-being of their children

“We are concerned about the safety of our children”; “I want to get better for our baby on the way”

Lack of couple therapy in addiction services

“There is no place for the partner of the person with addiction in treatment”; “There’s no couples counselling”
Demographics

Mostly females (57%)

Age: M=38 years

Length of couple relationship:
1-44 yrs. (Median: 6 years)

Caucasian (74%); Indigenous (7%); Other (7%)
Initiators

• Females (63%)
• Equivalent proportion of those with and without addiction initiating
• 77% have received therapy in the past 12 months
  individual, group, mutual help groups, inpatient programs, private therapy
Severity & Comorbidities

- Severe range of AUD (M=7.3) and GD (M=7.3)

- Comorbidities: 60% reported at least one life-time mental diagnosis or a current co-addiction

- Life-time mental health diagnosis: depression, anxiety, ADHD, PTSD, bipolar

- Jointly addicted couples (43%)
Suicidality

• 30% of treatment-seekers reported past-year suicidal thoughts, citing their own addiction and their partners’ addiction as reasons

• 57% of those individuals reported having a method/plan to carry out their suicide

• Suicidal attempts in the past year was 8% based on the entire sample

• No gender difference for risk

• Thwarted Belonging & Perceived Burdensomeness (Van Orden et al., 2010)
Intimate Partner Violence (IPV)

- 20% excluded from study because of high risk of IPV
- Higher scores of being victim of IPV among those with addiction
- No gender difference in being victims
- Jointly addicted couples have higher risk of physical violence
Discussion

• First study to document the characteristics, motivations and risks of individuals/couples seeking conjoint couple therapy for GD and AUD.

• Severe addiction and mental health problems

• Risks of suicide and IPV

• Inextricable issues of addiction, couple and concerns about their children

• High rate of jointly addicted couples

• Screening of couple issues and importance of referrals for couple counselling
Randomized Controlled Trial

Congruence Couple Therapy (CCT) vs Individual Treatment-as-Usual (TAU)
Treatment-as-Usual (TAU)

Individually centered

- Individual counseling
- Groups
- Partners seen separately
Congruence Couple Therapy (CCT)

- Systemic and Relationship-focused
- Trauma-informed
- 4 A’s of Congruence: Attention, Awareness, Acknowledgment and Alignment of 4 dimensions
Affected other interventions: a systematic review and meta-analysis across addictions

Stephanie S. Merkouris1 | Simone N. Rodda1,2 | Nicki A. Dowling1,3

1School of Psychology, Deakin University, Geelong, VIC, Australia
2School of Population Health, University of Auckland, Auckland, New Zealand
3Melbourne Graduate School of Education, University of Melbourne, Parkville, VIC, Australia

Abstract

Background and Aims: Individuals impacted by someone else’s alcohol, illicit drug, gambling and gaming problems (affected others) experience extensive harms. To our knowledge, this is the first systematic review and meta-analysis to determine the effectiveness of psychosocial interventions delivered to affected others across addictions.

Methods: This review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses. An electronic database search (PsycInfo, Medline, Cinahl and
Clients vs Partners
Outcomes
in TAU & CCT
Clinical Outcomes (Lee et al., 2023)

Addiction symptoms
- Gambling (PGSI)
- Alcohol (AUDIT)
- Other Substance Use (ASSIST)

Mental health
- Psychiatric Symptoms (BASIS-24)
- Depression (PHQ-9)
- PTSD (PCL-5)

Process and Context Variables
- Emotion dysregulation (DERS)
- Dyadic adjustment distress (DAS)
- Life stress (SRRS)
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<th>TAU</th>
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*Note.* *p < .05, **p < .01*
## Table 2. Partners’ Improvement

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<td>112.38</td>
<td>-3.27**</td>
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**Note.** *p < .05, **p < .01, ***p < .001
## Table 3. Comparing Clients’ and Partners’ Improvement

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<td>Problem gambling</td>
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<td>Other substance use</td>
<td>-15.4 (17.59)</td>
<td>-2.46 (4.78)</td>
<td>-2.56**</td>
<td>Clients &gt; Partners</td>
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<td><strong>Process and Context Variables</strong></td>
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<tr>
<td>Psychiatric symptoms</td>
<td>-0.14 (0.51)</td>
<td>-0.02 (0.43)</td>
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<td>Both not improved</td>
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<tr>
<td>Depression</td>
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<td>-0.19</td>
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<td>PTSD</td>
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<td>1.57 (13.9)</td>
<td>-0.92</td>
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<td>Couple adjustment</td>
<td>0.92 (12.24)</td>
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<td>Emotion dysregulation</td>
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<td>3.0 (15.5)</td>
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<td>Life stress</td>
<td>-151.6 (115.7)</td>
<td>-115.5 (127)</td>
<td>-0.76</td>
<td>Improved equally</td>
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Note. *p < .05, **p < .01
Overall satisfaction
Meeting your needs
Recommend to others

5-month post-treatment

Overall satisfaction
Meeting your needs
Recommend to others

8-month follow-up

CLIENT SATISFACTION RATING (1-7) (N=46; P < 0.05)

TAU
CCT

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Why is CCT more effective than TAU?
The Pivotal Unit

PAST

Adverse Childhood Experience

FUTURE

New Generation Reduced Stress

50% of TAU and CCT clients had ACE history
46% of TAU and CCT partners had ACE history

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Concept of the Social Brain

Structure, Circuits or Networks?

• Are there dedicated “social” brain structures or social behavioral circuits and networks?

• The brain is a highly interconnected structure

• Social deficits represent “the first signs of a number of neuropsychiatric disorders” (Porcelli et al., 2019)
Fig. 1. The five large-scale brain networks sustain processes important for social behavior. Figure adapted from (Bickart et al., 2014a).
Social Behaviours

• **Social behaviour** is any modality of communication and/or interaction between two members of a given species.

• **Social deficits** could be broadly defined as impairments in the subject's capacity to integrate behavioural, cognitive, and affective skills to flexibly adapt to diverse social contexts and demands.
Communication/ Social Behaviour

• Sensory signals – sight, smell, taste, sound, touch

• Internal interpretation and decision-making

• Modulation of internal state based on past experience

• Shaped by dynamic mutual feedback between participants

• Forms a continual feedback loop

• As short as milliseconds
# Reprogramming the Social Brain in Couple Therapy

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<th>Perception</th>
<th>Cognition</th>
<th>Mentalization</th>
<th>Communication</th>
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<td>Cognitive Errors</td>
<td>Self Awareness</td>
<td>Congruent Communication</td>
<td>Supportive Environment: Connection, Safety, Worth</td>
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<td>Other Awareness</td>
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<td>New Decisions</td>
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<tr>
<td>Acknowledging Emotions</td>
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2023-04-04
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TAU CHANGE CORRELATIONS (n = 23)
CCT CHANGE CORRELATIONS (n = 23)
A Social Hypothesis for CCT Treatment Outcomes

Improved Processes

Improved Outcomes

ACE → Communication → Emotion Regulation → Couple Adjustment → Reduced Stress → Addiction → Mental Health
Inverting the Pyramid

Individual

Relationship

Relationship

Individual

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2023-04-04
So how did these CCT couples end up?
One Year, 4-course Graduate-level Certificate, Online
Thank you!

CCT training, applications and replicating the benchmarked research?

Contact: bonnie.lee@uleth.ca


