



## Behavioral Couples Treatment for Substance Use Disorder: Secondary Effects on the Reduction of Risk for Child Abuse<sup>☆</sup>



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### ABSTRACT

Risk for child abuse was examined prior to and after behavioral couples treatment (BCT) among 61 couples in which one or both parents were diagnosed with substance use disorder (SUD). All couples were residing with one or more school-age children. Mothers and fathers completed pretreatment, post-intervention, and 6-month post-intervention follow-up assessments. Results of piecewise latent growth models tested whether the number of BCT sessions attended and number of days abstinent from drugs and alcohol influenced relationship satisfaction and its growth over time, and in turn if relationship satisfaction and change in relationship satisfaction influenced risk for child abuse. For both mothers and fathers, attending more BCT sessions lead to a direct increase in relationship satisfaction, which in turn led to stronger reductions in risk for child abuse. This effect was maintained from the post-intervention through the 6-month post-intervention follow-up. For fathers, number of days abstinent significantly influenced reduction in child abuse potential at post-intervention via relationship satisfaction. This indirect effect was not present for mothers. The overall benefits of BCT on mothers' and fathers' risk for child abuse suggest that BCT may have promise in reducing risk for child abuse among couples in which one or both parents have SUD.

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Among the most detrimental consequences of drug and alcohol use disorders are the negative effects parents' substance use disorder (SUD) has on risk for child abuse (Staton-Tindall, Sprang, Clark, Walker, & Craig, 2013 for a review; Wekerle, Wall, Leung, & Trocmé, 2007). Although individual treatment for alcohol use disorder is associated with reductions in children's exposure to interparental violence (Rounsaville, O'Farrell, Andreas, Murphy, & Murphy, 2014) and improvements in their children's emotional and behavioral functioning (Andreas & O'Farrell, 2007), whether couples-based treatment for SUD is associated with decreases in risk for child abuse has not been examined. Behavioral couples therapy (BCT), a conjoint treatment designed to reduce substance use and improve relationship functioning (O'Farrell & Fals-Stewart, 2006), has demonstrated benefits in reducing alcohol use (see Klostermann, Kelley, Mignone, Pusateri, & Wills, 2011 for a review) and improving relationship adjustment (see Meis et al., 2013; Powers, Vedel, & Emmelkamp, 2008 for reviews). In the present study, we examined whether the number of BCT sessions attended and the number of days abstinent from drugs and alcohol corresponded

to changes in mothers' and fathers' relationship satisfaction as well as their risk of child abuse over time among couples in which one or both parents were diagnosed with SUD.

### 1. Risk for child abuse among mothers and fathers with SUD

Parental SUD is associated with a higher incidence of, and risk for, child abuse (e.g., Ammerman, Kolko, Kirisci, Blackson, & Dawes, 1999; Gruber & Taylor, 2006; Hien, Cohen, Caldeira, Flom, & Wasserman, 2010), and is one of the main reasons children enter foster care (Vanderploeg, Connell, Caron, Saunders, Katz, & Tebes, 2007). The association between parental SUD and child abuse has been documented by retrospective reports from adults (e.g., Dube et al., 2001; Walsh, MacMillan, & Jamieson, 2003), prospective longitudinal studies (e.g., Chaffin, Kelleher, & Hollenberg, 1996; Kotch, Browne, Dufort, Winsor, & Catellier, 1999) and examinations of child protective services cases (e.g., Dubowitz et al., 2011; Staton-Tindall et al., 2013). In a seminal study of this issue, Christoffersen (2003) found risk for child abuse to be 2 to 13 times higher for those who were raised by mothers, fathers, or two parents with alcohol use disorder compared to offspring raised by non-alcohol-abusing parents.

In contrast to the limited research examining substance-abusing fathers, studies have demonstrated consistently that mothers with SUD

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are at greater risk for child abuse compared to mothers without SUD (e.g., Grella, Hser, & Huang, 2006; Gruber & Taylor, 2006; Hien & Honeyman, 2000). Compared to non-substance-abusing mothers, mothers with SUD exhibit significantly harsher physical punishment (e.g., spanking, hitting child with a fist) in response to child misbehavior (Hien & Honeyman, 2000; Miller, Smyth, & Mudar, 1999). Moreover, the possibility of child abuse appears especially high when mothers with SUD show high anger arousal and reactivity (Hien et al., 2010).

Relative to studies on mothers with SUD, fewer studies have examined fathers' SUD and risk for child abuse. Blackson et al. (1999) demonstrated that both fathers and mothers in relationships in which fathers had alcohol use disorder reported greater child abuse potential than parents in relationships in which men did not have alcohol use disorder. This finding coincides with research demonstrating that non-alcohol-abusing women with alcohol-abusing partners report more psychological distress than women with non-substance-abusing partners (Tempier, Boyer, Lambert, Mosier, & Duncan, 2006). Thus, even when a parent does not have SUD, residing with a partner that has SUD may increase emotional distress, social isolation, depressive symptoms, disorganization, and financial strain, as well as reduce frustration tolerance, all of which may increase risk for child abuse (Ammerman et al., 1999; Gruber & Taylor, 2006; Kelley, Lawrence, Millettich, Hollis, & Henson, 2015; Staton-Tindall et al., 2013; Testa & Smith, 2009; Wulczyn, 2009). As might be expected, children with substance-abusing parents who experience child abuse are at higher risk for emotional and behavioral problems (e.g., Chen & Weitzman, 2005; Gruber & Taylor, 2006). Thus, identifying treatments for SUD that may also reduce risk for child abuse is critical.

## 2. Behavioral couples treatment for SUD

One of the most empirically supported conjoint treatments for alcoholism is behavioral couples therapy (BCT). BCT is a partner-involved treatment for substance abuse that teaches skills that promote partner support for abstinence and attempts to alter dyadic patterns to support a family environment that is more conducive to long-term abstinence. BCT does not directly address child or parenting concerns (see O'Farrell & Schein, 2011). In general, BCT has been shown to be superior to individual treatment for alcohol use disorder (Klostermann et al., 2011; Meis et al., 2013; O'Farrell & Clements, 2012; Powers et al., 2008). For instance, compared to women who took part in individual behavioral therapy for alcohol use, women who took part in BCT for alcohol use showed greater improvement both in percent days abstinent and percent days heavy drinking (McCrary, Epstein, Cook, Jensen, & Hildebrandt, 2009). Furthermore, women in the BCT group continued to have better drinking outcomes at the 18-month follow-up. Similarly, Schumm, O'Farrell, Kahler, Murphy, and Muchowski (2014) found greater reduction in alcohol use and fewer alcohol-related problems among women who took part in BCT as compared to those who took part in individual treatment.

Compared to individual treatment for alcohol use disorder, BCT also results in greater improvements in relationship adjustment (Meis et al., 2013; Schumm et al., 2014). Among veterans with and without post-traumatic stress disorder who received BCT for SUD, BCT was associated with increases in relationship satisfaction, and reductions in male-to-female violence and psychological distress immediately after and at 12-month follow-up (Rotunda, O'Farrell, Murphy, & Babey, 2008). Further, in one meta-analysis comparing various treatments for alcohol and drug use disorders, Powers et al. (2008) found that BCT outperformed individual-based treatments on relationship functioning ( $d = .57$ ).

## 3. Secondary effects of parent treatment for substance abuse on children in their homes

Although the effects of parent's SUD vary from family to family, many couples in which one or both parents have SUD display poor

communication, emotional distress, mental health problems (e.g., depression), arguing, physical partner violence, financial stress, and unpredictability (e.g., Kelley, Klostermann, & Henson, 2013; Klostermann & Kelley, 2012; Wulczyn, 2009). It could be argued that many couples in which one or both parents have SUD may exhibit an overtly hostile style (Ahrons, 1981; Camara & Resnick, 1988) in which frictional conflict and poor communication are the modes by which partners communicate and work through everyday disagreements. This style of communication may spill over into parenting and parent-child interactions and increase risk for child abuse (Erel & Burman, 1995). Reductions in substance use and improvements in communication, problem solving, and conflict may improve relationship functioning and subsequently reduce stress and improve individual parent functioning which may reduce risk for child abuse.

In one of the few studies to examine the secondary effects of treatment for substance-abusing parents on parenting, Luthar and Suchman (2000) found structured psychotherapy with a focus on the reduction of maternal anxiety and depression but did not include any attempt to enhance parenting skills, reduced risk for child abuse. In a series of studies, Andreas and colleagues have examined the secondary benefits of individual treatment for alcohol use disorder combined with group therapy on children in their homes (Andreas & O'Farrell, 2007; Rounsaville et al., 2014). Importantly, treatment was associated with decreases in children's exposure to interparental conflict at 6- and 12-month follow-ups compared to baseline. Furthermore, children of remitted alcoholics did not differ in exposure to interparental conflict as compared to a community sample at the 6-month follow-up. By the 12-month follow-up, remitted alcohol-abusing men and their non-alcohol-abusing partners' reported higher interparental conflict in the presence of children than did couples in the community sample (Rounsaville et al., 2014). Andreas and O'Farrell demonstrated that parents' reports of children's emotional and behavioral symptoms changed as a function of paternal drinking trajectory with the greatest changes for children whose parents remained abstinent from pretreatment through 12-month follow-up.

Although some research have demonstrated the secondary effects of individual treatment for alcohol use for children in their homes (e.g., Andreas & O'Farrell, 2007), the potential secondary effect of BCT for the reduction of risk for child abuse has not been demonstrated. In the present study, we tested two parallel models in which (1) the number of BCT sessions attended was expected to have positive indirect effects on mothers' and fathers' self-reported risk for child abuse via its impact on improvements in each parent's relationship functioning, and (2) increases in the number of days abstinent from drugs and alcohol were expected to increase parent's relationship functioning which in turn would reduce abuse risk.

## 4. Method

### 4.1. Participants

Participants were ( $N = 61$ ) heterosexual couples where one or both partners met criteria for drug or alcohol use disorder or both. To qualify for the study, couples needed to be married or be in a stable relationship defined as married for at least 1 year or cohabitating for at least 2 years and have at least one child 18 years of age or younger that lived with them full-time or in a few cases, the parent in the study had a shared custody arrangement and the study parent had care of the child approximately 50% of the time. Families were excluded if one or more partners reported affirmative responses to items that assess injury (e.g., Went to the doctor due to a fight with my partner) or severe violence (e.g., I beat up my partner) on the CTS-2 (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) or if both adult partners did not speak fluent English. Couples were recruited via advertising at outpatient treatment centers specializing in substance abuse treatment, via community mental health providers, in area newspapers, and at community events.

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