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Chances are good that you've heard of cognitive behavioral therapy or perhaps you're participating in one of the various forms of this widely used modality. In fact, cognitive behavior therapy (CBT) is the most used psychotherapeutic treatment in use today. CBT has been adapted for use with couples, with families and for specific disorders. No
matter what type of cognitive-behavioral treatment is used, the basic assumption of CBT remains the same: that maladaptive or unproductive life. As a result, CBT is used to help individuals better understand how maladaptive
thoughts thwart growth, and to teach more productive ways of thinking and behaving. Pioneering psychologist Albert Ellis is widely recognized as the influential force behind modern types of CBT. In the 1960s, psychiatrist Aaron Beck used Ellis' theories to develop cognitive therapy. Today CBT is very popular as a short-term treatment approach and
a great deal of clinical research has been conducted that shows encouraging rates of clinical success. Many CBT treatments have been tailored to address substance use disorder and to assist individuals in changing problematic behavior and thoughts. Specifically, Behavioral Couples Therapy (BCT) is a type of treatment used to help both the
individual who is seeking help for alcohol or other substance use issues, as well as their partner. What Happens in Behavioral Couples Therapy? Improving a couple's relationship while building support for recovery is one of the main goals of BCT. This is done by improving the communication flow between partners, as well as addressing how both
acceptance and change can help to influence successful recovery from alcohol and other substances. Behavior is one of the
hallmarks of CBT. In other words, how we are rewarded or punished for certain behaviors works to reinforce and/or inhibit behaviors. Historically, substance abuse was viewed as an individual problem, either a moral defect or a character flaw, and treated in isolation from one's significant others. However, modern research indicates that partners,
significant others and families have the ability to influence a person's addictive behavior. In line with this way of thinking, it is recognized that family members, partners or significant others of an individual with a substance use disorder have the power to reward recovery efforts, abstinence and/or treatment goals. Within BCT, addiction is seen as an
issue that exists within a couple's relationship or the larger family system, and thus a couple or a family is treated as a whole entity. Clinicians have also recognized that when one partner experiences alcohol or drug use disorder, the relationship often suffers. For example, couple's relationship or the larger family system, and thus a couple or a family system, and thus a couple or a family system, and thus a couple or a family system.
including increased levels of instability, dissatisfaction and even aggression. By extension, unresolved problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relationship are linked to a continuance of problems in the relat
ability to be a long-lasting treatment intervention. For example, randomized clinical studies have shown that when compared to a placebo or no treatment, BCT has higher success rates than either alternative. Research also indicates that the use of Behavioral Couples Therapy can increase recovery rates as well as improve the quality of a couple's
relationship more so than treatment that only includes the individual who is experiencing a substance use issue. BCT is also associated with beneficial effects on the couple's children, specifically in the area of emotional problems. So, how exactly does BCT work? Every clinician has a unique working style, but the basics of BCT are similar no matter
who is using the method as a part of an addiction recovery process. To begin with, BCT implements a treatment strategy that is consistent with a cognitive-behavior patterns. Second, BCT focuses on the mutual goals of both
acceptance and change as desirable outcomes for couples in therapy. Research shows that couples who succeed in psychotherapy are able to make concrete changes that accommodate the other person's needs, while at the same time exhibiting increased emotional acceptance of each other. Be Ready to Do The Work Behavioral Couples Therapy may
begin soon after the partner with substance use issues seeks help. A typical course of Behavioral Couple's resisions spread out over a period of several months. If you participate in BCT you may be asked to do one or more of the following: make a commitment to your partner, make an effort
to increase positive engagement with your partner, engage in couple's appreciation exercises and/or homework projects. Many times BCT involves the use of a recovery efforts. While Behavioral Couples Therapy emerged in the latter half of the
last century, this treatment intervention has grown in popularity and today remains a treatment of choice for many clinicians. Recovery is possible—recover your unique, purposeful, sober life by reaching out to the dedicated experts at Cumberland Heights. Addiction is a chronic, progressive and potentially fatal disease. For over 50 years we have
carefully provided the highest quality of care for adults, adolescents and families who suffer from, or are affected by this devastating disease. Our nonprofit alcohol and drug addiction treatment center is located on a peaceful, pastoral 177-acre campus on the banks of the Cumberland River in Nashville, Tennessee. We provide a continuum of services
through two 12-Step immersion campuses, 12 outpatient first and value the importance of family participation in the recovery process. Take the first step toward healing by calling us at (866) 899-5231 today. Talking therapies are psychological treatments
for mental and emotional problems like stress, anxiety and depression. There are lots of different types of talking therapy, but they all involve working with a trained therapist. This may be one-to-one, in a group, online, over the phone, with your family, or with your partner. The therapist helps you understand and cope with the problems you're
having. For some problems and conditions, one type of talking therapies also suit different people. You can get some talking therapies also suit different people. You can get some talking therapies service without a
referral from a GP. If you prefer, see a GP and they can refer you and share relevant information about you. If you're under 18, or want to get mental health support for children and young people. The aim of CBT is to help you explore and change how you think about your life, and free yourself from
unhelpful patterns of behaviour. You set goals with your therapist and may carry out tasks between sessions, with each session lasting 30 to 60 minutes. CBT has been shown to work for a variety of mental health problems, including: CBT is available on the NHS for people with depression, anxiety disorders and
other mental and physical health problems that it's been proven to help.Read more about talking therapies on the NHS. There are also self-help therapies like books and computer courses based on CBT to help you overcome common problems that it's been proven to help. There are also self-help therapies on the NHS. There are also self-help therapies on the
Every Mind Matters website. Find out more about CBT Guided self-help you work through a CBT-based workbook or computer course with the support of a therapist. The therapist works with you to
understand your problems and make positive changes in your life. Guided self-help aims to give you helpful tools and techniques that you can carry on using after the course has finished. During the course your therapist will support you with face-to-face, online or phone appointments. See some more self-help therapies. Counselling is a talking therapy
where you talk in confidence to a counsellor. They help you find ways to deal with difficulties in your life. You may be offered as a single
session or a course of sessions over a period of weeks or months. Read more about counselling for depression Counselling for depression is available through NHS talking therapies services. It's usually offered to
people who have mild to moderate depression and have already tried other therapies, such as guided self-help, or other therapies are not suitable for them. Behavioural activation is a talking therapy that aims to help people with regular
meetings or phone calls with a therapist. The aim is to give you the motivation to make small, positive changes in your life. You'll also learn problems that are affecting your mood. You'll usually be offered about 16 to 20 sessions. IPT is a talking treatment that helps people with depression identify and address
problems in their relationships with family, partners and friends. The idea is that poor relationships with people worse. You may be offered IPT if you have mild to moderate depression that hasn't responded to other talking therapies, such as
CBT.IPT is usually offered for 16 to 20 sessions. EMDR is a talking therapy that's been developed to help people who have PTSD may experience intrusive thoughts, memories of the traumatic stress disorder (PTSD). People who have PTSD may experience intrusive thoughts, memories of the traumatic stress disorder (PTSD).
event so the negative images, emotions and physical feelings they cause have less impact. EMDR can be a distressing process, so it's important to have a good support network of family and friends around you if you plan to try it. A course of treatment is likely to be 8 to 12 sessions. Mindfulness-based therapies help you focus on your thoughts and
feelings as they happen, moment by moment. MBCT is used to help prevent depression coming back, and to help some types of anxiety and stress. MBCT combines mindfulness techniques like meditation and breathing exercises with cognitive therapy, which is about learning how to manage your thoughts and how they make you feel. Find out more:
Psychodynamic psychotherapy looks at how childhood experiences and thoughts you're not aware of (your unconscious mind) affect your thinking, feelings, relationships and behaviour today. You talk to a therapist, one-on-one, about your thinking, feelings, relationships and behaviour today. You talk to a therapist, one-on-one, about your thinking, feelings, relationships and behaviour today. You talk to a therapist, one-on-one, about your thinking, feelings, relationships and behaviour today. You talk to a therapist, one-on-one, about your thinking, feelings, relationships and behaviour today. You talk to a therapist, one-on-one, about your thinking, feelings, relationships and behaviour today. You talk to a therapist, one-on-one, about your thinking, feelings, relationships and behaviour today. You talk to a therapist, one-on-one, about your thinking, feelings, relationships and behaviour today. You talk to a therapist, one-on-one, about your thinking, feelings, relationships and behaviour today. You talk to a therapist, one-on-one, about your thinking, feelings, relationships and behaviour today. You talk to a therapist, one-on-one, about your thinking, feelings, relationships and behaviour today. You talk to a therapist, one-on-one, about your thinking, feelings, relationships and the properties of the p
psychodynamic psychotherapy (STPP) may be offered on the NHS to people who have depression or depression plus a long-term health condition. Couple therapy (BCT) or couple therapy for
depression (CTfD). Couple therapy usually includes 15 to 20 sessions over 5 to 6 months. It may be offered by an NHS talking therapies service if other therapy with you. Animated video explaining self-referral to talking therapies services for stress, anxiety or
depression. Includes British Sign Language (BSL) translation. Behavioural couples therapy is an evidence-based form of therapy that focuses on improving the relationship between two people. It helps couples to identify and change their destructive patterns of behaviour, and to develop more effective communication skills. This type of therapy
encourages both partners to take responsibility for their individual behaviour, as well as the collective behaviour within their relationship. The goal is to create a healthier, happier partnership for both parties involved. Behavioural couples therapy is a type of therapy that helps couples work through their issues by identifying and changing problematic
behaviours. It is based on the principles of Behavioural Psychology, which views behaviour as learned and shaped by multiple factors such as environment, experience, and reinforcement. By examining the patterns of behaviour within the couple's relationship, couples therapists can help them identify areas that need improvement in order to improve
their relationship. Through Behavioural Couples Therapy, couples can learn how to communicate effectively, understand each other better, and resolve conflicts in a healthy way. The therapist will often focus on teaching couples communication skills such as active listening and assertiveness. They will also discuss how to establish positive
reinforcements for desired behaviours so that both partners are rewarded for making an effort to improve their relationship. This form of therapy is often used alongside other therapies such as Cognitive Behavioural Therapy (CBT) in order to provide couples with a holistic approach to problem-solving and emotional healing. In summary, Behavioural
Couples Therapy is a type of counselling designed to help couples work through their issues by identifying and changing problematic behaviours. The therapy can be
used alone or alongside other therapies such as CBT in order to provide couples with a comprehensive approach to resolving relationship conflicts and improving their overall relationship satisfaction. Overview of Behavioural couples therapy is a type of psychotherapy designed to help couples improve their relationships.
It focuses on identifying and resolving specific problem areas within the relationship, as well as improving communication and understanding between partners. This form of therapy usually consists of a series of sessions with both
partners present, and typically focuses on strengthening the relationship through problem-solving skills. During sessions, the therapist may also encourage the couple to talk openly about their feelings and provide guidance on how to
better understand each other. The goals of behavioural couples therapy are to improve communication between partners, resolve disagreements in a constructive manner, re-establish trust in the relationship and create an environment conducive to healthy functioning. The therapist may suggest a variety of activities for the couple to do together
outside of sessions in order to increase closeness and understanding. These activities may include going out for dinner or engaging in shared hobbies. The length of behavioural couples attend at least 8-10 sessions over a
period of several months in order to experience lasting results from their treatment. Although behavioural couples therapy can be used by any relationship, it is often most effective when both partners are committed to making changes within the relationship and actively participating in treatment sessions. Behavioural Couples Therapy
BenefitsCouples therapy can be a great way to help couples resolve issues in their relationship. Behavioural couples therapy (BCT) is a type of couples therapy that focuses on helping couples the helping couples the helping couples the helping co
communication, and resolving conflicts. Here are some of the benefits of behavioural couples therapy. Improved Communication with one another. Through BCT, couples can learn how to express their feelings in a positive manner, how to listen effectively to one
how to identify the root causes of conflict and how to work together as a team towards mutually beneficial outcomes. Couples can also learn how to express their needs and expectations without causing resentment or hurt feelings. Increased Intimacy: Intimacy is an important component of any healthy relationship, but it can be difficult for some
couples. Through BCT, couples can learn new ways of connecting with each other on an emotional level. They can also learn how to express love and affection without feeling uncomfortable or anxious. Read morethe tribes of person centred therapy Reduced Stress: Stress in relationships is often caused by unresolved issues or poor communication
skills. BCT helps couples learn new methods for reducing stress levels and creating a more peaceful environment at home. This improved environment can have long-lasting benefits on both partners' physical and mental health. Behavioural couples therapy has been proven effective in helping couples strengthen their relationships, improve
communication, resolve conflicts, increase intimacy, and reduce stress levels. If you've been struggling with your relationship or simply want some guidance on improving your connection with your partner, then consider trying behavioural Couple's therapy - it could make all the difference! Goals and Objectives of Behavioural Couples
TherapyBehavioural couples therapy (BCT) is a type of psychotherapy that focuses on helping couples strengthen their relationship by identifying the patterns of behaviour that are causing problems. The goals and objectives of BCT are to improve communication, resolve conflicts, increase
intimacy, and reduce distress in the couple's relationship. The primary goal of BCT is to help couples learn how to better communicate with one another. This can involve teaching them how to identify and manage their own
triggers, as well as how to recognize and respond appropriately when their partner is feeling distressed or overwhelmed. Another goal of BCT is to help couples resolve conflicts more effectively. This includes learning how to identify the source of the conflict, exploring each partner's perspective on the issue, and developing strategies for resolving
disagreements without escalating the situation. By learning how to engage in productive conversations about difficult topics, couples can build stronger relationships that are more resilient against future conflicts. Intimacy is another important focus of BCT. The therapist will work with the couple to explore issues such as trust, commitment, affection
shared values, and sexuality. Through this process, partners can gain a better understanding of each other's needs and wants will work with the couple to reduce distress in their relationship by addressing underlying issues such as anger management or
stress-reduction techniques. By helping partners learn new ways of interacting with each other they can increase their overall, behavioural couples therapy helps partners improve communication skills, resolve conflicts more effectively,
resolution methods such as anger management or problem solving approaches like "I-messages" or "time-outs" so they can better handle difficult conversations or situations. The therapist will also provide feedback on each partner's behaviour so that they can understand why they may have been acting out or feeling overwhelmed during certain
moments in the relationship. This type of feedback helps them learn more about themselves which ultimately leads to improved self-awareness which further contributes towards strengthening the bond between them both. By engaging in behavioural couples therapy sessions regularly over a period time both parties have an opportunity make
meaningful changes in order for them both get what they need from one another whilst creating a strong foundation for lasting growth within their relationship - ultimately leading towards a healthier connection between them both! Behavioural Couples Therapy Techniques Read moredialectical and behavioral therapy Couples therapy is a type of
psychological treatment that helps couples to better understand and manage their relationship issues. It is often used to address a variety of conflicts, such as communication problems, infidelity, or substance abuse. Behavioural couples therapy (BCT) is one form of couples therapy that focuses on changing the behaviours of both partners in order to
create a more positive relationship dynamic. This article will explore some of the technique used in BCT. One technique used in BCT is creating behaviours that they will strive to maintain in the relationship. These contracts can help to
encourage positive behaviour and prevent negative behaviour from occurring. Another technique used in BCT is problems and then use constructive methods to come up with solutions that are mutually beneficial for both partners. By teaching them effective communication skills
couples can work together more effectively and efficiently resolve their issues. A third technique used in BCT is cognitive restructuring. This involves helping couples to identify irrational thoughts or beliefs they may have about themselves or their partner, and then replacing these thoughts with more realistic ones. Through this process, couples can
change their attitudes towards each other and create a healthier relationship dynamic where both partners feel respected and appreciated. Therefore, social skills training is often used in BCT as well. This involves teaching partners how to interact with each other in a respectful way and developing skills such as active listening, empathy, negotiation
compromise and collaboration. By learning these essential social skills, partners can feel more connected with each other by
changing their behaviour patterns. By using these techniques on a regular basis, couples can learn how to resolve conflicts more effectively without resorting to unhealthy coping strategies or destructive behaviours such as yelling or arguing. Behaviour patterns. By using these techniques on a regular basis, couples can learn how to resolve conflicts more effectively without resorting to unhealthy coping strategies or destructive behaviours such as yelling or arguing. Behaviour patterns.
relationships. However, it comes with its own set of challenges. In behavioural couples therapy, couples therapy, couples therapy, couples therapy, couples therapy. One
challenge is the lack of trust between partners. Trust is a key element of any relationship, but when trust has been broken it can be difficult for both partners to be open and honest about their feelings and needs. Without trust, it is difficult for both partners to be open and honest about their feelings and needs. Without trust, it is difficult for both partners to be open and honest about their feelings and needs. Without trust, it is difficult for both partners to be open and honest about their feelings and needs. Without trust, it is difficult for both partners.
avoid conflict at all costs, which can prevent them from addressing important issues in their relationship. Conflict avoidance may lead to unresolved issues that eventually resurface and cause more problems down the road. A third challenge in behavioural couples to talk openly about
their feelings and needs without becoming defensive or blaming each other for their problems. Without effective communication, it can be difficult for couples therapy. Therefore, another challenge in behavioural couples therapy is emotional reactivity. Emotional reactivity occurs when one or both partners
become overly emotional during conversations about their relationship or during disagreements with each other. This type of reaction can prevent proplems or stay focused on the task at hand. Overcoming Behavioural Couples
Therapy Challenges Read morecbt interventions for ptsdAlthough there are several challenges that can arise during behavioural couples therapy, these issues do not have to be insurmountable obstacles if both partners are committed to making changes and working together towards a common goal. Here are some tips for overcoming these common
challenges: Build trust by being honest with each other. Address conflicts head-on instead of avoiding them. Work on communication skills such as deep breathing. Practice self-regulation techniques such as deep breathing. Practice self-regulation techniques such as deep breathing.
used to address relationship issues and improve communication and connection between partners. Preparing for a session of BCT will help ensure the most successful outcome. Here are some tips on how to get ready: • Take some time to think about the issues you want to discuss during the session. It can be helpful to write down your thoughts before
the appointment so that you have them readily available. Talk to your partner ahead of time about what you hope to gain from BCT. This will give you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you both a better understanding of what the process looks like and help you better understanding of what the process looks like and help you better understanding of what the process looks like and help you better understanding of what the process looks like and help you better understanding of what the process looks like and help you better understanding of what the process looks like and help you better understanding of what the process looks like and help you better understanding of what the process looks like and help you better understanding of what the process looks like and help you better understanding of what the process looks like and help you better understanding of what help you better u
records, handy for the session. This will help the therapist understand your situation better and provide more tailored advice. Come up with some goals for yourself and your partner that you want to work on during BCT. This could include improving communication, tackling difficult topics together, or increasing intimacy in your relationship.
open-minded when discussing topics in BCT sessions and be willing to listen and respond thoughtfully to what your partner has to say. Respectful dialogue is key for making progress in therapy. Don't forget that BCT can take time; it's not a quick fix, but rather a gradual process of learning new skills and habits that can make a positive impact on
your relationship over time. By following these tips, couples can ensure they are well-prepared for their session of Behavioural couples therapy so they can get the most out of it! Follow Up After a Session of Behavioural couples therapy so they can get the most out of it! Follow Up After a Session of Behavioural couples therapy so they can get the most out of it! Follow Up After a Session of Behavioural couples therapy is an important part of couples the co
communication, resolve conflicts, and manage difficult emotions. After a session of Behavioural couples therapy, it is important to follow up in order to ensure that the progress made in the session is maintained. Here are some tips on how to do this: • Make sure to review the goals that were set during the behavioural couples therapy session.
Discussing these goals can help keep them front and centre so that couples can work towards achieving them. • Keep communication open and honest. This is essential for a successful follow-up after a session of behavioural couples therapy. It is important for both partners to feel heard and understood. • Allow some time for reflection between
sessions. This will give both partners an opportunity to process what was discussed during the session, and will also give them time to think about how they can continue making progress towards their goals. • Seek additional support if needed. If either partner feels like they need extra support or guidance in between sessions, it is important to reach
out for additional help. Make sure that both partners are on the same page when it comes to follow up after a session of behavioural couples therapy. It will be beneficial for both partners are on the same page when it comes to follow up after a session of behavioural couples car
follow up after a session of behavioural couples therapy. Following up on the progress made in counselling sessions is essential in order for couples therapy that can provide couples with the tools they need to work
through their issues in a constructive and productive way. It can help couples identify areas of conflict and improve communication skills, while also providing them with the skills needed to resolve problems in a healthy way. At its core, behavioural couples therapy is about helping couples understand each other better, make better decisions, and
ultimately work together to create a more positive relationship. The therapist works with the couple to uncover their feelings and motivations for certain behaviours, while also helping them develop strategies to address any issues that may arise. Behaviours, while also helping them develop strategies to address any issues that may arise. Behaviours, while also helping them develop strategies to address any issues that may arise. Behaviours, while also helping them develop strategies to address any issues that may arise. Behaviours, while also helping them develop strategies to address any issues that may arise. Behaviours, while also helping them develop strategies to address any issues that may arise. Behaviours, while also helping them develop strategies to address any issues that may arise. Behaviours, and are the strategies to address and are the strategies to address and are the strategies and are the strategies and are the strategies are the strategies and are the strategies are 
relationship. It provides an opportunity for the couple to gain insight into each other's feelings and behaviour, while also developing more effective communication skills. Ultimately, Behavioural couples therapy can help create healthier relationships by allowing couples to work through their problems together in a supportive environment. In
reflection, behavioural couples therapy offers a great opportunity for couples to find new ways of resolving communication. With the guidance of a trained professional, it can provide the couple with the tools they need to create a healthier relationship dynamic that is based on mutual understanding, respect, and trust. As a
library, NLM provides access to scientific literature. Inclusion in an NLM database does not imply endorsement of, or agreement with, the contents by NLM or the National Institutes of Health. Learn more: PMC Disclaimer | PMC Copyright Notice. Author manuscript; available in PMC: 2016 Feb 25. Published in final edited form as: Psychotherapy
(Chic). 2013 Dec 30;51(1):11-14. doi: 10.1037/a0033823 Behavioral couples therapy is a broad term for couples therapy is a broad term for couples therapies that use behavioral techniques based on principles of operant conditioning, such as reinforcement. Behavioral shaping and rehearsal and acceptance are clinical processes found across contemporary behavioral couples therapies
These clinical processes are useful for assessment and case formulation, as well as teaching couples new methods of conflict resolution. Although these clinical processes assist therapists in achieving efficient and effective therapeutic change with distressed couples by rapidly stemming couples' corrosive affective exchanges, they also address the
thoughts, emotions, and issues of trust and intimacy that are important aspects of the human experience in the context of a couple. Vignettes are provided to illustrate the clinical processes described. Keywords: behavior observation, behavior shaping, acceptance Behavioral couples therapy (BCT) is a broad term for
couples therapies that use behavioral techniques based on principles of operant conditioning, such as reinforcement (Gurman, 2008). Whereas all couple therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavioral therapy (TBCT; Jacobson & Margolin, 1979), integrative couple behavior
(IBCT; Jacobson & Christensen, 1996), and the program developed by John M. Gottman (1999) use the common clinical processes of behavioral shaping and rehearsal as well as acceptance to increase reinforcing interactions are ficiently stem the negative and corrosive interactions frequently seen in couples presenting for therapy. The
process of behavioral shaping and rehearsal begins with behavioral observation by the clinician. Observing the interactions of the partners plays an important role in assessment, case conceptualization, and determining which interpersonal behaviors will require shaping and rehearsal. Whether using a formal behavioral coding system, such as the
Specific Affect Coding System (Coan & Gottman, 2007), or more global classes of couple behavior, such as negativity, and withdrawal, the clinician is looking for behaviors that have been found to exhibit more negative
affect, such as criticism, defensiveness, contempt, stonewalling, and belligerence, in dyadic interactions, and show more rapid and longer-lasting hostility responses (Gottman & Notarius, 2000). Although satisfied couples
will also show some negative affect, they exhibit positive affect, such as interest, validation, affection, and surprise or joy, at a ratio of 5:1 to negative affect (Gottman, 1999). Once the clinician will begin by modeling
desired behaviors for the couple, and then shaping the couples' displays and providing feedback as they practice the more positive exchanges. This stage of the process allows the therapist to act as an educator, coach, and commentator, and will slow the escalation of conflict, making conflict repairs easier for the couple. Behavior shaping follows from
the assumption that couples experience conflict and distress because the couples lack the skills to communicate functionally (Epstein & Baucom, 2002; Geiss & O'Leary, 1981). Behavior shaping has been found to be superior to traditional communication training (e.g., reflective listening; Baucom, Sayers, & Sher, 1990; Cornelius & Alessi, 2007;
Halford, Sanders, & Behrens, 1993) because the collaborative nature of behavior shaping produces long-lasting changes in communication patterns (Baucom & Hoffman, 1986; Wheeler, Christensen, & Jacobson, 2001). Each approach to approach to approach to approach to approach may differ in the exact form of the clinician shaping. For example, TBCT takes a more rule-governed approach to approa
communication training (Sevier, Eldridge, Jones, Doss, & Christensen, 2008), setting rules for how couples should interact and reinforcing approximations toward the goal. IBCT, on the other hand, dictates a more contingency-shaped approach to communication training, in which the clinician explores partners' reactions to messages and shapes more
effective communication. Comparisons between the TBCT approach have found that the TBCT approach have found that the TBCT approach have found that the TBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach have found that the TBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by partners, but IBCT approach leads to a more rapid decrease in the amount of negativity expressed by the negativity expressed by the negative expressed by the negative expresse
The best of both worlds may be the use of both rule-governed and contingency-shaped changes to communicating. For example, encouraging the couple to avoid using specific behaviors that are corrosive to relationships and to practice behaviors that are corrosive to relationships and to practice behaviors that predict future satisfaction and stability, thus allowing the reinforcing properties of the improved
interactions to potentiate future positive exchanges. In its most specific form, this process can include educating couples about such behaviors through modeling and then skillfully shaping couple interactions to exhibit behaviors such as contempt,
belligerence defensiveness, or criticism (Gottman, 1999; Gottman, Coan, Carrere, & Swanson, 1998). In the following vignette, names and details of individuals have been married 5 years, and have an 18-month-old child. They are presenting for treatment with
complaints of escalating conflict and multiple life stressors. The couple has a history of infidelity early in the relationship and issues of honesty and trust continue to create distress. The Dyadic Adjustment Scale (DAS; Spanier, 1976) was used at intake to measure relationship satisfaction. Scores of 97 or greater on the DAS indicated good relationship
satisfaction. Individual scores for the husband and wife indicated that both were experiencing distress, scoring 93 and 83, respectively. In the following vignette, the clinician, acting as an educator, has modeled the desired behavior
for the couple and, acting as a coach, provided feedback on what was observed; and shaping the display of behaviors that predict satisfaction and stability by suggesting alternatives when appropriate. Therapist: Let's discuss a conflict that has caused tension in your relationship. I'd like you to practice is using the positive behaviors we talked about
Remember, they are sadness, anger, interest, affection, validation, and surprise, or joy. Also, avoid using the negative behaviors that we discussion. I may stop the conversation to give suggestions along the way. Are you ready? Patty: I
think so. Can we talk about chores around the house? Travis: (Smiling) This should be interesting. Patty: Well, I know it has caused a few arguments over the past week. Travis: Yeah, I'll get to that when I'm done with this email," but then it
never happens. Therapist: Travis, take care in not shutting the conversation down with sarcasm. Patty, can you be a little more specific? I think you are making a specific complaint, but it was couched in terms of always and never. Patty: Okay. Travis, take last night. I was trying to get our daughter to sleep, and the dishes were in the sink, and I asked
you to help with them and you said you would. I got busy and forgot about it, but later that night I went to get some water from the sink it was still full of dishes! Travis: Yeah, I didn't get around to it. I got sucked into work and lost track of time. Patty: But that's how it always goes! Therapist: Okay, let me step in here because I heard some criticism
and defensiveness. How might the two of you respond differently? Maybe with validation? Patty: Let me try again. Travis, I was angry when I saw that the dishes weren't done. I know how important it is for you and for our family, but sometimes I need help around
the house. It hurts when I can't trust you to follow through; I mean last night it did. Travis: Last night I got caught up in my work. And I know that it wasn't just last night, but that it happens a lot. I want to do better, but I don't know how when we argue. In the previous vignette, the husband displays contempt through sarcasm in his statement, "This
should be interesting," defensiveness (excuse making) later in the exchange, and the wife displays criticism in her use of "never" and "always" when expressing displeasure at what her husband has done and later when she states that she "can't trust" him. The clinician attempts to shape more desired displays on two occasions. In the first instance,
the clinician stops the couple, asking the husband to reduce his displays of contempt (sarcasm) and defensiveness, and asking the wife to reduce her display of criticism by asking the husband to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the husband to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the husband to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce her display of criticism by asking the wife to reduce he
spontaneously display the desired behavior. When this does not happen, the clinician then prompts the couple to use validation in the continuation of the discussion. Because the clinician allows the experience of being heard and
understood through the use of validation to reinforce the future displays of such behavior. Acceptance, a core component of many BCTs and particularly central to IBCT (Gurman, 2008), is a process incorporated into contemporary versions of BCT to improve the weaknesses of TBCT. Although initial research found that TBCT was effective in
improving marital satisfaction, subsequent investigations found that a majority of TBCT couples had relapsed shortly after the termination of therapy (Wheeler, Christensen proposed a reconceptualization of BCT that encouraged couples to accept those aspects of a
partner that cannot be changed and commit to changing those aspects of themselves that can (Dimidjian, Martell, & Christensen, 2002). In IBCT, acceptance is considered a central process of change and is not meant as a resignation or defeat, but as an acknowledgment of the inherent realities within a relationship. What matters is not solving the
unsolvable problem, but changing the affective displays exhibited when these conflicts are discussed. Through this process, couples are encouraged to show compassion toward and empathic understanding of their partners, and accept ongoing conflicts as opportunities to work together as a way of building intimacy through shared struggle. These
ideas proposed by Jacobson and Christensen in IBCT are similar to those proposed by Gottman (1999) in his "Building the Sound Marital House" treatment approach, in which he discusses research findings that the majority of couples (69%) experience ongoing problems that have no solution. Gottman (1999) suggests focusing therapeutic attention
on the affect displayed and the manner in which these problems are discussed rather than trying to solve the problems themselves. The use of acceptance within BCT has been a subtle, but significant, shift in treatment that has resulted in striking influences on treatment efficacy. For example, compared with TBCT, couples who received acceptance
focused IBCT demonstrated greater improvements in marital satisfaction and overall functioning, were less blaming, and used more soft emotions when discussing conflict (Cordova, Jacobson, & Christensen, 1998; Jacobson, 1998; Jacobso
mechanism of change within TBCT and IBCT have also found that increases in the acceptance of partner target behaviors (behaviors in which the other partner desires change) were related to increases in the acceptance of partner target behaviors (behaviors in which the other partner desires change) were related to increases in the acceptance of partner target behaviors (behaviors in which the other partner desires change) were related to increases in the acceptance of partner target behaviors (behaviors in which the other partner desires change) were related to increase in the acceptance of partner target behaviors (behaviors in which the other partner desires change) were related to increase in the acceptance of partner target behaviors (behaviors in which the other partner desires change) were related to increase in the acceptance of partner target behaviors (behaviors in which the other partner desires change) were related to increase in the acceptance of partner target behaviors (behaviors in which the other partner desires change) were related to increase in the acceptance of partner target behaviors (behaviors in which the other partner desires change) were related to increase in the acceptance of partner target behaviors (behaviors in which the other partner desires change) were related to increase in the acceptance of partner target behaviors (behaviors the acceptance of partner desires).
in the second half of therapy, the relationship satisfaction of TBCT than of IBCT (Doss, Thum, Sevier, Atkins, & Christensen, 2005). These findings suggest that acceptance may also provide a sort of "inoculation" affect against declines in satisfaction that may accompany the natural ups-and-downs that occur over the
 course of a long-term intimate relationship. In addition, just as in a wide variety of individual therapies in which acceptance of the client is a necessary component for couples. Acceptance in one partner has been shown to mediate the
behavior change in the other partner (Dimidjian, Martell, & Christensen, 2002; South, Doss, & Christensen, 2010). It appears that as partners decrease their efforts to change each other, they become less emotionally reactive, thereby increasing the likelihood of behavior change. In the following vignette, Travis and Patty are encouraged to identify
those conflicts that are not likely to change, and rather than trying to solve the problem, approach the conflict as an opportunity to join together and take each other's perspective. Therapist: When you know, are any of those things that you don't ever seem to solve? Travis; Yes. As you know,
we've had to deal with the fallout from my past infidelity. I was wrong to cheat on Patty, and I've tried to make amends. We've worked hard on this? Patty: Travis knows how I feel. When it happened, it shattered my trust in him
and although I've been able to regain trust in Travis, it isn't like it used to be. I'm committed to this relationship, but I know that I carry the scars from what happened. Therapist: I see. Although you both want to make this relationship work, there is some hurt that still surrounds the past infidelity. It sounds like it may never go away. In spite of your
best efforts, the emotional pain from the betrayal is still a part of your relationship. How do you experience those emotions? Patty: It mostly happens when I find myself questioning if Travis is being honest with me. Like when he says he will do something, and he doesn't follow through, or when he comes home late from work. I find myself questioning
if he is lying to me again. It leaves me feeling suspicious and lonely. Therapist: And how do you end up acting toward Travis: I know what Patty is talking about. I can tell when she is feeling that way. Even though she's in the room with me, it's like all of a
sudden I'm sitting with a stranger and not my wife. I feel like I've done something wrong, but I don't know what. Therapist: How do the two of you usually deal with these emotional situations? Travis: We don't deal with them very well. I've tried to change the mood by acting sweet or funny, but it doesn't help. Sometimes I get angry. Mostly I just wait
it out. Therapist: I wonder what it would feel like to talk about the emotions instead of trying to change how you feel hurt or distrustful; and Travis, you could tell Patty when you feel distanced from her. Each of you can try to understand where the other is coming from. It is awful hard to change our emotions,
but we can change how we act when they occur. I wonder if turning toward each other for support might allow these events to play once and get an idea of how it might feel to have such a conversation. Travis: Okay. I'll start. Patty, you've gotten quiet all of a sudden.
Are you feeling hurt and worried? Patty: Yes. You didn't call before you left work like you would and it made me worry about what is going on. Travis: I am sorry to make you worry again. I'm sorry that this has happened to you and to us, and that you continue to have fears. I am completely committed to you, our relationship, and to making it
better for us. I will continue to work on following through better. Patty: Thank you. Therapist: How did that feel for the two of you? Patty? Patty: I felt less abandoned because he noticed how I was feeling and reached out to me. Therapist: Travis, how about you? Travis: I was nervous at first about talking to her about it; like I'd get blasted in bringing
it up. In the end, though, I'm glad I did. I feel closer to Patty. In the previous vignette, the couple has chosen an ongoing area of difficulty to learn about the practice of acceptance. The therapist begins this discussion by modeling acceptance through expressing empathy for the couple in acknowledging that there is still pain surrounding the past
infidelity and that they both want the relationship to work. The effect of this on the couple is quickly evident, in that the tone of them is doing. This change is exemplified by the husband's interest in the reason his wife became
guiet and validation of the wife's worry. An unanticipated bonus in this exchange was the reinforcement the wife offered her husband for reaching out to her, both in not reaching out to her, both in not reaching and rehearsal, and acceptance are
elements of the clinical process in BCT that, when used in combination, create effective and efficient change in distressed couples by rapidly stemming the negative and corrosive behavior observation portion of
behavior shaping can be used in the service of assessment and case conceptualization, behavior shaping can be used as an intervention for communication skills training, and acceptance can be used as an intervention for some chronic conflicts. Additionally, they can also be used more generally throughout therapy to address conflicts and issues as
they arise. We also believe, as demonstrated through the included vignettes, that a behavioral approach to couples therapy adequately addresses not only core issues of trust and intimacy that are important aspects of the human
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DH, editor. Clinical handbook of psychological disorders: A step-by-step treatment manual. 3rd. New York: Guilford Press; 2001. pp. 609-630. [Google Scholar] Behavioral Couples Therapy that incorporates both the partner and the individual seeking help for alcohol or other drugs. The goal of Behavioral Couples Therapy
(BCT) is to improve the couple's relationship while building support for abstinence. This means increasing positive activities and improving communication between partners, with both acceptance and change, to facilitate success in recovery from alcohol and other drugs. WHAT HAPPENS IN BEHAVIORAL COUPLES THERAPY? Behavioral Couples
Therapy consists of typically 12-20 weekly outpatient couples sessions over a 3- to 6-month period. Sessions can begin as soon as the partner suffering from addiction seeks help (e.g., after detoxification, during/after treatment). To increase positive activities, commitment to the relationship, and improved communication, therapists will give
instruction and model behaviors such as listening, expressing emotions, negotiating requests, doing random acts of kindness, and give couples appreciation exercises and homework assignments for practice. One hallmark of BCT in promoting abstinence is 'recovery contracts.' These contracts involve the couple in daily rituals to reward abstinence.
(O'Farrell & Schein, 2000) EXAMPLE RECOVERY CONTRACT Example exercise WHAT IS THE THEORY BEHIND BEHAVIORAL COUPLES THERAPY? Behaviors do not occur in isolation, and results from rewards and consequences present in the environment. Rewards and consequences work to
reinforce certain behaviors while inhibiting other behaviors. Family members of individuals with an alcohol or other drug use disorder have extensive relationship problems that create high levels of dissatisfaction, aggression, and instability (Fals-
Stewart, O'Farrell, & Birchler, 2004). Relationship dysfunction is also associated with increased problematic substance use and increased rates of relapse (Maisto, O'Farrell, Connors, McKay, & Pelcovits, 1988). Behavioral Couples Therapy works to disrupt harmful patterns and restructure couple interactions in ways conducive to long-term, stable
abstinence. WHAT ARE THE ORIGINS OF BEHAVIORAL COUPLES THERAPY? Traditional Behavioral couples Therapy first took shape in the 1960s and 1970s, inspired by the behaviors a variety of problematic behaviors. In 1969, the first case study applying
a behavioral technique to a couple's relationship problems was conducted (Stuart, 1969), and by 1973, researchers had begun to apply behavioral change techniques with an emphasis on skills training to treat relationship distress (Weiss et al., 1973). In the early 1970s, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) called for studies
to test the effectiveness of couples and family therapy to improve substance use disorder outcomes (Keller, 1974). Historically, substance use disorder shave been treated individually and in isolation. However, research from the last three decades has
worked to identify the important role partners and families play in the origin and maintenance of addictive behavior. In BCT, addiction is conceptualized as existing within part of the larger family system, treating couples or families as a single unit or whole. EVIDENCE FOR BEHAVIORAL COUPLES THERAPY A large and growing body of evidence
supports the effectiveness of Behavioral Couples Therapy. Dozens of randomized clinical trials have found evidence for Behavioral Couples Therapy being more effective than both the placebo or no treatment at all (Baucom et al., 2003; Shadish & Baldwin, 2005; Snvder et al., 2006). Research also has
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