May 7, 2020
12:00-12:40pm

Congruence Couple Therapy: An Integrative Approach in Addiction and Concurrent Disorder Treatment

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Family engagement is a priority in addiction and mental health services, although compelling concepts and processes to involve families remain inadequate. Couple therapy is ostensibly missing in the menu of services available. To address this gap, the systemic principles and concepts of Congruence Couple Therapy integrate the treatment of adverse childhood experiences and addiction by working with the couple interaction.

This presentation will encourage thinking and conversation on the importance, merits and barriers of placing couples and parents more centrally in treatment and evaluation, showcasing the voices and viewpoints of patients and counsellors who participated in a randomized controlled trial at two treatment sites in Alberta Health Services. A summary of the clinical outcomes from the trial will be shared.

2 ways to attend:
- Skype
- Join by phone

RSVP by May 1 at https://survey.ahs.ca/KnowledgeBites

This series is hosted by the Knowledge Exchange team of Alberta Health Services Provincial Addiction & Mental Health. Subscribe to our Knowledge Bites mailing list to be notified about future events. Contact us at amh.knowledgeexchange@ahs.ca.
Presenters

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Acknowledgements

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Research Team

Principal Investigator:
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Research Team Investigators:
• Darren Christensen, PhD, University of Lethbridge
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• Shireen Surood, PhD, Alberta Health Services

Data Scientist: Matthew Brown, PhD, University of Alberta

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

Research Assistants:
• Samuel Ofori-Dei, PhD student
• Yanjun Shi, Masters student
• Rebecca Knighton, PhD student

Statistical Consultant: Robert Williams, PhD, University of Lethbridge
4 AHS Strategies

https://www.albertahealthservices.ca/about/Page12951.aspx

• Patient and family-centered care
• Workforce engagement to improve patient and family experience
• Generate, share and use evidence in the delivery of care
• Use information and technology to transform care
What’s an Innovation?

“Turning an idea into a solution that adds value from a customer’s perspective.”

Nick Skillicorn

Leader in thought leadership on the science of improving creativity
GAP-MAP (Wild et al., 2014)  
Underserved populations

- Children and youth: impacted by parental addiction and mental health problems, early psychosis.

- Families: Mental health and addictions counselling that adopts a family system perspective, rather than simply focusing on the individual as separate from the family.

- People with dual diagnosis and/or other complex need; Post-traumatic stress disorder
Training and System Needs
(GAP-MAP)

- Cross-train mental health and addictions workers so they are competent to deal with a variety of client issues.

- Specialized training in mental health and addiction for staff.
Inverting the Pyramid

Individual

Family

Family

Individual

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Congruence Couple Therapy

• Person-centered
• Relationship-focused
• Trauma-informed

• 3 A’s: Awareness, Acknowledgment and Alignment

“It is more important to know what sort of person has a disease than to know what sort of disease a person has.”
-Hippocrates

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Congruence Couple Therapy
Program of Research

PI: Bonnie Lee, PhD

Phase I:
8 In-depth case studies
(2001-2002)

Phase II:
CCT Training Evaluation
(2004-2006)

Phase III:
Multi-site Pilot RCT Outcome Study
(2009-2011)

Phase IV:
RTC of GD vs AUD in AHS
(2016-2018)

An Empirically-Derived Relational Framework

Cohort Study

iKT workshop with AMH stakeholders

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DOI 10.1007/s11469-007-9137-x

Congruence Couple Therapy for Pathological Gambling

Bonnie K. Lee


‘Bringing Torn Lives Together Again’: Effects of the First Congruence Couple Therapy Training Application to Clients in Pathological Gambling

BONNIE K. LEE1 & MARTIN ROVERS2

Contemporary Family Therapy
https://doi.org/10.1007/s10591-020-09536-8

ORIGINAL PAPER

Couple Therapy in Substance Use and Gambling Disorders: Promoting Health System Change

Bonnie K. Lee1 • Robert Gilbert2 • Rebecca Knighton3,4

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ORIGINAL PAPER

Training Problem Gambling Counsellors in Congruence Couple Therapy: Evaluation of Training Outcomes

BONNIE K. LEE,1 MARTIN ROVERS2 & LYNNE MACLEAN3

J Gambl Stud
DOI 10.1007/s10899-014-9464-3

ORIGINAL PAPER

Congruence Couple Therapy for Pathological Gambling: A Pilot Randomized Controlled Trial

Bonnie K. Lee • Olu Awosoga

© Springer Science+Business Media New York 2014
Integrated Systems
Fig. 1 The Iceberg: Four interrelated human dimensions (advanced conceptualization of Satir et al. 1991; Banmen 1994; Lee 2002b) Reference: Lee, 2009
Communication Postures (Lee, 2017)

Superior

Enmeshed

Inferior

Fixing

Congruent

Avoidant

Three-headed Dragon: Trauma + Couple Dysfunction + Addiction

(Lee, 2017; Gaelzer, 2019; Lee et al., 2020)

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Evidence-Based Practice:
3 Levels of Evidence

• Clinical outcomes
• Clients’ feedback
• Counsellors’ feedback

Source: Dreamstime.com
What are the Clinical Outcomes?
Clients and partners with and without addiction (N=46)

- Have Addiction: 56%
- Have no Addiction: 44%

Types of Addiction among Addicted Clients (N=46)

- Alcohol: 68%
- Gambling: 27%
- Alcohol & Gambling: 5%

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Key Clinical Outcomes: **CCT vs TAU**

(Lee et al., 2020)

- Addictive disorders
  - Alcohol
  - Gambling
- Mental health
  - Depression
- Emotion regulation
- Couple adjustment
Percentage of clients without symptoms

ALCOHOL – AUDIT

- p-value for CCT = 0.032*
- p-value for TAU = 0.175

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Percentage of clients without symptoms

GAMBLING – PGSI

- CCT
- TAU

- p-value for CCT = 0.039*
- p-value for TAU = 0.607
Percentage of clients without symptoms

DEPRESSION – PHQ_9

- **CCT**:
  - O1: 27%
  - O2: 44%
  - O3: 61%

- **TAU**:
  - O1: 44%
  - O2: 53%
  - O3: 66%

- *p*-value for CCT = 0.001**
- *p*-value for TAU = 0.641

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Percentage of clients without symptoms

**EMOTION REGULATION**

- **CCT**
  - $p$-value for CCT = 0.030*

- **TAU**
  - $p$-value for TAU = 0.882

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Percentage of clients Non-distressed

DYADIC ADJUSTMENT – DAS

- p-value for CCT = 0.005*
- p-value for TAU = 0.223
Client Satisfaction Scale (1-7)
Between groups p-value = 0.001**
SUMMARY

- CCT showed significant reduction in clinical symptoms in all measures sustained into follow-up.

- CCT is effective with concurrent disorders.

- TAU did not show significant reduction in key clinical symptoms.

- Significant between-group difference in Client Satisfaction for CCT and TAU with CCT at the highest level of satisfaction.

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What do the Clients Say?
Patient-Oriented Research

• Alberta SPOR Graduate Studentship in Patient-Oriented Research Award (Alberta Innovates)

• Yanjun Shi, M.Ed. Masters in Counselling Psychology

• Supervisors: Dr. Bonnie Lee; Dr. Noella Piquette

• Patient Advisory Committee: 7 members
METHOD (SHI, 2019)

Phone interviews
One-on-one

Participants
Sub-sample from CCT Therapy Study
CCT: n =10
TAU: n=10

Thematic analysis
RESEARCH QUESTION

- Is couple therapy needed to support addiction recovery?
Treatment-as-Usual

MISSING PIECES
Unresolved Issues (Shi, 2019)

Unhealed relational injuries

He's angry at me for the things that are recurring for the last 8 years. (Irene)

Unresolved communication difficulty

We were living together like roommates...I was always scared to come home...

Basically, he'd sit on one end of the couch, I would sit on the other end. (Debra)
Kept in the dark

I can’t really go to his counsellor or his doctor to tell them “Oh he’s doing this, this, this! (Kayla)

Disconnection

There is less communication… I feel less connected to him. (Frances)
Adapting to growth of one partner

Changing roles and patterns

I come from a place where I was constantly trying to please him…

And to him that’s me disconnecting, but that's really just me being a person!

He has every right to be insecure…

I had all these things in my life that didn't involve him and it didn't make sense to him.

(Irene)
Congruence Couple Therapy

THE COMPLETE WORK
Straight Communication

Openness Clarity

Conjoint Improvement (Shi, 2019)

• I used say to him “Do you want to go out for dinner?”
• Now I would say “I'm hungry. I want to go out for dinner.”
• You get yourself all worked up rather than just putting it out there. (Debra)
• I’m allowed to have a voice, but I’m also able to be clear about why I feel that way. (Beth)
RESPECTING DIFFERENCES

Self and Other (Shi, 2019)

- Realizing that somebody else’s problem is somebody else's problem and the only problem that you can fix is your own. A lot of that came in realization in the couples therapy.

- I can be clear, I can be intelligent, I can be non-belligerent about it.

(Beth)
Understanding each other’s Trauma (Shi, 2019)

Promoting empathy

Building understanding

- Part of the reason why she holds onto me so hard [was that] she’s been abandoned several times in her life. And I didn't know the severity of that hurt.
- It came out of the couple therapy.
- I really didn't know the extent of her fear on so many levels.

(Caleb)
Better Parenting

Family Togetherness

Changes with Children & Family  (Shi, 2019)

• I definitely try to communicate with my kids a little better… I'm a lot more compassionate, a lot more caring… more understanding and I try to listen to them a bit better than how I used to.

• It helped us to grow a little stronger and closer as a family, too. We tend to do a lot more stuff as a family as opposed to before, I'd be sitting around the fire and having a few beers with my buddies. (Andrew)
Prohibitive Cost & Lack of Expertise (Shi, 2019)

Prohibitive Cost

• If you don't have benefits …cost of counselling can get very expensive. (April)

Most counsellors lack Expertise in Couples + Addiction

• We were open with her about our addiction issues, but she just does not have the skills working with addicts. (Iris)

• We have not found anyone who was particularly good at dealing with couples in the context of addiction. (Isabelle)
Limitations of Couple Therapy

• Limited time for individual exploration and undivided support from one’s counsellor.

• Challenging for clients with destabilizing factors, e.g. continued substance use, unemployment, homelessness
Individual Therapy
Client
Partner
Congruence
Couple Therapy

Couple/Family Unit
Social support

Client
Individual Therapy
Partner
Individual Therapy
Social support

Shi, 2019
Conclusion

CCT preserves couple relationship as a natural resource in addiction recovery.

CCT supports individual and relational growth.

CCT holds potential to sustain long-term recovery and prevent relapses.
What do the Counsellors Say?

(Lee, Shi & Knighton, 2019)
THEMATIC ANALYSIS OF THREE FOCUS
GROUPS
LED BY INDEPENDENT FACILITATORS

After Training
• Perceived value of CCT
• Implementation needs

Mid-term
(1 year)
• Novel aspects of CCT
• Preparation and support during the study

End of project
(2yrs, 4 mos)
• Outcome comparisons between CCT and TAU
• Recommendations to the field

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Gaps in Services and Training

• We didn’t do any integration of family members…it would always be with the individual, so your only treating half the couple. (C1)

• Clients would come in and request to be seen as families and as couples and I just didn’t feel we had that skill level or knowledge base. (C4)
Benefits of seeing Couples

• See whole picture when other person is there. (C4)

• Observe couples and have them practice new skills in session more likely that they will generalize this to home life. (C5)

• Witness other person’s therapy so to speak and see partner in a different light. (C2)

• Huge advantage to have them both in the room that things are clarified. (P2)
The CCT model

• **Structure but also flexibility built within** …I can use my own style in my own way with working with people. (P11)

• A **manual** … gave us the structure, the key concepts, definitions. (P4)

• **Diagrams** are becoming really useful I find to help us recall and remember things. (P4)

• Framework gave lots of room to enter into treatment from a variety of different doors. (P11)

• Going deeper and deeper, we’re going into the **roots** of it. (P7)

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Training:

5 day workshop + Supported application

- A lot of **supervision from the trainer** but also **peer supervision** was really nice too to have a few sets of ears and eyes on your case to help you when we would get stuck.

- **Written feedback** from her or consulting with a coworker. (C4)
Participants’ Rating of CCT Training

- Enough knowledge for implementation: 6.1
- Application to individuals: 6.7
- Application to couples: 6.8
- Application to groups: 6.1
- Training met expectations: 6.7
- Recommend training to others: 6.7

Overall mean satisfaction score = 6.5 (SD = 0.3) (Likert Scale 1-7)
Impact on Counsellors:

- **Challenging**
- **Collaborative**
- **Effective**
- **Meaningful**

- I really like *training* and I like the *supervision* ... an opportunity to *participate in linking research and practice*... very motivating to come to work. 
  (C4)

- I like to be *challenged* and I want to *use all my skills to be able to help people transform*. 
  (C1)

- Most of the work done in our clinic is quite *solitary*. This presented a welcome opportunity to *work more closely with my colleagues, and to learn from their work*. 
  (C5)

- I think we as counsellors found this to be *such meaningful work*; I *know that my overall job satisfaction has increased* being able to incorporate couple’s counselling into my practice. 
  (C5)
Indigenous & Multicultural Compatibility:

Family values
Inter-relationships
Holistic

• I’m an indigenous counsellor… the value of having family involved. It’s a really good fit for the worldview of indigenous people. It allows us to use culturally sensitive interventions. (C4)
Does it work with Individuals?

• I think that a lot of those concepts can be applied to individuals...it’s continued to carry forward in our work with individuals too. (C2)

• Most clients find the CCT concepts valuable and easy to understand. (C5)
• There has never been a model that put all these different components together. (P1)

• I’m almost surprised by its simplicity. (P6)

• All the pieces magically work together... We couldn’t answer that question on what’s the one thing. There isn’t really one thing, it’s just a combination of all these factors that work together. (P2)
We looked at their family of origin and their patterns of interaction. (C4)

...change the rest of their communication pattern for the rest of their lives. And hopefully improve the way they parent... Skills they pass on to their children. (P3)
Counsellors’ Observed Outcomes

Mental Health

- She can **handle stress and anxiety** and those triggers. She was **aware of what those triggers** whether its drinking, her **mental health**, her emotional dysregulation. (C2)

- **Skills in communication** and able to say what they need instead of complaining, **we did the family of origin work** …we are talking about **emotional regulation** …it just happens. (C1)

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Counsellors’ Observed Outcomes:

Couple Relationship

- I certainly saw improvements in their communication… the feelings of trust, respect, honesty, all that improved from beginning to end. (C4)

- I know that we were able to meet with some of the couples that had gone through the CCT… they were better able to understand maybe why their partner did what they did. So I think that was huge growth in understanding in them. (Manager)
Counsellors’ Observed Outcomes:

Alcohol Use, Gambling & Relapse Prevention

- It was just from daily, obsessive black-out drinking to relapsing maybe twice in the twelve weeks of CCT which was huge progress. (C1)
- Most clients saw a decrease in cravings and improved their response to their triggers; most were able to maintain abstinence throughout the course of CCT. (C5)
- They were able to remain abstinent from gambling and substance use so there was a lot of resiliency that got built. (C4)

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The Three-Headed Dragon:

Addiction Couple Dysfunction Trauma

- Overall **friendship and warmth** increased, some had more of those **tender moments**... helpful to go through the **timelines together** and make links with the present. It gave them a **new understanding of themselves, their addiction, and relationships** and **increased their empathy**. Many expressed pride in their recoveries and in the work their had done over the course of CCT. (C5)

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Existential & Experiential Spirituality

- They were encouraged to speak to each other in a way that would show their appreciation... I saw [their] self-esteem build and just a deeper respect for each other ... that was more about a spiritual or virtuous nature of the person. (C4)

- Self-worth just gets better over time as everything else is being worked on. Just a natural outcome of better communication, more connection, they’re falling in love again so you just feel better about yourself when your relationship is healing. (C1)

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• The couples are learning to turn towards one another as a **natural resource**, as a relapse prevention tool **instead of programs** (C2).
Summation

• Everyone in the system must change to ensure a higher chance of success, so it’s very important to address the couple relationship. (C1)
Limitations

• Committed to staying in the relationship
• Some degree of stability
• Not currently in crisis: suicidal, recurrent domestic violence, homelessness
• Supplemental individual therapy or trauma work
Barriers

• I think **it fits with the values of AHS** but it doesn’t always fit with the, and I’m going to use the buzz word here, with the “operational demands.” (P4)

• There’s not **someone who is dedicated to couples counselling** so it just makes it hard to **keep it as a priority** here at the clinic. (C2)
WAITING LIST

• We’re not able to catch people when they need it and they’re waiting too long. (C2)

• 74 couples, 6 months waiting list - Edmonton
• 6 months waiting list - Grande Prairie

• It would be a disservice to cease to offer something so necessary. (C5)
Points for Discussion...

• Do the **3 levels of evidence** address **AHS strategies and values**?

• What is your **call to action**?
Join the Relational Intervention Network

• Training
• Research
• Advocacy
• Education
• Advisory
• Lived Experience
• Publications

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Questions?

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References


• To download Bonnie Lee’s publications, go to:
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