



Addiction & Mental Health
Knowledge Bites
Lunch & Learn Series

Photo by Ronny Sison

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

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



Dr. Bonnie Lee

Associate Professor,
University of Lethbridge,
Faculty of Health Sciences,
Addictions Counselling
Program



Korie-Lyn Northey

Community Addiction Services
Administrator (CASA), Grande
Prairie and Area Outpatient
and Prevention Services Office

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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Congruence Couple
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- Alberta Gambling Research Institute, Major Grant
- CIHR-CRISM (Canadian Research Initiative in Substance Misuse) – Prairie Node Sub-grant
- Canadian Depression Research and Intervention Network, Regional Depression Research Hub (CDRIN)

Research Team

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- Olu Awosoga, PhD, University of Lethbridge
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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



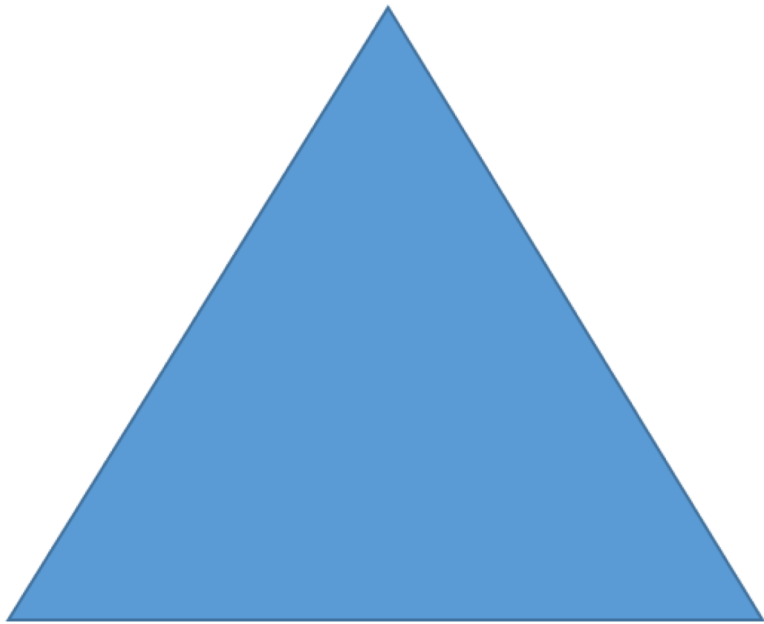
Training and System Needs

(GAP-MAP)

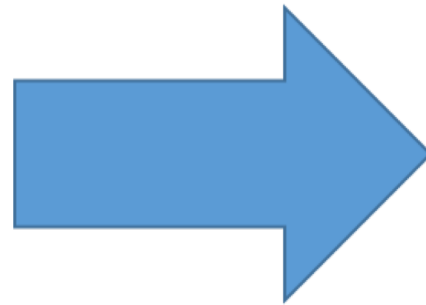
- Cross-train mental health and addictions workers so they are competent to deal with a variety of client issues.
- Specialized training in mental health and addiction for staff.

Inverting the Pyramid

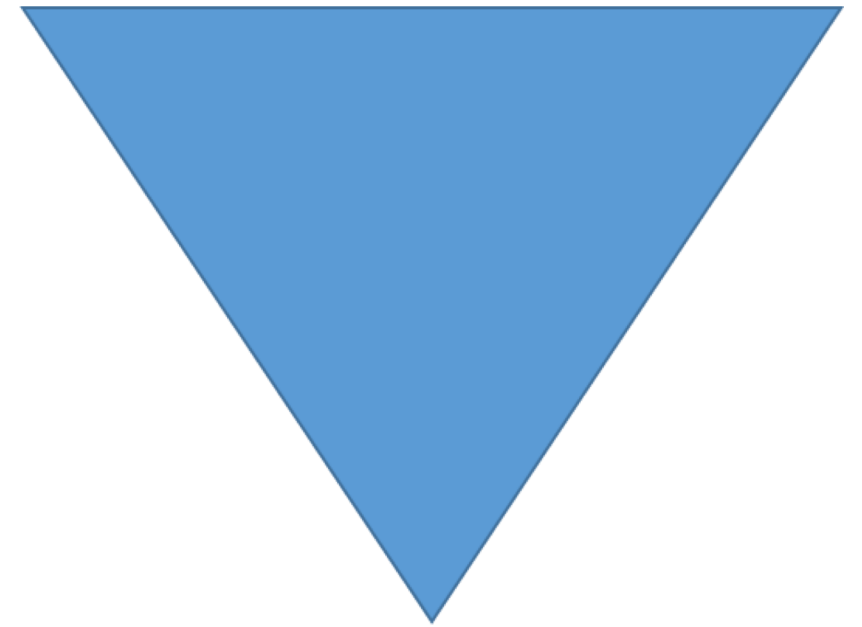
Individual



Family



Family



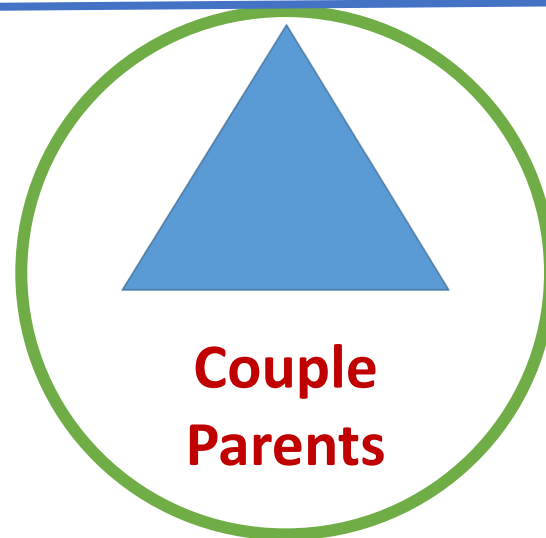
Individual

PAST

FUTURE

ACE

New Generation



Congruence Couple Therapy

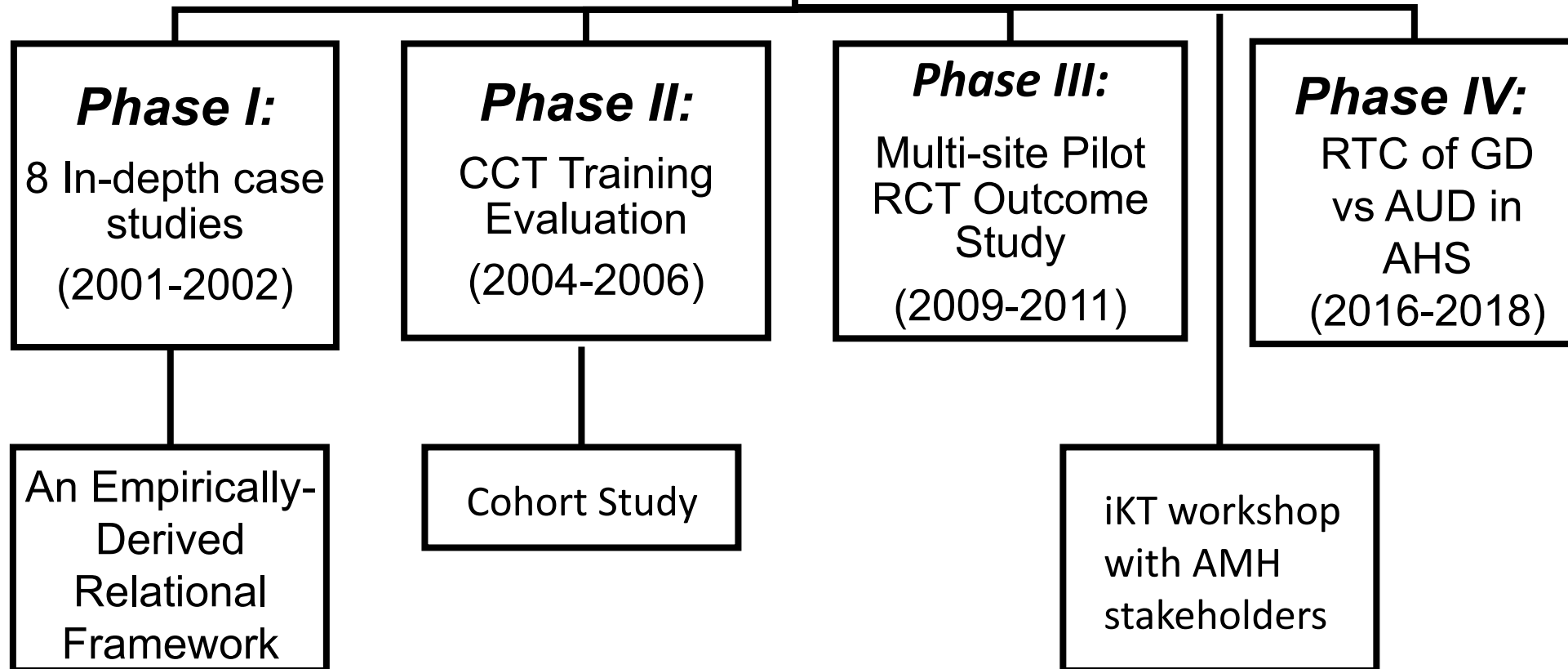
- Person-centered
- Relationship-focused
- Trauma-informed
- 3 A's: Awareness, Acknowledgment and Alignment

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

-Hippocrates

Congruence Couple Therapy Program of Research

PI: Bonnie Lee, PhD



Congruence Couple Therapy for Pathological Gambling

Bonnie K. Lee

International Gambling Studies, Vol. 8, No. 1, 113–129, April 2008

**‘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 Knighton^{3,4}

© Springer Science+Business Media, LLC, part of Springer Nature 2020

International Gambling Studies, Vol. 8, No. 1, 95–111, April 2008

**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

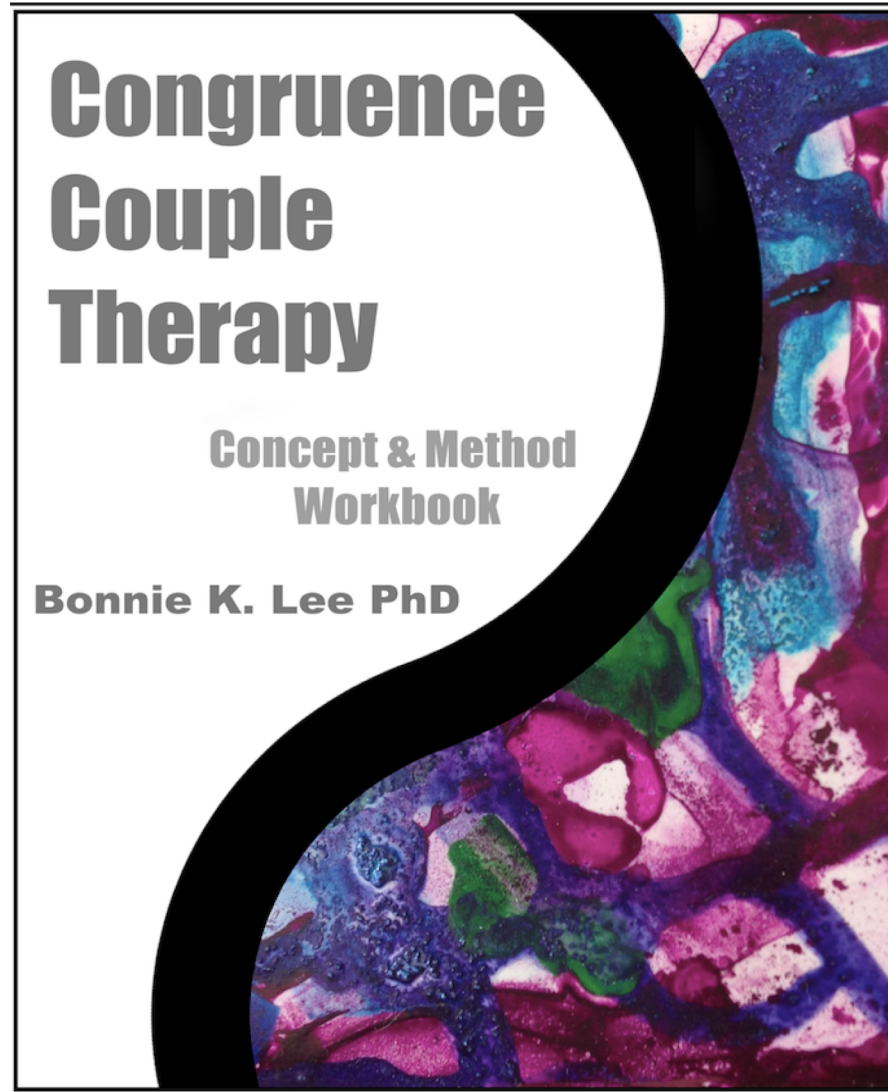
ORIGINAL PAPER

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

Bonnie K. Lee · Olu Awosoga

© Springer Science+Business Media New York 2014

Manual



Integrated Systems



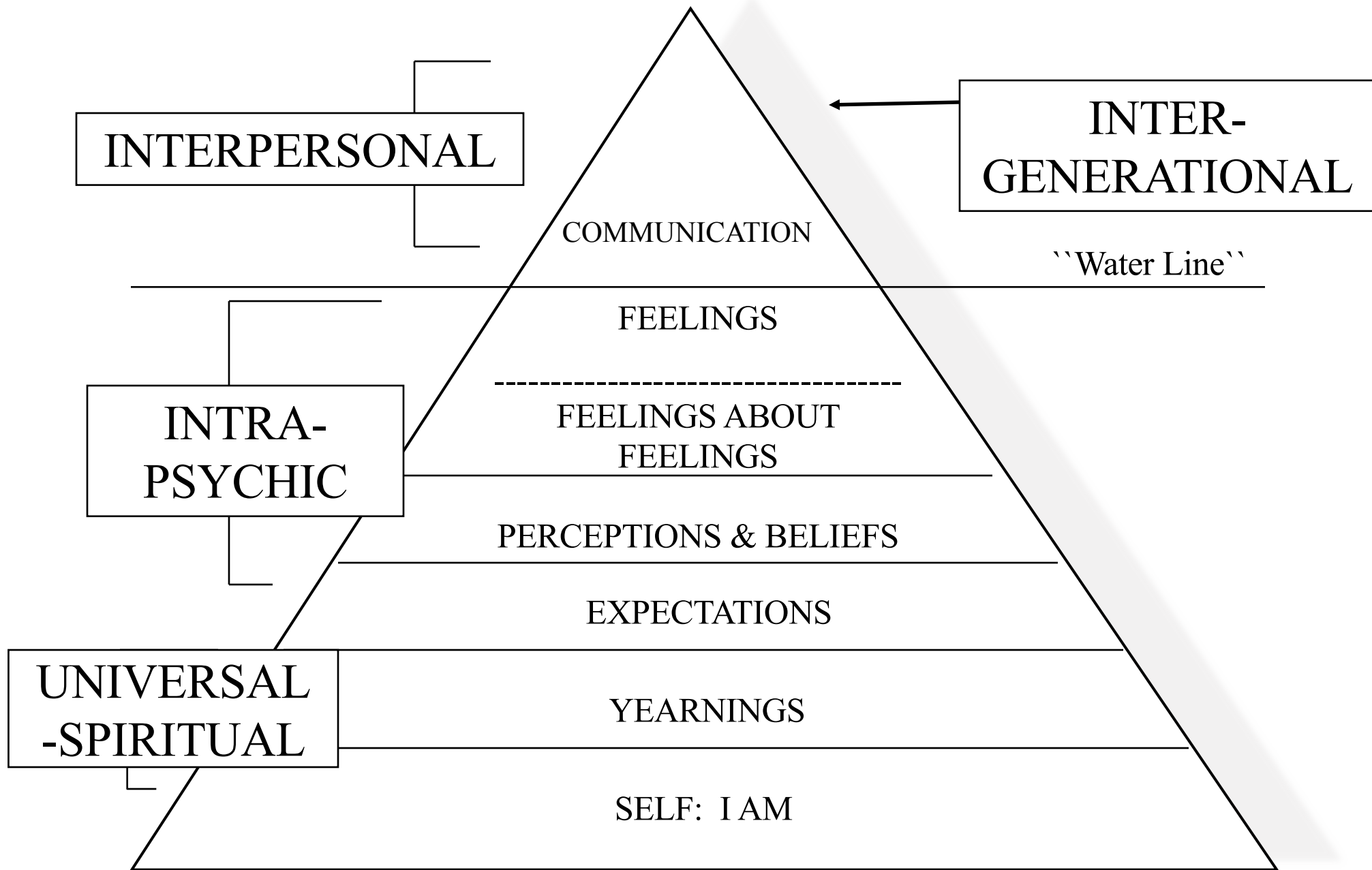
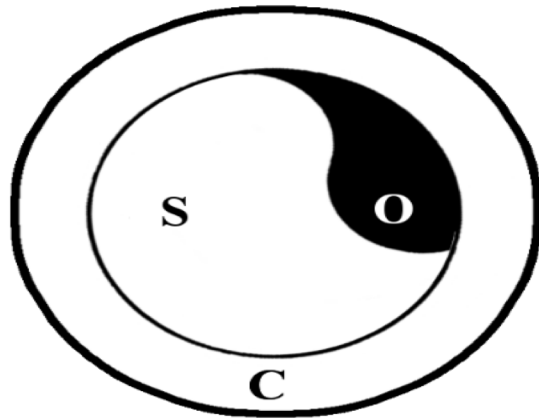
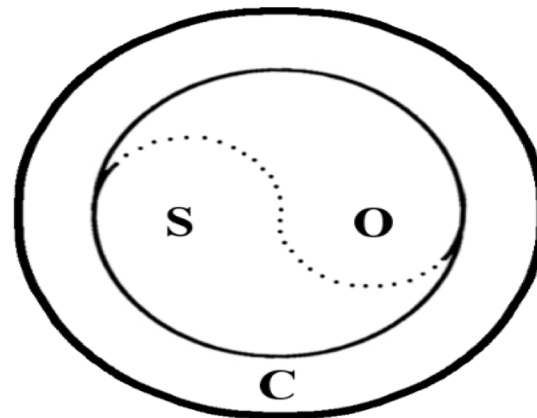


Fig. 1 The Iceberg: Four interrelated human dimensions (advanced conceptualization of Satir et al. 1991; Banmen 1994; Lee 2002b) Reference: Lee, 2009

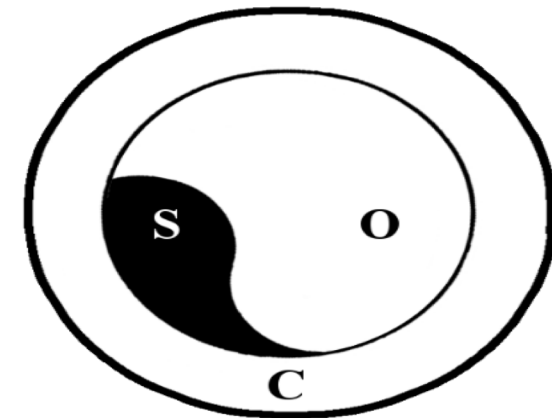
Communication Postures (Lee, 2017)



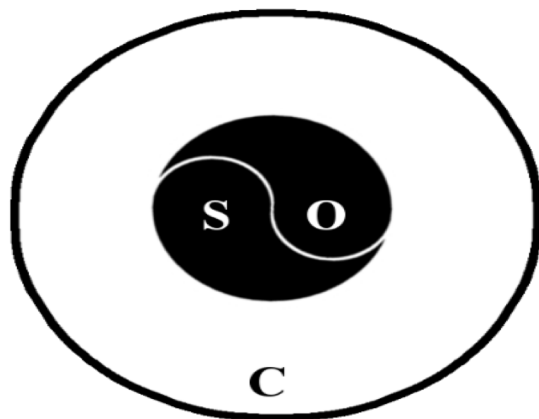
Superior



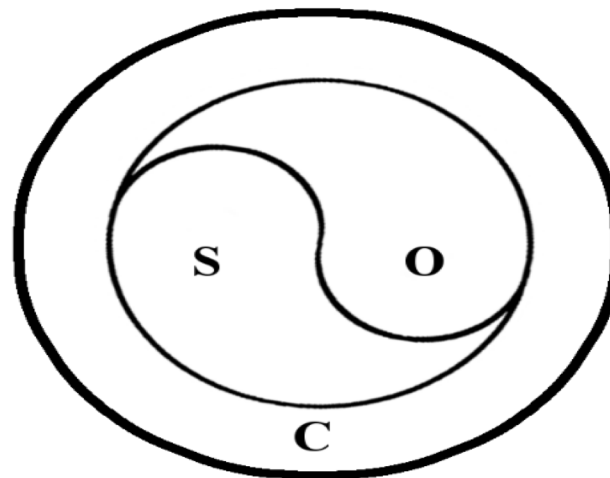
Enmeshed



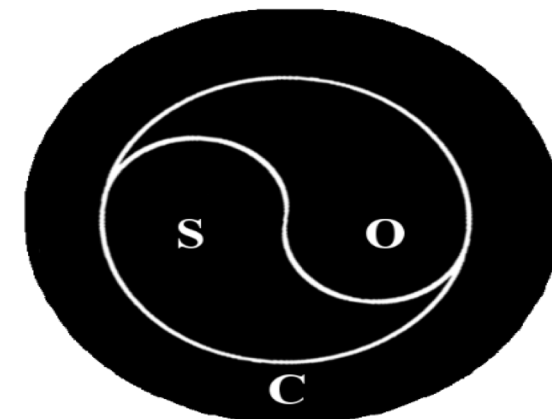
Inferior



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

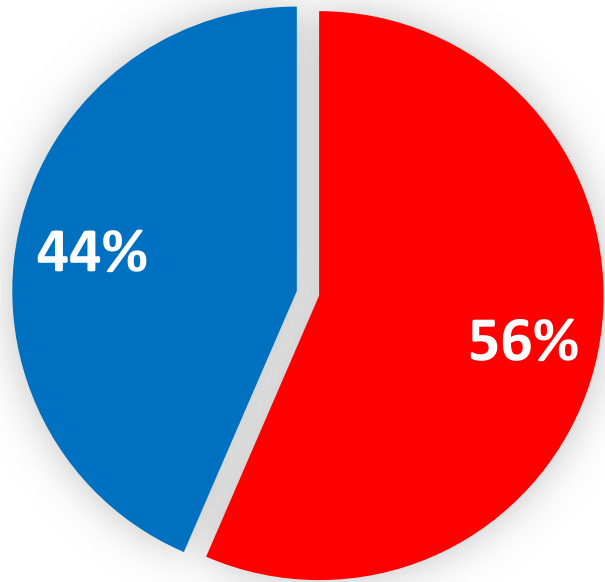
- Clinical outcomes
- Clients' feedback
- Counsellors' feedback



Source: Dreamstime.com

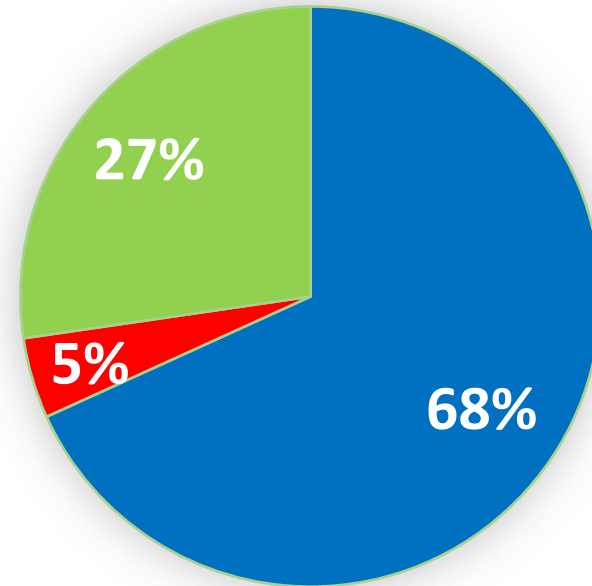
What are the
Clinical Outcomes?

Clients and partners with and without addiction (N=46)



- **Have Addiction**
- **Have no Addiction**

Types of Addiction among Addicted Clients (N=46)



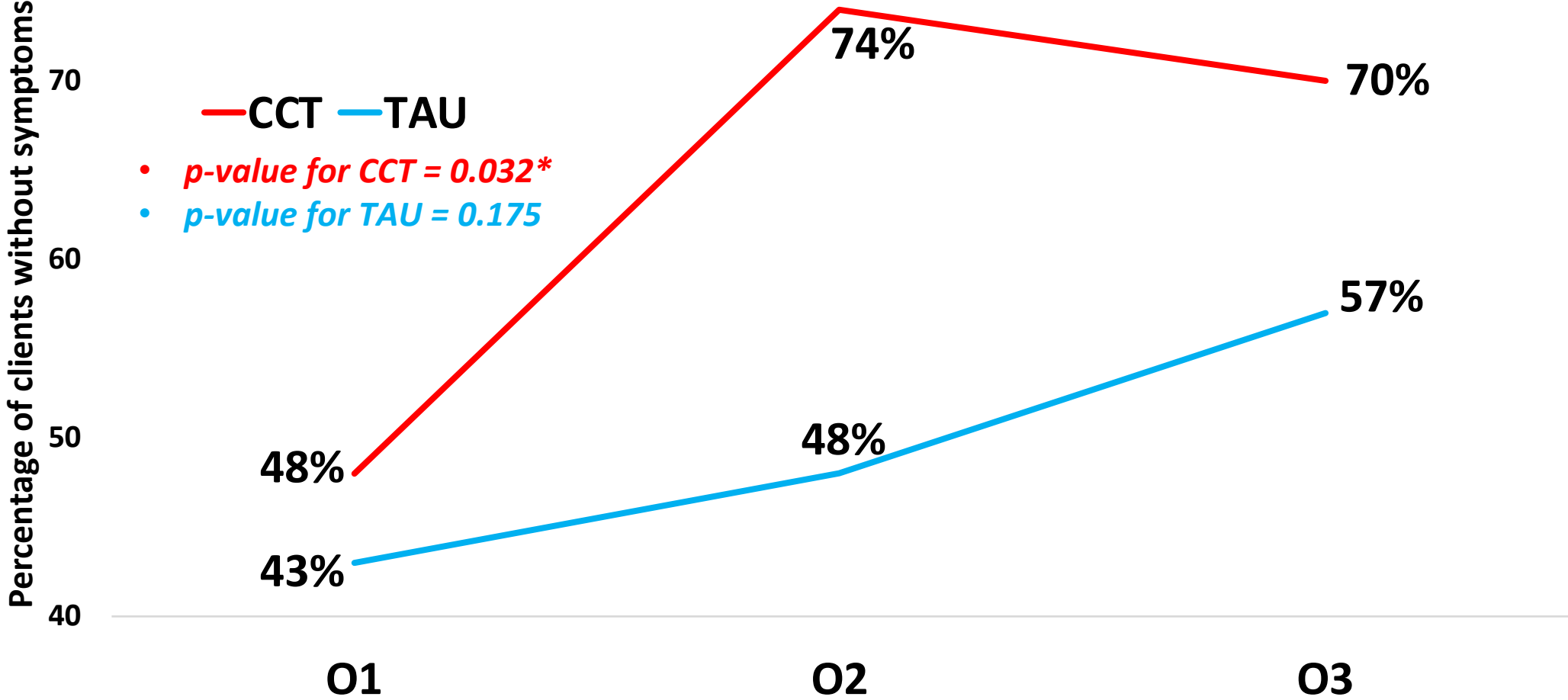
- **Alcohol**
- **Gambling**
- **Alcohol & Gambling**

Key Clinical Outcomes: CCT vs TAU

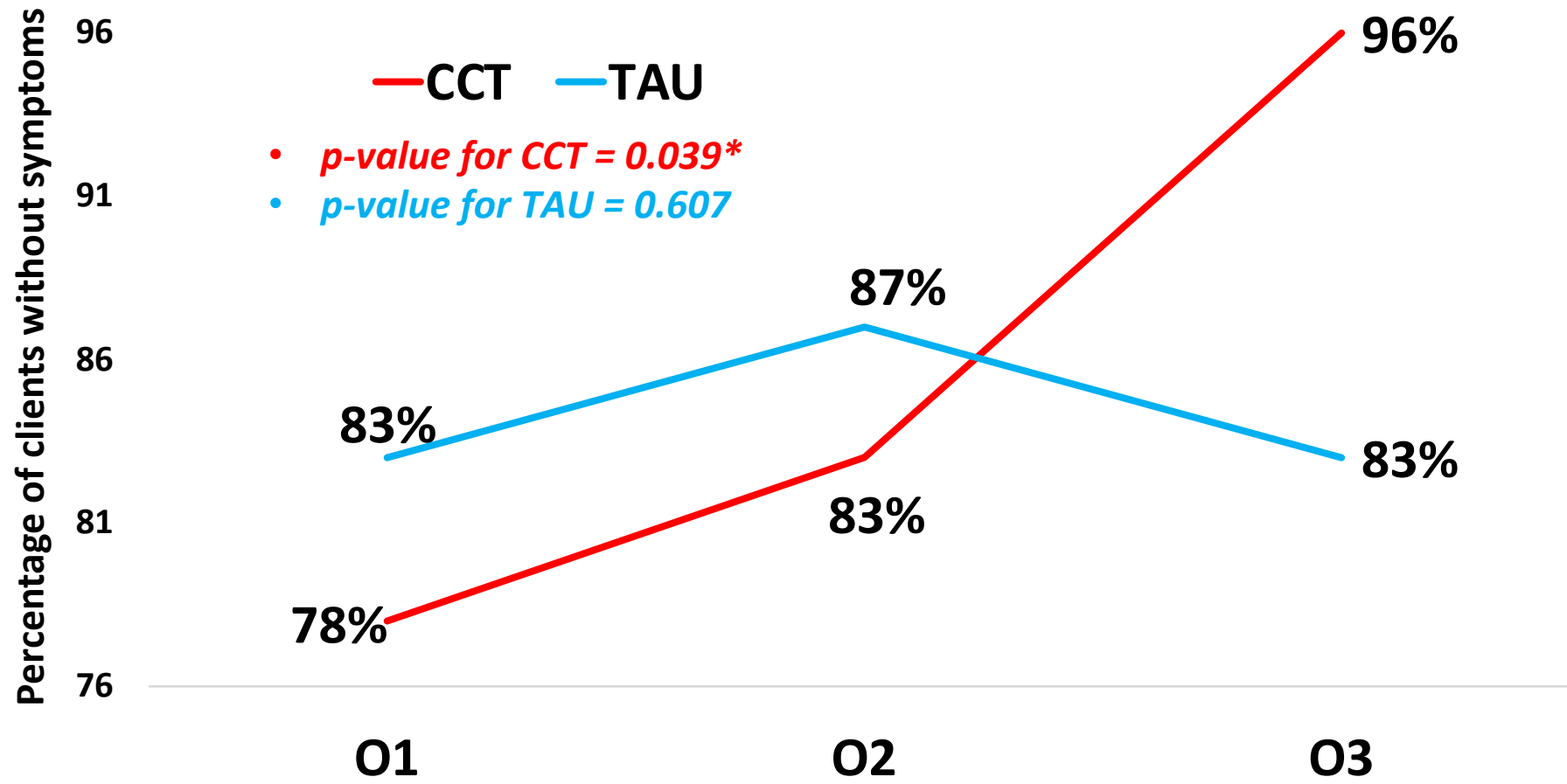
(Lee et al., 2020)

- Addictive disorders
 - Alcohol
 - Gambling
- Mental health
 - Depression
- Emotion regulation
- Couple adjustment

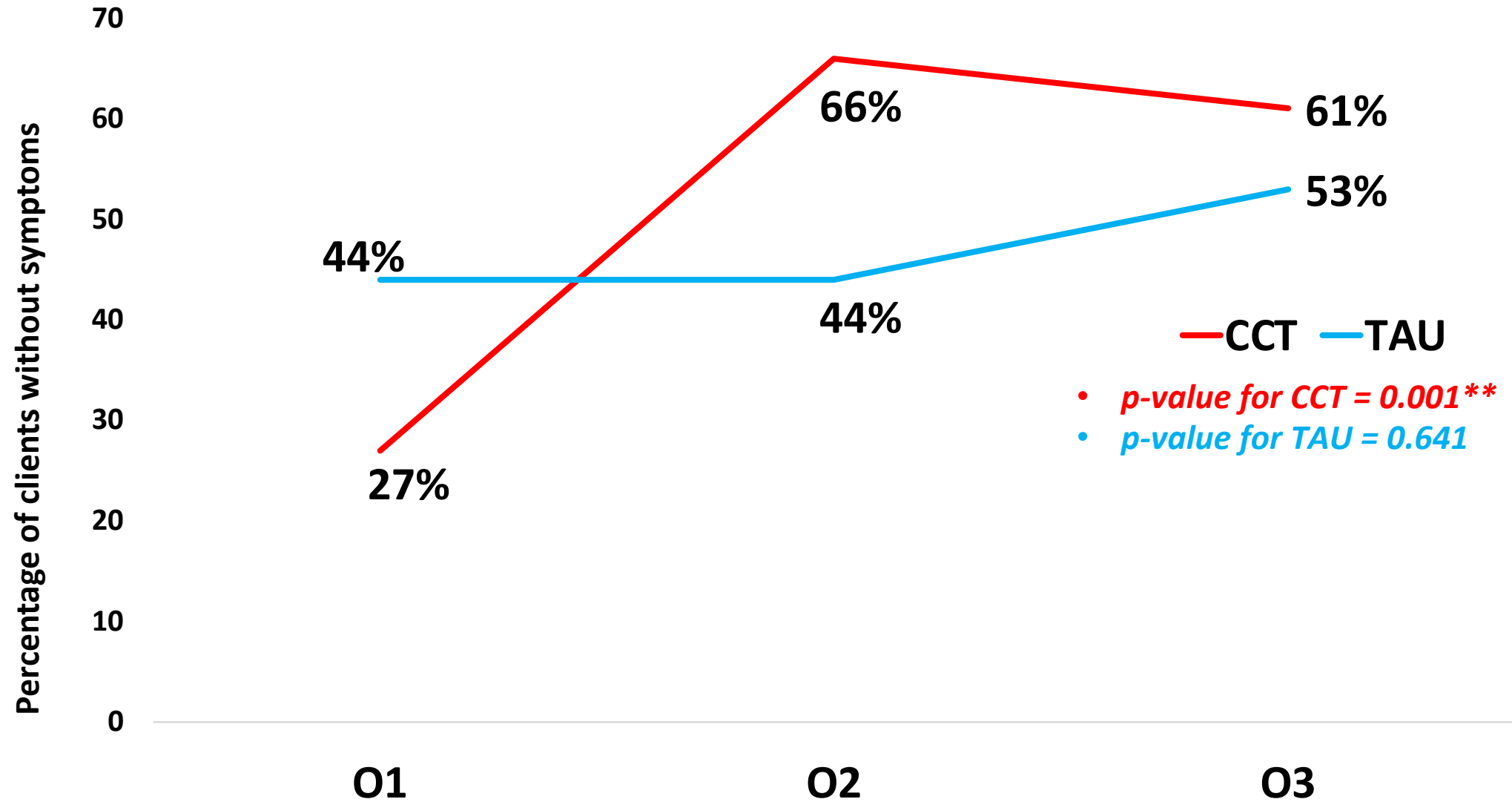
ALCOHOL – AUDIT



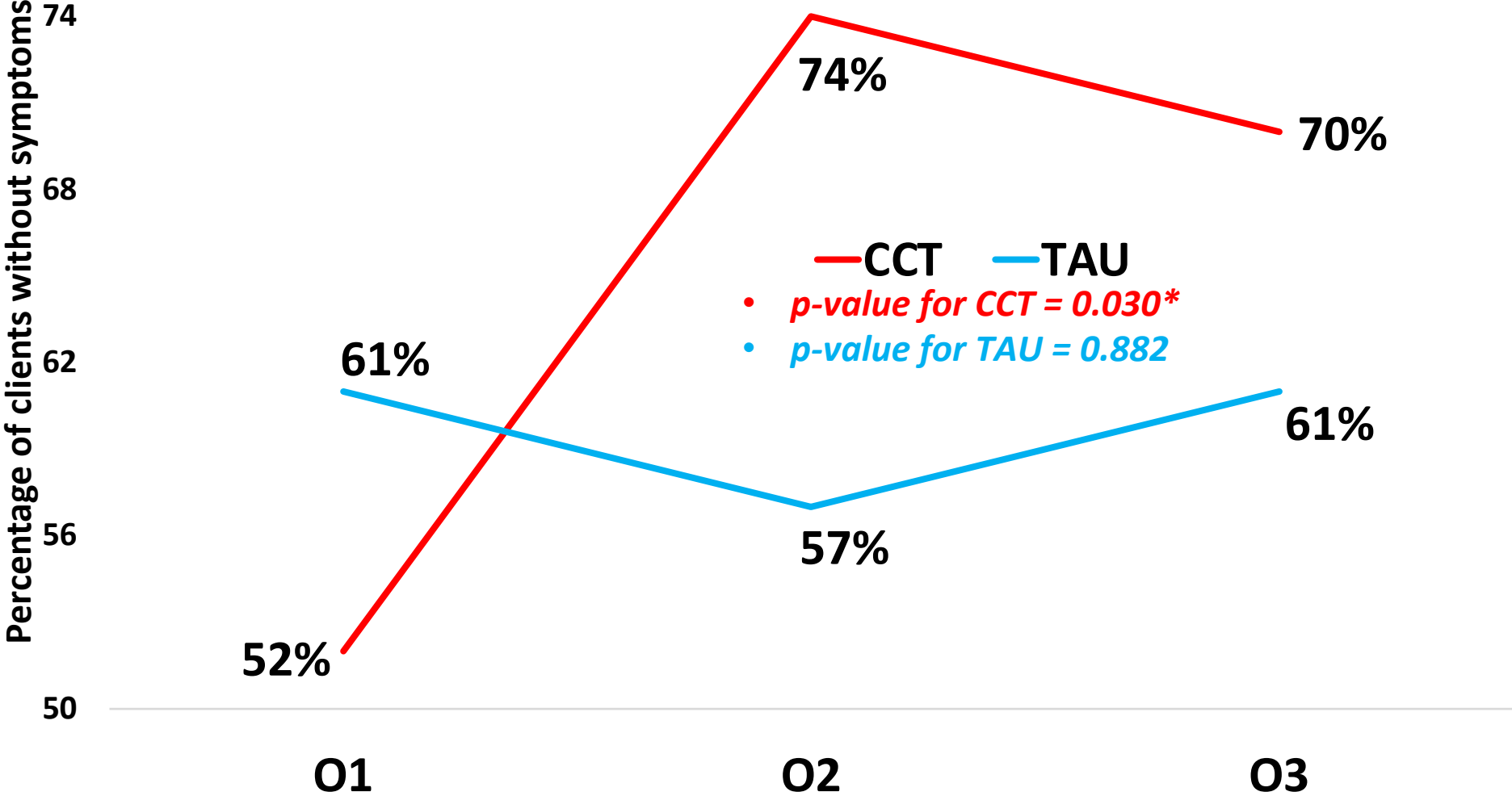
GAMBLING – PGSI



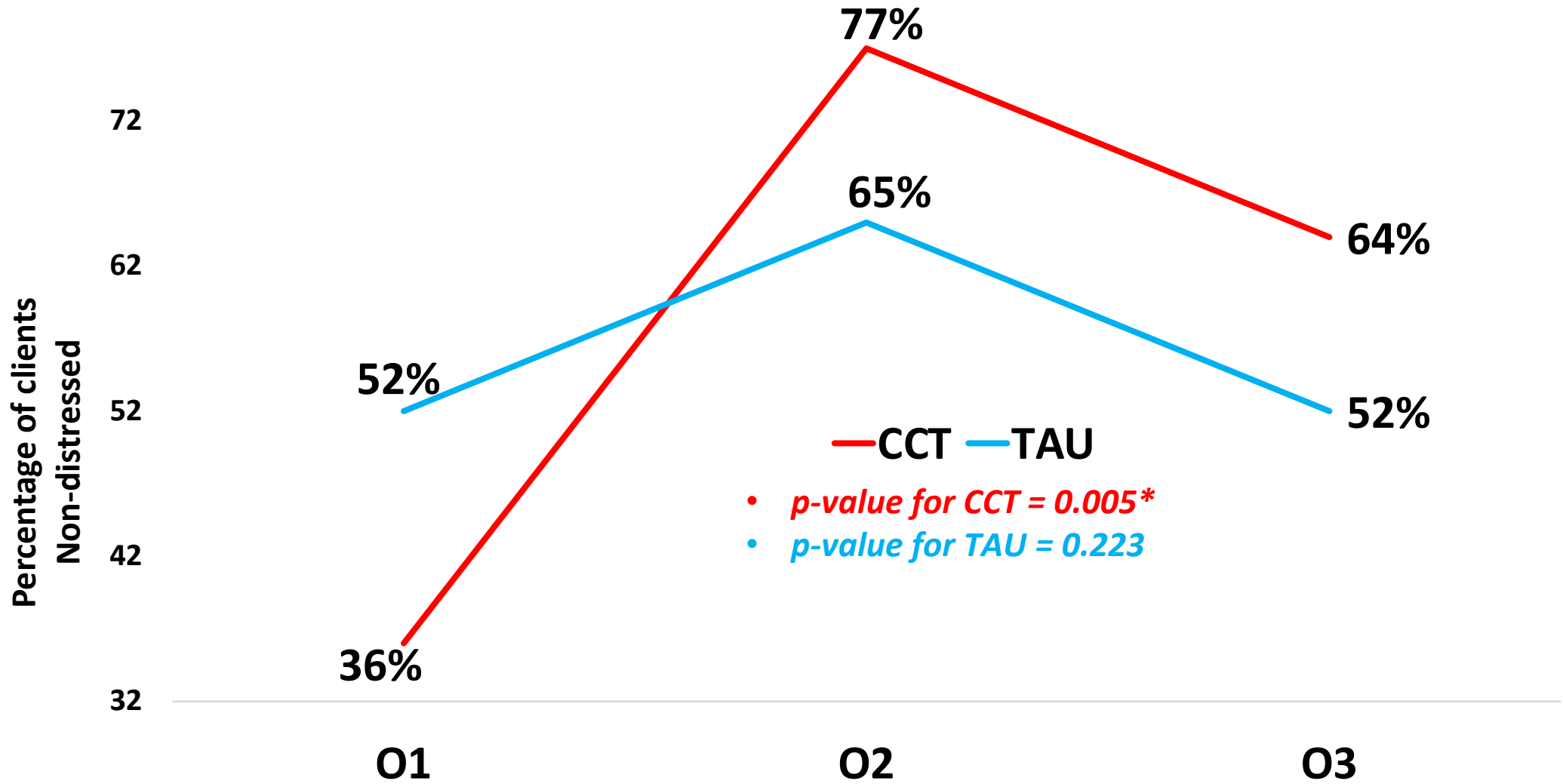
DEPRESSION – PHQ_9



EMOTION REGULATION

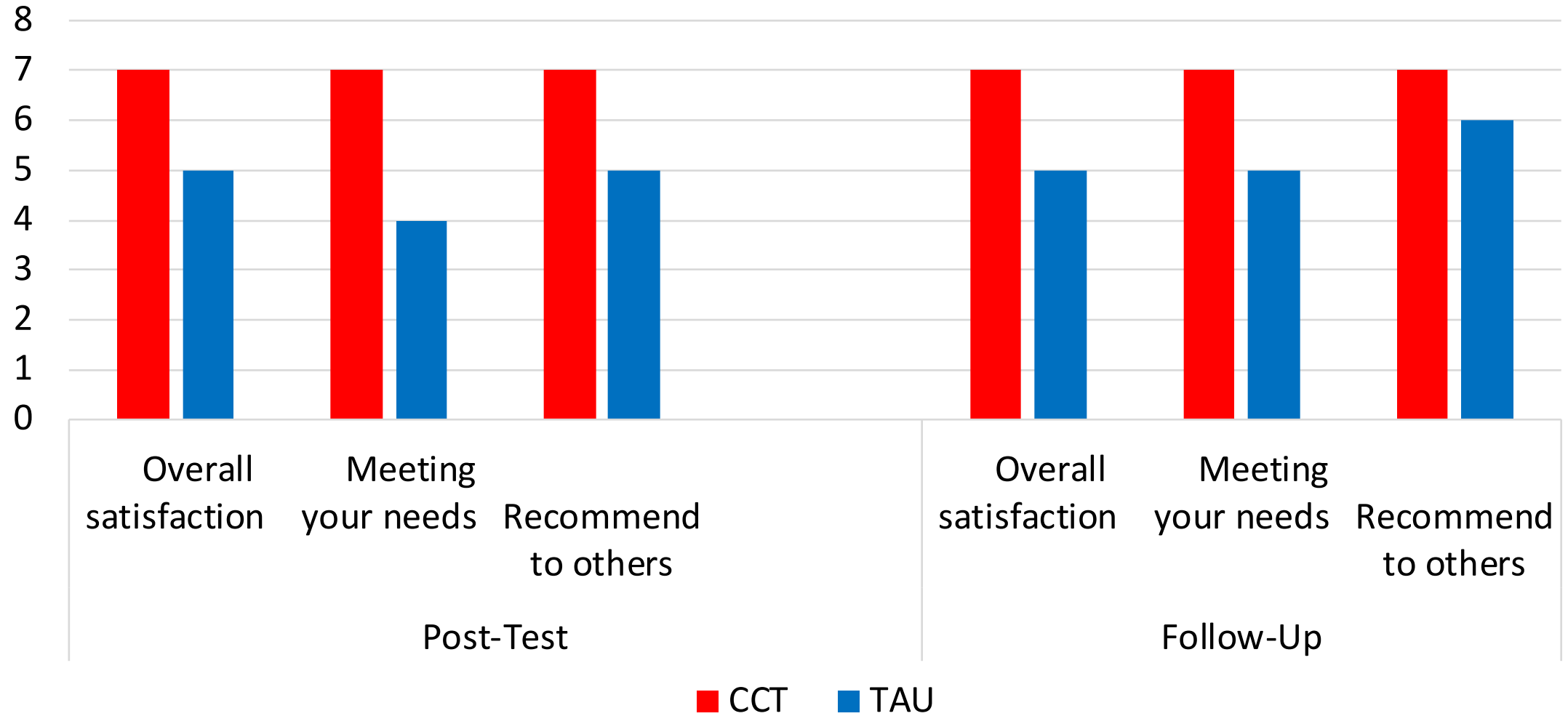


DYADIC ADJUSTMENT – DAS



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.

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)

Divergent Paths (Shi, 2019)

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 Recovery (Shi, 2019)

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

Conjoint Improvement (Shi, 2019)

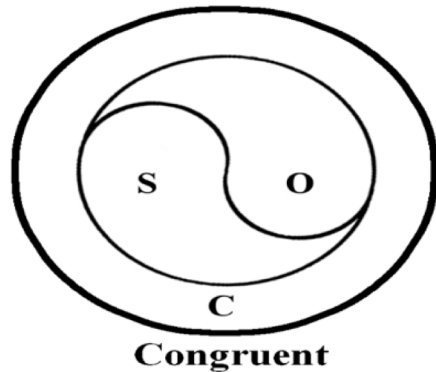
Straight
Communication

Openness
Clarity

- *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)*
-

Self and Other (Shi, 2019)

RESPECTING DIFFERENCES



RESPECTING SELF

- 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)

Changes with Children & Family (Shi, 2019)

Better
Parenting

Family
Togetherness

- *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)

- *If you don't have benefits ...cost of counselling can get **very expensive**.*

(April)

Prohibitive Cost

- *We were open with her about our addiction issues, but **she just does not have the skills working with addicts**.*

(Iris)

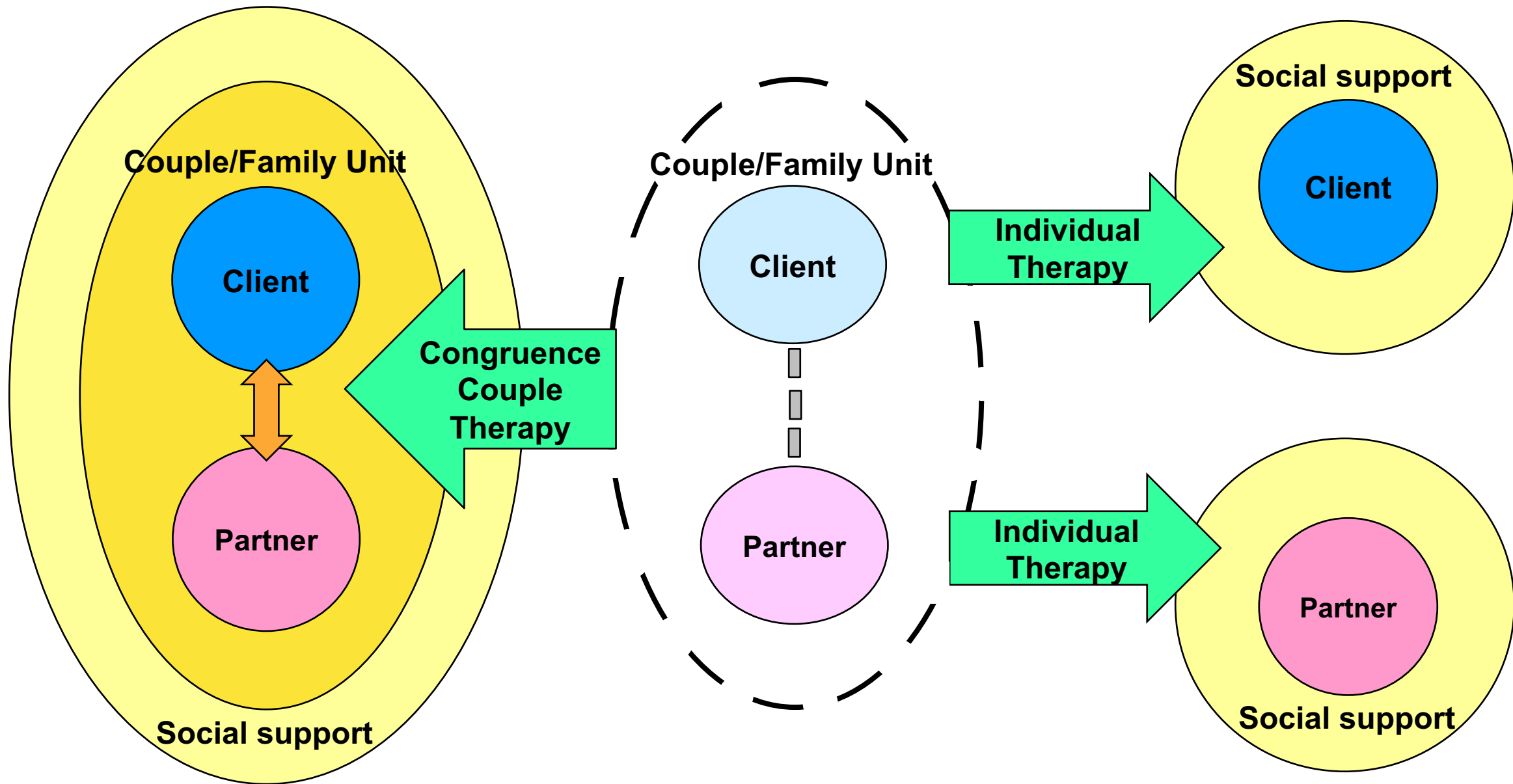
Most counsellors lack Expertise in Couples + Addiction

- *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





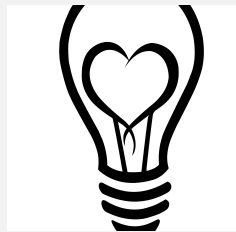
Conclusion



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

■ 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)

■ 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

0 1 2 3 4 5 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)*

■ Integrative

Simplicity

- *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)

■ Intergenerational

- 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)

■ 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)

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 they had done over the course of CCT. (C5)

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)

■ Summation

- *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

Email: rin@uleth.ca



Questions?

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