



## **Dialectical Behavior Therapy (DBT)**

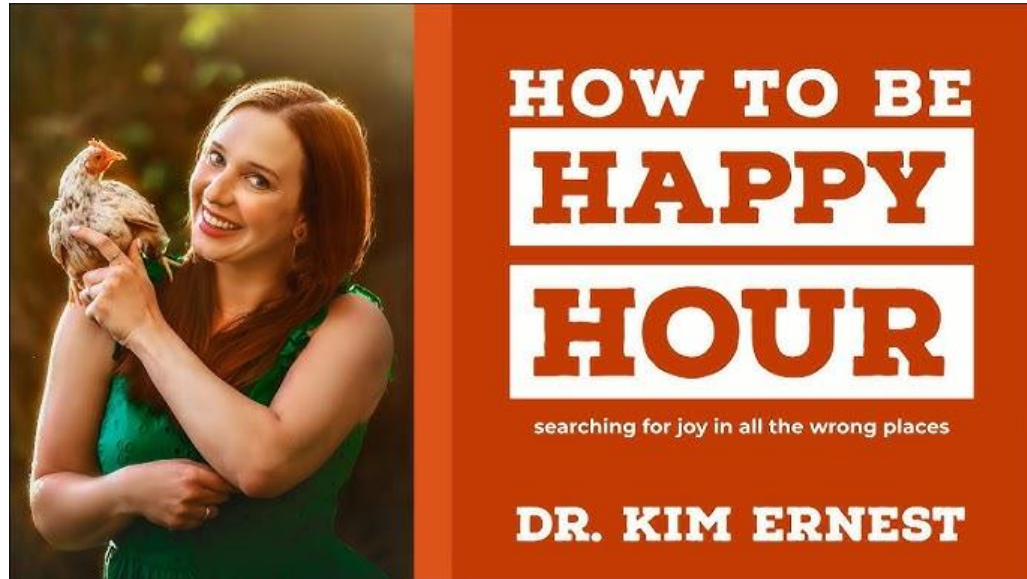
**Presenter: Dr. Kimberly Ernest, Ph.D., LPC**

**[www.PAcounseling.com](http://www.PAcounseling.com)**

**[www.LiveUpCounseling.com](http://www.LiveUpCounseling.com)**

## About Me

- Dr. Kimberly Ernest, LPC, Psychologist
- President of Pennsylvania Counseling Services
- Founder of LiveUp Counseling
- Background in addictions, re-entry, and trained in family-systems therapy (structural family therapy; ESFT)
- Follow me on LinkedIn



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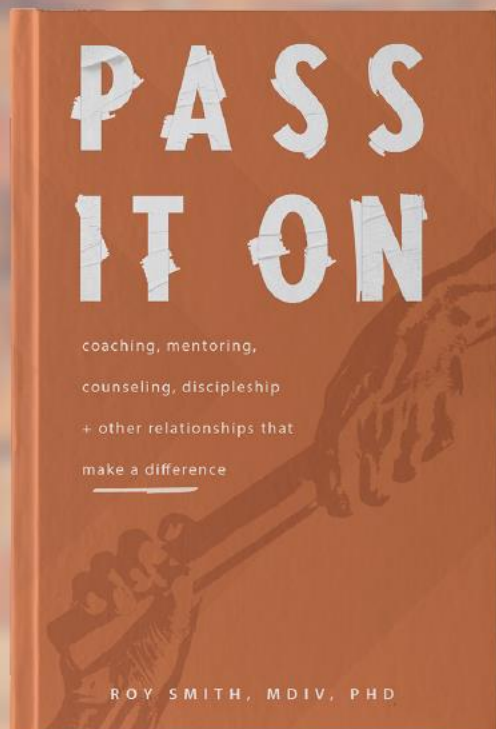
# Servants Oasis

- Designed to support the healing and connection of those serving within the helping professions and faith-based leaders within their churches and communities
- Workshops and retreats to support healing for those who sacrifice to support others



# PASS IT ON

a guide for mentoring, coaching,  
and counseling for both men & women



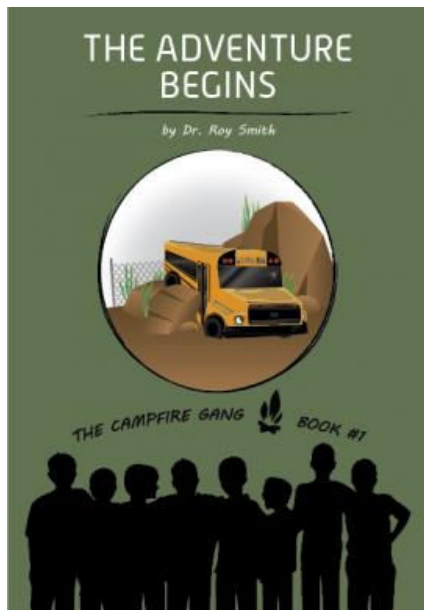
# HIT THE TARGET

a step-by-step manual for building &  
sustaining an effective men's ministry

[LiveUpResources.com](http://LiveUpResources.com)

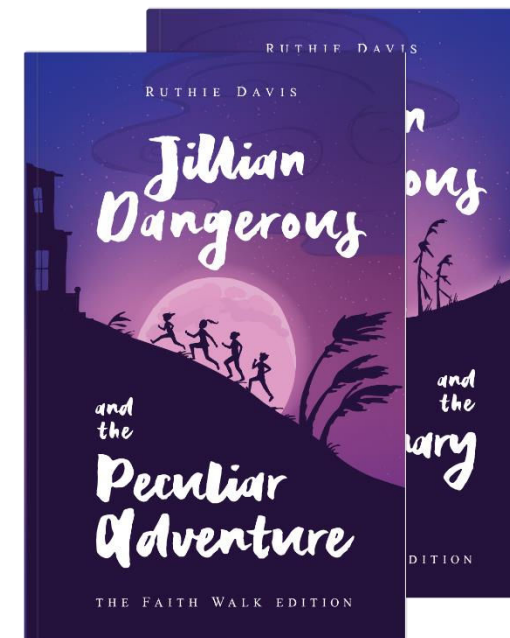
# Youth Mentoring Resources

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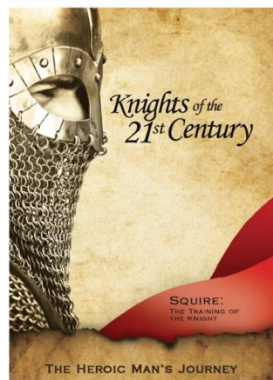


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## WORKBOOK AND VIDEO STUDY

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### MEN

Available in DVDs  
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All proceeds go to Servant's Oasis to help ministry and community leaders refresh, reset and reignite their passion for serving others. All survey information given is confidential and intended for internal purposes only. We hope to improve our future materials with the information you provide.

Thank you for supporting  
**SERVANT'S OASIS**



# Learning Objectives

**Describe** the fundamental principles and clinical structure of Behavioral Couples Therapy (BCT) for Substance Use Disorders (SUD), including key interventions such as Recovery Contracts, positive communication skills, and shared activity scheduling.

**Demonstrate** practical techniques to facilitate daily sobriety dialogues, coach couples in constructive communication, and integrate relapse prevention planning into conjoint therapy sessions.

**Evaluate** when BCT is appropriate or contraindicated based on relationship dynamics, safety considerations (e.g., intimate partner violence), and co-occurring mental health conditions, and adapt interventions accordingly using trauma-informed and client-centered approaches.



# Resources

- Fals-Stewart, W., O'Farrell, T. J., & Birchler, G. R. (2004). Behavioral couples therapy for substance abuse: Rationale, methods, and findings. *Science & Practice Perspectives*, 2(2), 30–41.

Klostermann, K., Papagni, E., & Henninger, M. W. (2021). Behavioral Couples Therapy for Substance Use Disorders: A model for implementation. *Mental Health & Human Resilience International Journal*, 5(2), 148.

O'Farrell, T. J., & Fals-Stewart, W. (2002). Behavioral couples and family therapy for substance abusers. *Current Psychiatry Reports*, 4(5), 371–376.

O'Farrell, T. J., Murphy, C. M., Stephan, S. H., Fals-Stewart, W., & Murphy, M. (2004). Partner violence before and after couples-based alcoholism treatment for male alcoholic patients: the role of treatment involvement and abstinence. *Journal of Consulting and Clinical Psychology*, 72(2), 202–217.

[pubmed.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov)

Recovery Research Institute. (n.d.). Behavioral Couples Therapy (BCT). Retrieved April 27, 2025, from RecoveryAnswers.org website: <https://www.recoveryanswers.org/resource/behavioral-couples-therapy/>  
[recoveryanswers.org](https://www.recoveryanswers.org)

Schumm, J. A., & Renno, S. (2022). Implementing behavioral couples therapy for substance use disorders in real-world clinical practice. *Family Process*, 61(1), 25–42.



# BEHAVIORAL COUPLES THERAPY

for ALCOHOLISM  
and DRUG ABUSE

**Timothy J. O'Farrell**  
**William Fals-Stewart**



# Behavioral Couples Therapy (BCT) for Addiction

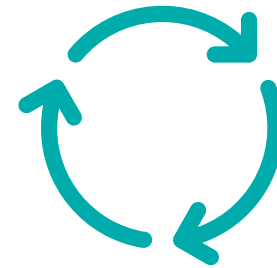
An evidence-based therapy engaging both partners to support recovery from Substance Use Disorders (SUD)

BCT uses the couple's daily interactions as a mechanism of change – partners actively help reinforce sobriety and improve relationship functioning

# Why Couples?



Substance use and relationship issues often fuel each other in a harmful cycle.



BCT aims to “break the cycle” by building a healthier, supportive partnership.



## Emphasis on the Dyad

- BCT is a conjoint therapy where a person with SUD attends counseling together with their spouse/partner.
- Unlike individual therapy, BCT directly targets the ***relationship dynamics*** – the idea is that improving communication and support within the couple will help maintain sobriety.

# Goals



Build support for abstinence



Improve relationship functioning with emphasis on communication & satisfaction



# Theory

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Grounded in behavioral/social learning theory  
– substance use and couple's interactions are interlinked in a reciprocal cycle.

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Changing couple behaviors (rewarding sobriety, reducing conflict) can disrupt the substance-use cycle.



# Evidence-Based Practice

Decades of research show BCT leads to greater abstinence and better relationship outcomes than individual treatment alone

It also can reduce social costs and even partner violence when successfully implemented.

# 4 Core Components



Recovery Contract (Daily Sobriety Trust Discussions)



Positive Communication Training



Shared Rewarding Activities



Problem Solving and Relapse Prevention

# Recovery Contract



Daily Ritual – Commitment  
to Sobriety for 24 hours



Partner Expresses Support



Daily reinforcing  
commitment and support

# Sobriety Pledge



It might sound simple, but it's powerful – it creates daily communication about sobriety and accountability



If the client is on medication (like Antabuse or naltrexone), taking it in front of the partner can be part of this ritual

# Daily Recovery Discussion Ritual



The client (person with SUD) states: **“I have not used [substance] in the past 24 hours and I intend to stay sober today.”**



The partner responds with **support and appreciation:** e.g. **“Thank you for staying sober. I’m here to help you keep on track today.”**

# Written Contract

- Daily Conversation
- “Early Warning Plan” can be implemented in skipped/missed

## RECOVERY CONTRACT

In order to help (patient) Mary with his/her recovery and to bring peace of mind to (partner) Jack, we commit to the following:

Patient's Responsibilities	Partner's Responsibilities
<input checked="" type="checkbox"/> DAILY TRUST DISCUSSION (with medication <u>N.A.</u> if taking it)	
<ul style="list-style-type: none"> <li>• States his/her intention to stay substance free that day (and takes medication if applicable).</li> <li>• Thanks partner for supporting his/her recovery.</li> </ul>	<ul style="list-style-type: none"> <li>• Records that the intention was shared (and medication taken if applicable) on calendar.</li> <li>• Thanks patient for his/her recovery efforts.</li> </ul>
<input checked="" type="checkbox"/> FOCUS ON PRESENT AND FUTURE, NOT PAST	
<ul style="list-style-type: none"> <li>• If necessary, requests that partner not mention past or possible future substance abuse outside of counseling sessions.</li> </ul>	<ul style="list-style-type: none"> <li>• Agrees not to mention past substance abuse or fears of future substance abuse outside of counseling sessions.</li> </ul>
<input checked="" type="checkbox"/> WEEKLY SELF-HELP MEETINGS	
<ul style="list-style-type: none"> <li>• Commitment to 12-Step mtgs: <u>AA mtgs 7pm Tues at church 10am Sat at hospital</u></li> </ul>	<ul style="list-style-type: none"> <li>• Commitment to 12-Step mtgs: <u>Al-Anon mtg 7pm Tues at church</u></li> </ul>
<input checked="" type="checkbox"/> URINE DRUG SCREENS	
<ul style="list-style-type: none"> <li>• Urine Drug Screens: <u>Weekly at counseling sessions</u></li> </ul>	
<input type="checkbox"/> OTHER RECOVERY SUPPORT	
• _____	• _____

### EARLY WARNING SYSTEM

If, at any time the trust discussion (with medication if taking it) does not take place for two days in a row, we will contact (therapist/phone #: Dr. Tim O'Farrell 123-456-7899) immediately.

### LENGTH OF CONTRACT

This agreement covers the time from today until the end of weekly therapy sessions, when it can be renewed. It cannot be changed unless all of those signing below discuss the changes together.

Mary Smith  
Patient

Jack Smith  
Partner

Tim O'Farrell Ph. D.  
Therapist

9 / 12 / xx  
Date

# Sample Script – Daily Discussion Ritual

**Therapist:** “Okay, let’s practice your daily recovery pledge. Jim, look at Sandra and tell her your plan regarding drinking for the next 24 hours.”

**Client (Jim):** “Sandra, I want you to know I haven’t had a drink since yesterday, and I promise to stay sober today.”

**Therapist:** “Great. Now Sandra, you respond to let him know you’re behind him.”

**Partner (Sandra):** “Jim, thank you for not drinking yesterday. I’m really proud of you. I’m here to support you staying sober today – we’re in this together.”

**Therapist:** “Excellent. How did that feel for both of you to say and hear?” (*Facilitates brief reflection.*)



# Positive Communication Training

- Teaching healthier communication strategies to reduce conflict and improve effective communication
  - “I” statements
  - Active listening
  - Expressing appreciation



# Communication Training

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Many couples with SUDs have fallen into negative interaction cycles

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Teach and Role Model in Session

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We might have them practice using feeling statements or doing brief listening exercises in session.



# Skills

Using **“I” statements** instead of blaming (“I feel worried when you come home late” vs. “You always screw up!”).

**Active listening:** One partner listens and paraphrases before responding, to ensure understanding.

**Expressing appreciation:** Identifying and verbalizing positives (e.g., “I appreciate that you cooked dinner tonight”).

**Calm conflict resolution:** Taking turns speaking, keeping tone respectful, and problem-solving rather than yelling.



# Model & Coach in Sessions

- Block non-productive conversations
- Your role is for THE RELATIONSHIP – avoid taking sides or blaming one or both members of the dyad

Better communication serves as a **relapse prevention tool**

# Shared Rewarding Activities



Scheduling enjoyable activities together to rebuild positive interactions and replace substance-focused time



Increasing positive shared experiences strengthens the relationship and provides natural rewards instead of substances.



# Shared Rewarding Activities

Rediscover fun &  
healthy activities  
together

Positive time together  
helps make sobriety  
more rewarding and  
rebuilds trust.



# Share Positive Activities

- Prosocial & Pleasurable
- Plan weekly “date” times or hobbies
- Doesn’t have to be GRAND - going for a walk, cooking together, seeing a movie, attending a yoga class, or mutual support meetings followed by coffee.
- The key is doing it **together**, *sober*.



# Shared Positive Activities Homework

- Therapist helps the couple identify activities they both enjoy or want to try.
- They schedule at least one structured activity between sessions.
- In the next session, they report back on how it went.



# Benefits of Shared Positive Activities

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Fun shared experiences help reduce boredom and resentment

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Provides alternative rewards to substance use, and rebuild positive feelings in the relationship.

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This boosts the couple's emotional bond and gives less room for substance use to creep back

# Problem Solving & Relapse Prevention



Helping the couple solve practical problems and plan for handling triggers or slips together.



Finances, Trust, and Honesty may be hard but necessary topics



The partner learns how to appropriately support if cravings or relapses occur, rather than enable or blame.



# Problem Solving and Relapse Prevention

- Woven THROUGHOUT treatment
- Skills so couples can tackle stressors without turning to alcohol/drugs
- Coach the couple on what to do if a lapse or craving happens
- This way, both partners feel prepared to handle challenges as a team.



## Special Considerations - IPV

- Intimate Partner Violence (IPV) History: Assess safety first.
- Active, severe violence = contraindication

*If there has been serious physical aggression (injuries, fear for safety in the past year), prioritize domestic violence intervention and individual SUD treatment rather than conjoint therapy.*



## Mild or Past IPV

**Safety Plan:** Establish a no-violence agreement. Possibly have a plan if anger escalates (timeouts, or therapist contacts authorities if violence occurs).

**Separate Check-Ins:** Therapist may have brief one-on-one check-ins with each partner periodically to ensure no undisclosed abuse or coercion.

Emphasize **non-aggressive communication** and maybe incorporate elements of IPV prevention

# Special Considerations: Trauma & PTSD



**Avoid Re-Traumatization:** Don't force trauma disclosure in joint sessions. Be cautious with physical closeness exercises or intense emotional tasks that could trigger trauma responses.



**Adjust Pace:** If one partner has PTSD or severe trauma, go slower with emotionally charged interventions. Focus on creating a sense of safety and trust in sessions.



**Integrate Support:** It may be useful for the trauma-affected partner to have individual therapy concurrent with BCT. Coordinate with their trauma therapist (with consent) so that BCT and trauma treatment align.



# Special Considerations: Co-Occurring Disorders

**Stability First:** Ensure any **acute psychiatric symptoms are under control** (e.g., if one partner is in a manic episode or psychotic, pause BCT and get psychiatric care).

BCT requires participants to be able to focus, learn, and practice skills.

**Medication and Treatment Compliance:** Encourage proper use of medications (antidepressants, mood stabilizers) and involve partners in supporting treatment adherence when appropriate.

- **Skill Adaptation:** If depression is present, for example, scheduling pleasant activities is even more crucial (antidote to withdrawal). If anxiety is high, communication exercises might need more structure and reassurance.

# Key Special Considerations



Safety is Paramount



BCT is not a substitute for psychiatric care



Collaborate with other treatments



# BCT – Early Structure

1. Assessment and Alliance Building
2. Motivational Enhancement
3. Systemic Reframe
4. Introduce BCT
5. Establish Ground Rules
6. First Interventions
  1. Recovery Contract Pledge
  2. One Caring Action

# BCT – Ongoing Session Structure



Substance Use Update



Daily Contract Adherence



Homework Review



Therapeutic Activities

Recovery Trust Discussion \*in\* session

Skills Training

Problem Solving Practice on Current Issues

# Therapist Key Takeaways



REMAIN SYSTEMIC



AVOID  
BLAME/SHAME/ENABLING  
/MINIMIZING



REINFORCE SUCCESSES



PROBLEM SOLVE  
SETBACKS/LAPSES



PRIORITIZE SAFETY



ENCOURAGE AND BUILD  
OPTIMISM

# Therapeutic Course

12 – 20 sessions weekly

## Each Session Includes:

- Check in on Substance Use + Celebration
- Review of Homework
- New Skill/Refining Skill
- Assign new homework for the week
- Trouble shoot barriers or challenges



# BCT – Titration and Closing Sessions

Fading Frequency

Consolidation of Gains

Relapse Prevention  
Planning

Aftercare and Support

Closure Session

# When Closing...

Suggest	Couples Support: If available, suggest resources like Recovering Couples Anonymous or other couple-based recovery groups.
Booster	Booster sessions: Let the couple know they can schedule periodic check-ins or come back for a tune-up session if needed.
Refer	Refer for case management, individual, or med management when appropriate



# Contraindications

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Severe/Current IPV

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Controlling or Coercive Relationships

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Lack of Relationship Commitment

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Both partners are using with no commitment to stop

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Severe cognitive impairment or psychosis



# Contraindication ≠ Never Ever

Screen Couples Up  
Front

Timing is Key

Provide informed to  
consent to the  
model



# Case Scenario (time permitting)

- *Monica and James* have been married for 5 years. James has an opioid use disorder and recently started methadone treatment; he's had several relapses in the past.
- Monica desperately wants him sober but admits she's still hurt and angry from past incidents.
- There was one episode of shoving during a fight a year ago when James was high (no injuries, and James engaged in anger management classes since).
- Monica has mild PTSD from a traumatic event before the marriage. They both want to stay together and have agreed to try therapy.
- Monica says, "I'll do anything to help him, but I don't trust him yet," and James says, "I want to fix our marriage, but whenever we talk, it blows up."

# Case Scenario Questions



**Question 1:** *Would you proceed with BCT for this couple? Why or why not?*



**Question 2:** *If yes, what special considerations or modifications might you make?*



**Question 3:** *What initial goals and interventions would you focus on in the first few sessions?*



# Conclusions and Key Takeaways

**BCT Efficacy**

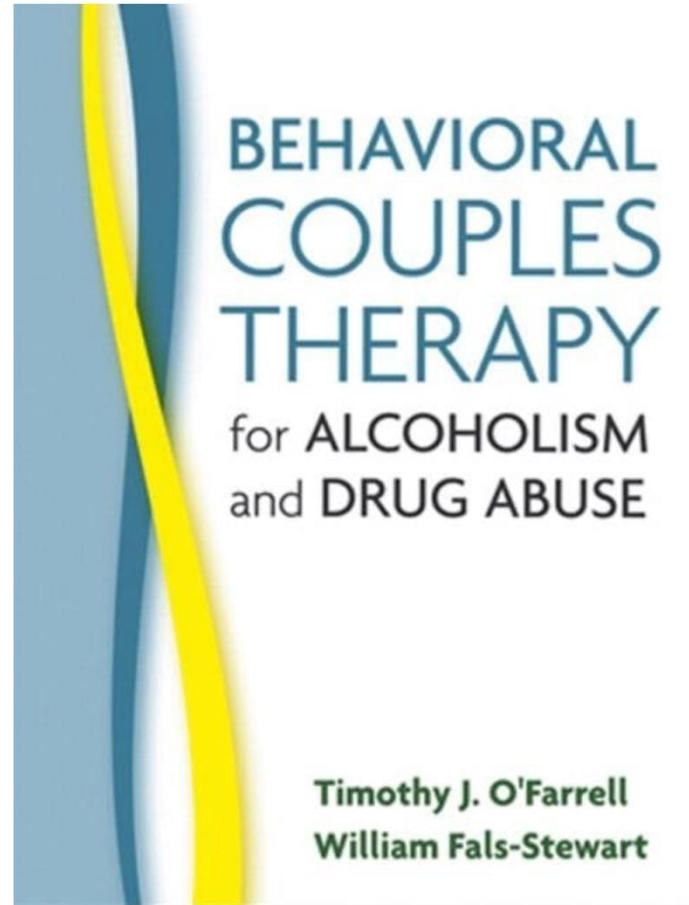
**Emphasis of Skill Building over Theory**

**Therapist role as a cheer leader!**

**Adapt to fit culture of dyad**

**When in doubt – safety/ethics first**

**Consider purchasing the manual if you wish to use this intervention and getting additional training**





# Questions?

- [kernest@pacounseling.com](mailto:kernest@pacounseling.com)
- [ServantsOasis.org](http://ServantsOasis.org)
- [Pacounseling.com/training](http://Pacounseling.com/training)
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