Available online at www.sciencedirect.com

ScienceDirect

Behavior Therapy 45 (2014) 402–417

Behavior Therapy

www.elsevier.com/locate/bt

Mechanisms of Change in Brief Couple Therapy for Depression

Shiri Cohen
Harvard Medical School/Massachusetts General Hospital

K. Daniel O'Leary
Stony Brook University

Heather M. Foran
Sören Kliem
Technical University of Braunschweig

The goal of the present study was to investigate potential mechanisms of previously documented treatment effects for a brief, 5-session, problem-focused couple therapy for depression in a sample of 35 depressed women and their nondepressed husbands. The primary treatment effects were reducing women's depressive symptoms and their husbands' psychological distress and depression-specific burden. Secondarily, treatment resulted in increased relationship satisfaction for both partners. Given these significant treatment changes observed in 5 sessions, we sought to examine the mechanisms of change by testing the following three factors as potential mediators: (a) negative behaviors and attitudes toward depression, (b) support provision, and (c) empathic communication towards the depressed female partners. Women's depression and husbands' depression-specific burden were alleviated by positive changes in their illness-related attitudes and behaviors. Improvements in women's marital satisfaction were also mediated by positive change in their illness-related attitudes and behaviors, along with perceptions of increased positivity and support from their husbands. Findings highlight the importance of targeting specific treatment agents in a brief couple therapy for depression such as psychoeducation about depression and support-building to increase partners' understanding and acceptance of the illness, and teaching communication skills to reduce negative behaviors and criticism that are replaced by more empathic communication towards the depressed individual.

Keywords: couple therapy; depression; treatment mechanisms; psychoeducation; support

IN PSYCHOTHERAPY OUTCOME RESEARCH, it is important not only to understand which treatments work and for whom, but also to understand the active ingredients or mechanisms of change underlying empirically supported treatments. In a previously published treatment outcome study, the authors demonstrated the efficacy of a brief, problem-focused couple therapy for depression that simultaneously alleviates depression in one partner, reduces psychological distress experienced by the loved one of the depressed person, and improves overall relational functioning (Cohen, O'Leary, & Foran, 2010). The purpose of the present study was to conduct a secondary mediational analysis of these primary outcomes in order to identify the specific treatment components that are responsible for change.

COUPLE THERAPY FOR DEPRESSION

Unipolar depression is one of the single most prevalent psychiatric disorders (Kessler et al., 2003), and it is commonly characterized by disturbances in relational functioning (see Beach, Jones, & Franklin, 2009). A large body of literature now documents the comorbidity of depression and marital discord (Whisman, 2007; Whisman & Bruce, 1999). Depressed

Address correspondence to Shiri Cohen, Ph.D., Harvard Medical School, Massachusetts General Hospital, Department of Psychiatry, 101 Merrimac Street, Suite 250, Boston, MA 02114; e-mail: scohen17@mgh.harvard.edu.

0005-7894/45/402-417/$1.00/0

individuals evidencing such comorbidity experience high levels of expressed emotion by one's spouse (i.e., blaming and complaints about the marriage) and fewer expressions of affection. These clinical problems have been shown to maintain depression and trigger relapse (Hooley, 2007; McLeod, Kessler, & Landis, 1992), suggesting the importance of addressing these clinical concerns in a couple-based treatment modality.

Over the past two decades, cognitive-behavioral couple therapy has been successfully applied to the treatment of depression (Emanuels-Zuurveen & Emmelkamp, 1996; Jacobson, Dobson, Fruzzetti, Schmaling, & Salusky, 1991; O'Leary & Beach, 1990; Teichman et al., 1995). Reviews of the treatment literature (see Beach, Dreifuss, Franklin, Kamen, & Gabriel, 2008) indicate that these couple therapy approaches are efficacious not only in alleviating depression but also in increasing marital satisfaction and minimizing relapses into depression. However, while cognitive-behavioral couple therapy (CBCT) is well-suited in cases where the marital distress is severe, chronic, and/or the source of the one's depression (e.g., Beach & O'Leary, 1992; Jacobson et al., 1991; O'Leary, Riso, & Beach, 1990), there is less support for CBCT in helping couples where the marital distress is only mild to moderate, situational, and not attributed by the depressed person as the reason for being depressed. There is growing recognition of the unique applicability of a couple-based approach to address relationship and life challenges that even nondiscordant couples commonly face as a result of the negative impact of depression on their lives (Bodenmann et al., 2008; Coyne, Thompson, & Palmer, 2002). For depressed individuals with mild-to-moderate levels of marital discord, a couple-based approach has face validity for both the depressed and nondepressed client (Cohen et al., 2010).

SUPPORT FOR A BRIEF, DYADIC TREATMENT FOR DEPRESSION

Cohen et al. (2010) tested a dyadic approach that addressed issues of the depressed spouse as well as the nondepressed partner by examining outcomes of a brief, problem-focused couple therapy for mildly- to nondiscordant couples aimed in part at improving couples' understanding and acceptance of depression as an illness. Specifically, the intent was to reduce negative behaviors and attitudes towards depression and to increase support and empathy toward the depressed partner by integrating standard behavioral couple therapy approaches (i.e., communication and problem-solving training) with a focus on psychoeducation, empathic exchanges and support-building. Findings from this treatment outcome work, which compared couples randomized to the treatment versus a waitlist control condition, demonstrated the efficacy of five, 2-hour problem-focused sessions in reducing the depressed partner's symptoms, reducing the nondepressed partner's levels of distress and burden, and in improving both partners' attitudes and behaviors towards depression. More specifically, results showed that this brief intervention produced significant reductions in women's depressive symptomatology after 3.5 months of follow-up, with effect sizes in the medium range (.54 for the Beck Depression Inventory [BDI-II] and .72 for the Hamilton Rating Scale for Depression [HAM-D]), and the rates of clinically significant change after only 10 hours of treatment were comparable to meta-analytic findings from other psychotherapy and pharmacotherapy studies for depression (see Westen & Morrison, 2001, for a review). Two-thirds of the women in treatment improved by at least a 50% reduction in their depression scores on both the HAM-D and BDI-II, and 47% were fully recovered at 3-month follow-up. In contrast, only 20% of the women in the waitlist control group improved and only 8% recovered.

The brief couple therapy for depression also produced significant treatment effects on husbands' levels of distress and on both partners' illness-related behaviors and attitudes. Men in treatment showed a significant decrease in their own levels of distress and burden associated with their wives' depression as compared to husbands in the control group. This lessening of the negative impact of depression on husbands was one of the larger treatment effects in the study (d = .80), and underscored the utility of a couple intervention for depression that simultaneously focuses on the psychological functioning of the depressed person's spouse as a way to alleviate burden in the relationship and perhaps also enhance motivation to participate in couple therapy. Treatment couples also showed significantly increased levels of understanding and more positive behaviors/attitudes towards depression over time than control couples. And finally, while the primary goal of treatment was to reduce the women's depression, the authors found an ancillary significant effect of the treatment on improved relationship satisfaction (d = .43) compared to couples who did not receive the treatment. Given these significant changes, it seemed important to assess whether the hypothesized mediators of change in fact lead to treatment outcomes.

HYPOTHESIZED MECHANISMS OF CHANGE DURING TREATMENT

The goal of the present study was to examine three potential variables—negative behaviors and attitudes towards depression, empathic communication,