

Common Principles of Couple Therapy

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The similarity in efficacy of evidence-based couple therapies suggests that it may be useful to identify those treatment principles they hold in common. Expanding on the previous description of a unified protocol for couple therapy (Christensen, 2010), this article outlines five common principles: (a) altering the couple's view of the presenting problem to be more objective, contextualized, and dyadic; (b) decreasing emotion-driven, dysfunctional behavior; (c) eliciting emotion-based, avoided, private behavior; (d) increasing constructive communication patterns; and (e) emphasizing strengths and reinforcing gains. For each of these five elements of the unified protocol, the paper addresses how and to what extent the most common forms of evidence-based couple therapy carry out this principle. Implications for clinical practice, treatment research, and basic research on intimate relationships are discussed.

Keywords: couples therapy; psychotherapeutic processes; psychotherapeutic techniques

OVER 40 YEARS OF RESEARCH and practice in couple therapy has produced treatment protocols in a wide range of modalities: behavioral, insight oriented, systemic, and emotionally focused (Gurman, 2008). As yet, among those couple therapies that have been subjected to empirical test, no reliable differences in the efficacy of these treatments have been identified (Shadish & Baldwin, 2003; Snyder, Castellani, &

Whisman, 2006). While this finding can be interpreted a number of ways, one possibility is that these treatment packages may rest upon similar principles of change.

A promising strategy for integrating principles of changes across a variety of specific therapeutic approaches was suggested by the work of Barlow and Allen on a “unified protocol for emotional disorders” (i.e., anxiety and unipolar mood disorders; Allen, McHugh, & Barlow, 2008; Barlow, Allen, & Choate, 2004). The first principle of this unified protocol is “altering emotion based misappraisals of salient events,” or helping clients recognize how many of their beliefs about their experiences, as well as their ability to cope with those experiences, may be inaccurate (Barlow et al., 2004, p. 222). The second principle is “preventing avoidance of negative emotionally charged internal or external triggers” (Barlow et al., 2004, p. 222). For example, if a client is coping with trauma by avoiding situations that remind him or her of the trauma, but this avoidance is interfering with his or her ability to function in relationships or work, his or her therapist may help him or her to gradually expose him- or herself to those situations. Since avoidance is a technique for attempting to regulate one's emotions (Lynch, Robins, Morse, & Krause, 2001), reducing avoidance is likely to result in temporarily increased negative affect; consequently, the third principle of “modifying emotion driven behaviors” is needed (Barlow, et al., 2004, p. 222). For example, if this client copes with increases in his or her anxiety by abusing alcohol, his or her therapist will encourage him or her to find other strategies. This principle-based type of treatment has the advantage of likely being easier to disseminate than manualized disorder-specific protocols (Christensen, Doss, & Atkins, 2005).

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Interest in this unified protocol for emotional disorders suggested the possibility of a similar protocol for relational distress. This unified protocol for couple therapy, described previously by the third author (Christensen, 2010), included some principles that were analogous to Barlow and Allen's but modified to better suit the challenges of working with couples. The first principle similarly focused on altering misappraisals of salient events, but more specifically, altering them to include greater awareness of one's own and one's partner's complementary contributions to relationship difficulties. The second and third principles (reversed in order) again concerned altering emotion-driven behaviors and eliciting avoided behaviors, but in a relational context. For conjoint work, however, two additional principles were needed: increasing constructive communication and emphasizing strengths (Christensen, 2010).

The goal of this paper is to provide an enhanced description of the unified protocol including discussion of key elements of couple therapy not emphasized or developed in the previous description. Specifically, we address the importance of case conceptualization through functional analysis of the couple's interactional pattern. We also emphasize the importance of the formation of a working alliance with both partners. Furthermore, this paper evaluates the applicability of the unified protocol to the five empirically supported couple therapies (Snyder, Castellani, et al., 2006) by providing an overview of how their treatment principles map onto these five. Lastly, we have updated and expanded suggestions for how future research and practice may build on this conceptual framework.

The principles are listed in order of when they are likely to be most relevant in therapy, from early to later sessions. However, the principles are not hierarchical in nature or meant to be viewed as sequential steps in therapy. For instance, one's dyadic conceptualization (Principle 1) will continue to evolve throughout treatment. In practice, the order and selection of interventions based on these principles will depend on the functional analysis of the couple's patterns and presenting concerns. We also do not intend to propose the unified protocol as a new form of treatment, but rather seek (a) to elucidate unifying themes among empirically supported couple therapies that are theorized to be essential elements for treating relationship distress, and (b) to provide a framework for future research.

First Principle: Altering Views of the Relationship

The first principle of the unified protocol for couple therapy is that it is important to increase the extent

to which both partners' view of the relationship is objective, dyadic, and contextualized, rather than one-sided and blaming. Most individuals have not fully considered their partners' perspectives on their conflicts or how their own behavior may contribute to relational difficulties. Indeed, it is typical of distressed couples that each partner attributes all responsibility for his or her partner's negative behaviors to that partner's traitlike qualities (Karney & Bradbury, 2000; Ross, 1977), rather than to situational factors or aspects of the interpersonal process between the two of them. The idea that the causal analysis must be dyadic, that is, it must include both partners' behaviors and their antecedents and consequences, should not be taken to mean that both partners must be held equally responsible for problems in the relationship. Certainly in some cases that conclusion would be inaccurate, particularly in the presence of psychopathology or abuse. However, in order to combat the tendency to blame the other partner, as well as to act in accord with the reality of relationships, it is important to acknowledge that both partners' actions affect the nature of the relationship. For each partner to recognize this fact is an important step in the process of couple therapy.

There are two primary ways in which therapists encourage couples to develop this new understanding of their relationship: developing and presenting a causal analysis of the couple's difficulties and forming a strong working alliance with both partners. To develop a causal analysis, the therapist first gathers data about the couple through observations of their interaction and verbal reports about their relationship. Then, the therapist tentatively proposes a causal description of the central relationship issue or issues, identifying antecedents—both proximal and distal causes of each partner's behaviors, and consequences—how each partner's verbal and nonverbal behaviors have affected the other. This process is perhaps best exemplified by the functional analysis conducted by behaviorally oriented therapists (see Cordova, 2003, for extensive discussion of functional analysis in couple therapy). However, as is discussed below, therapists from other theoretical orientations follow similar procedures, although often they place more emphasis on identifying antecedents than consequences of couple behavior and on identifying distal more than proximal antecedents.

How the therapist then transmits this new perspective on the couple's behavior patterns to the partners themselves also varies across therapies. The first common method is to explicitly inform the couple of the therapist's analysis. A second option is to help the couple generate a more objective and

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