

Integrative Approaches to Couple Therapy: Implications for Clinical Practice and Research

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Although meta-analyses affirm that various treatments for couple distress produce statistically and clinically significant outcomes, research findings also indicate that a large percentage of couples fail to benefit or subsequently deteriorate following current therapies. Based on these findings, we advocate potential advantages of integrative approaches to couple therapy. We distinguish among assimilative, transtheoretical, and pluralistic approaches to integration and describe exemplars of each. Integrative approaches to couple therapy are compared to distillatory or common factors approaches emphasizing common elements of treatment components, therapist characteristics, and client or relationship attributes. We argue that clinical practice of integrative approaches to couple therapy requires conceptual and clinical decision-making skills transcending those of any one theoretical modality and emphasizing the selection, sequencing, and pacing of diverse interventions in a coherent manner. We conclude with implications of integrative couple-based treatments for future research.

Keywords: Couple therapy; integrative therapy; marital therapy; pluralism; common factors

META-ANALYSES OF COUPLE THERAPY affirm that various approaches to treating couple distress produce statistically and clinically significant improvement for a substantial proportion of couples, with the average couple receiving therapy being better off at termination than 80% of couples not

receiving treatment (Shadish & Baldwin, 2003). Indeed, the overall mean effect size for couple therapy (0.84) is generally comparable to or larger than those obtained in randomized clinical trials of individual therapy or medical interventions. However, tempering enthusiasm from this overall conclusion are additional findings that in only 50% of treated couples do both partners show significant improvement in relationship satisfaction, and that 30–60% of treated couples show significant deterioration at 2 years or longer after termination (Snyder, Castellani, & Whisman, 2006).

As noted in the introduction to the special section (Halford & Snyder, 2012-this issue), empirical findings from randomized clinical trials support the efficacy of six different couple-based treatments for couple distress—including traditional behavioral, cognitive-behavioral, integrative behavioral, emotionally focused, integrative systemic, and insight-oriented couple therapy approaches (Snyder, Castellani, et al., 2006). However, meta-analyses provide little evidence of differential effectiveness across these different theoretical orientations to couple therapy, particularly once other covariates (e.g., reactivity of measures) are controlled. This lack of differential effectiveness across couple treatment approaches, combined with suboptimal rates of improvement and deterioration after 2 years, have fostered two alternative lines of attack to treating couple distress: (a) distillation and emphasis on common factors or universal processes hypothesized to contribute to beneficial effects across “singular” or “pure” treatment approaches, and (b) integrative models incorporating multiple components of diverse treatment approaches.

In this article we advocate potential advantages of integrative approaches to couple therapy. We

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distinguish among assimilative, transtheoretical, and pluralistic approaches to integration, and contrast these with distillatory or common factors approaches. We advocate a hierarchical, pluralistic model of couple therapy that potentially informs the selection, sequencing, and pacing of diverse interventions—and we then propose general guidelines for implementing this approach. Finally, we articulate four implications of couple therapy integration for clinical practice, along with four implications for future research.

Integrative Approaches to Couple Therapy

Couple therapists confront a tremendous diversity of presenting issues, marital and family structures, individual dynamics and psychopathology, and psychosocial stressors characterizing couples in distress. Because the functional sources of couples' distress vary so dramatically, the critical mediators or mechanisms of change should also be expected to vary—as should the therapeutic strategies intended to facilitate positive change. Even within the more restricted domain of individual interventions, growing recognition of unique strengths and limitations of competing theoretical approaches has fueled a burgeoning movement toward psychotherapy integration (Norcross, 2005). For example, advocates of various integrative models of psychotherapy have emphasized the strengths of psychodynamic approaches for identifying enduring problematic interpersonal themes, the benefits of experiential techniques for promoting emotional awareness, gains from cognitive interventions targeting dysfunctional beliefs and attributional processes, and advantages of behavioral strategies for promoting new patterns of behavior (Bongar & Beutler, 1995).

Thus, couples may benefit most from a treatment strategy drawing from both conceptual and technical innovations from diverse theoretical models relevant to different components of a couple's struggles. That is, therapeutic impact may be enhanced when the couple therapist has a solid grounding across diverse theoretical approaches, has acquired a rich repertoire of intervention techniques linked to theory, engages in comprehensive assessment of the marital and family system, and selectively draws on intervention strategies across the theoretical spectrum in a manner consistent with an explicit case formulation (Snyder, Schneider, & Castellani, 2003).

Integrative approaches strive to reduce the risk of haphazard, disjointed, or contradictory interventions resulting from an eclectic borrowing of diverse principles or techniques without regard for their potential inconsistency or adverse interaction. That is, integrative approaches emphasize the importance of theories and principles that guide the selec-

tion of specific interventions with a given client at a given moment. There are numerous approaches to integration that vary in their emphasis on technique versus theory, and their goal of assimilating existing techniques or theoretical constructs into an existing predominant theoretical or conceptual framework versus generating a new incorporative theoretical approach. Below we contrast three of these approaches—assimilative, transtheoretical, and pluralistic—and briefly describe exemplars of each.

ASSIMILATIVE APPROACHES

In assimilative integration, specific interventions or constructs from one or more theoretical approaches are translated and incorporated into some alternative, existing predominant theoretical framework. The goal is to combine the advantages of a single, coherent theoretical system with the flexibility of a broader range of technical interventions from multiple systems (Norcross, 2005). Assimilative integration can occur at either the technical or theoretical level. Both technical and theoretical integration are distinguished from their eclectic counterparts by the number and explanatory power of linkages among interventions or their theoretical substrates.

Among the first integrative couple therapies to be articulated was Gurman's (1981, 2008) depth-behavioral integrative approach drawing on principles of social learning theory, object relations theory, and general systems theory. Gurman emphasizes the critical interrelation of intrapsychic and interpersonal factors in couples' interactions and defines the goal of couple therapy as the loosening and broadening of each spouse's implicit matrix of assumptions, expectations, and requirements of intimate interpersonal contact. This is accomplished through interpretation, cognitive restructuring, and creation of therapeutic tasks to promote each spouse's exposure to those aspects of him- or herself and his or her partner that are blocked from awareness.

Although Gurman's (1981, 2008) integrative approach to couple therapy has been consistently assimilative, its relative emphasis on psychodynamic versus behavioral theory as the “home theory” in which to assimilate competing constructs has changed significantly over the past 25 years. For example, Gurman (1992) argued that, “the most appropriate theoretical foundation for an integrative understanding of marital interaction, dynamics, and change is to be found in psychodynamic thinking, especially in a focused use of certain concepts originating in object relations theory” (p. 453). From this perspective, such behavioral techniques as teaching partners to rely on

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