

The Role of Theory and Research in the Practice of Cognitive-Behavioral Couple Therapy: If You Build It, They Will Come

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Cognitive-behavioral couple therapy (CBCT), while empirically validated and highly efficacious, does not always have positive results for couples. One factor that may limit the efficacy of this intervention is the way in which therapists are trained to provide this type of therapy. More specifically, there is a need for therapists to gain a solid foundation in CBCT theory in order to maximize treatment results. This paper presents an argument for why an understanding of theory is necessary for therapists in treating couples. Then, this paper presents our training model and how we integrate theory into our training of both graduate student therapists and more experienced clinicians. We take the stance that “if you build it, they will come.”

Keywords: couples; cognitive-behavioral couple therapy; theory

COGNITIVE-BEHAVIORAL COUPLE THERAPY (CBCT) is a highly efficacious intervention for assisting relationally distressed couples (Shadish & Baldwin, 2005; Snyder & Halford, 2012). Yet, when the results are viewed more closely, the findings indicate that only approximately 50% to two thirds of couples move into the nondistressed range of relationship functioning within randomized controlled trials (Baucom, Hahlweg, & Kuschel, 2003). Furthermore, relapse is notable with up to 45% of successfully treated cases showing deterioration within 2 years of treatment

(Snyder & Halford). Is this restricted response rate because relationship distress is a difficult, complex phenomenon, and there are limitations to the interventions we have developed thus far? Or, are there simply upper limits to the proportion of couples who have the capacity to be satisfied in their relationships after a significant amount of deterioration has occurred, regardless of the interventions employed? Or, perhaps the response rate results in part from the way that we train students and experienced therapists to implement CBCT. Perhaps limitations in efficacy result from some combination of the above factors.

The current special series focuses upon the possibility that limitations in clinical success are, at least in part, a result of the trend towards manualized treatments and movement away from theory in formulating clinical cases. Manualized treatments can be implemented in a manner that incorporates in-depth conceptual understanding of the theoretical constructs involved in treatment. However, the detailed instructions for conducting sessions in some manualized treatments have the potential to deemphasize the theoretical underpinnings that might lead to optimized treatment planning for a given case. At present, there are no empirical investigations that evaluate the extent to which couple therapists have a rich understanding of underlying theory and the extent to which such an understanding contributes to clinical outcome. However, there are two related questions that can be addressed. First, is there reason to believe that an understanding of theory behind CBCT is important for optimal interventions with couples? Second, if there is reason to believe that a sound theoretical understanding is important, how can such theoretical underpinnings of clinical treatment be taught in a

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meaningful fashion that optimizes treatment? Not surprisingly, our answer to the first question is tentatively affirmative, and the major focus of this paper describes ways that theory can be meaningfully integrated into clinical training for CBCT.

Can Theory Be Helpful in Treating Couples?

We believe that a sound understanding of theory has the potential to lead to more successful treatment outcomes. This assertion is not based on an abstract commitment to theory or the assumption that theory must be critical, given it is important in science and science underlies our clinical practice as a field. Instead, our assertion comes from treatment outcome studies and our experiences in treating distressed couples and training new couple therapists in CBCT, all of which suggest that theory is essential for clinicians when addressing relationship distress. This theoretical underpinning is valuable because treatment of such complex clinical phenomena cannot proceed in a lock-stepped manner that can be manualized and presented to all couples in a standard fashion. Rather, treatment of relational distress requires a nuanced understanding of the multitude of factors that can contribute to couple functioning, and the ability to flexibly, but not haphazardly, select and order interventions based on this understanding.

As Epstein and Baucom (2002) have detailed elsewhere, relationship distress results from a complex interplay of a multitude of factors, including individual functioning of both partners, their relationship as a unit, and the context or environment in which the couple exists. For example, normal individual differences between two partners, psychopathology of one or both individuals, health concerns, maladaptive interaction patterns as a couple, stressful physical environments, and the world economy can all contribute to relationship discord. Beginning couple therapists almost uniformly respond that they at times feel overwhelmed by this plethora of factors and need some way to organize this morass of information that they are receiving. A well articulated theory of relationship functioning, such as a cognitive-behavioral theory for couples, can be invaluable because it helps the clinician know what factors to focus upon and how to integrate this multitude of factors into a meaningful case conceptualization.

This theoretical understanding also provides assistance in developing a meaningful treatment plan that flows from this case conceptualization. That is, a cognitive-behavioral approach focuses on certain phenomena as central to healthy relationships, and highlights other factors as maladaptive for most couples. Understanding this theory, therapists conduct an assessment, determine which of these factors are

relevant to a given couple, and these factors then become the focus of treatment. Such treatment plans typically involve a range of interventions, and theory guides both selection and sequencing of interventions. More specifically, the therapist must address cognitive, behavioral, and emotional factors that are relevant to each partner, the couple as a unit, and how they relate to their environment. This approach to case conceptualization and treatment planning is what we refer to as *top-down thinking*, in which the theoretical framework serves as an overarching basis for the clinician in conceptualizing the case and designing a course of treatment initially, as well as making a multitude of clinical decisions during specific sessions.

Jacobson et al. (1989) conducted one of the few studies of couple therapy evaluating the utility of individualizing treatment to a specific couple's needs within a social learning theory perspective. They compared (a) a standardized version of behavioral couple therapy in which all couples received several treatment modules in a predetermined fashion with (b) a flexible version of behavioral couple therapy in which treatment drew from the same interventions, but were selected and sequenced according to the needs of the individual couple within a social learning theory conceptualization of relationship functioning. The two interventions were almost identical in efficacy at posttest; however, at 6- to 12-month follow-up, the flexible treatment showed somewhat greater maintenance of gains, with the standardized treatment evidencing notable deterioration. Although this was based on an early behavioral model of couple therapy that emphasized behavior change and minimized explicit attention to cognitive and emotional factors in couple therapy, this early study provides at least some suggestion that individualizing couple therapy within a given theoretical model might be of value in optimizing long-term gains.

Whereas the above arguments and findings from Jacobson et al. (1989) might provide a basis for emphasizing the role of theory in optimal couple therapy, other findings could be viewed as challenging the importance of specific theoretical orientations in couple therapy. As noted above, CBCT is an efficacious intervention for assisting distressed couples; however, meta-analytic findings indicate that when several different theoretical approaches to couple therapy are compared, they are equally efficacious (Shadish & Baldwin, 2005). One interpretation of these findings is that theory is not important since several theoretical approaches are equally efficacious. On the other hand, Davis, Lebow, and Sprenkle (2012) interpret meta-analytic findings to suggest that although the particular theory a therapist utilizes may not be critical, operating within a sound

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