

# Toward Making Progress Feedback an Effective Common Factor in Couple Therapy

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Systematic monitoring of individual therapy progress, coupled with feedback to the therapist, reliably enhances therapy outcome by alerting therapists to individual clients who are off track to benefit by the end of therapy. The current paper reviews the possibility of using similar systematic monitoring and feedback of therapy progress as a means to enhance couple therapy outcome, including what measures of therapy progress are most likely to be useful, how to structure feedback to be most useful to therapists, and the likely mediators of the effects of therapy progress feedback. One implicit assumption

of therapy progress feedback is that clients unlikely to benefit from therapy can be detected early enough in the course of therapy for corrective action to be taken. As a test of this assumption, midtherapy progress was examined as a predictor of final couple therapy outcome in a sample of 134 distressed couples. Either a brief 7- or 32-item assessment of couple therapy progress at midtherapy detected a substantial proportion (46%) of couples who failed to benefit by the end of therapy. Given that failure to benefit from couple therapy is somewhat predictable across the course of therapy, future research should test whether systematic monitoring and feedback of progress could enhance therapy outcome.

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COMMON FACTORS IN COUPLE therapy can be defined as those factors that produce therapeutic change and yet are independent of any particular approach to couple therapy. The term “common factor” is most often applied to the therapeutic alliance

(Sprenkle, Davis, & Lebow, 2009). In the current paper it is argued that systematic monitoring and feedback of progress across the course of therapy is a potentially important common factor that might enhance couple therapy. We describe the application of progress feedback to enhance individual therapy, and the conceptual and practical challenges that arise in applying these procedures in couple therapy. One implicit assumption of therapy progress feedback is that clients unlikely to benefit from therapy can be detected early enough in the course of therapy for corrective action to be taken. The current paper includes an empirical test of this assumption using a large clinical trial of couple therapy.

### Success and Failure in Couple Therapy

As noted in the introductory editorial paper to this special section (Halford & Snyder, *this issue*), there are several approaches to couple therapy that reliably enhance couple relationships, and each produces similar effects size improvements in randomized controlled trials (Shadish & Baldwin, 2003; Snyder, Castellani & Whisman, 2006). These empirically supported couple therapies help many distressed couples, but also leave a substantial minority of couples who show no benefit, or actually get worse across the course of couple therapy. Specifically, only about 50% of distressed couples receiving empirically supported couple therapy end treatment in the nondistressed range of relationship satisfaction (Shadish & Baldwin). About 20% of couples show no benefit at all from therapy, and another 25 to 30% show a reliable increase in relationship satisfaction but still report some relationship distress after couple therapy (Snyder et al.).

To date, attempts to enhance the effects of couple therapy have focused on developing new approaches to therapy, based on the assumption that a new approach might be more generally successful. For example, from the mid-1980s to early 1990s there were several attempts to enhance behavioral couple therapy by adding cognitive therapy elements (e.g., Baucom & Lester, 1986; Baucom, Sayers, & Sher, 1990; Halford, Sanders, & Behrens, 1993). More recently, Christensen and colleagues (2004) developed integrative behavioral couple therapy, which added a number of interventions focused on promoting acceptance as well as change to traditional cognitive behavioral couple therapy. However, despite nearly 30 years of refining existing approaches and developing new approaches to couple therapy, no particular therapeutic approach has been replicated to be more effective than another (Snyder et al., 2006). In other words, attempts to enhance efficacy by developing different approaches

to therapy have not been particularly successful. Based on the research reviewed below on enhancing individual therapy, we suggest that monitoring outcome and providing feedback across the course of couple therapy might be one means to enhance the effectiveness of existing approaches to couple therapy.

### Monitoring and Feedback of Outcome in Individual Therapy

As with couple therapy, in individual therapy a number of empirically based approaches are effective, but a substantial minority of clients do not benefit. Large-scale trials of therapy delivered to people with a broad range of presenting problems show that approximately 10 to 15% of adult clients deteriorate when receiving outpatient psychotherapy, and about another 25 to 30% show no improvement (Hansen, Lambert, & Foreman, 2002; Lambert & Ogles, 2004). Howard, Moras, Brill, Martinovich, and Lutz (1996) argued that, to reduce rates of therapeutic failure, there should be systematic assessment of client progress across the course of therapy, and that when progress was not being made, this should prompt review of what was happening in therapy.

There is one critical assumption implicit in Howard et al.'s (1996) proposal to use therapy progress monitoring: those clients who will not benefit by the end of therapy can be identified sufficiently early in the course of therapy to allow corrective action to be taken. Consistent with this assumption, when client outcome is assessed regularly across the course of individual therapy, those who fail to improve across the first few sessions of therapy are likely to drop out from therapy and are unlikely to benefit even if they continue and receive a full course of therapy (Harmon et al., 2007). The early, accurate detection of poor response to therapy provides the chance to modify what is happening to try to enhance outcome before clients drop out from therapy.

Systematic assessment of client response to therapy is needed because therapists' clinical judgment is poor at detecting lack of client progress, or predicting individuals who are likely to deteriorate across the course of therapy (Lambert, Whipple, Vermeersch, et al., 2002; Whipple et al., 2003). For example, Hannan et al. (2005) asked therapists to identify which individuals in a sample of 550 of their clients would not benefit from therapy, and the therapists correctly identified only one case out of 40 who deteriorated by the end of therapy. Similarly, Hatfield, McCullough, Plucinski, and Krieger (2010) found that recording of worsening occurred in only 25% of case notes written by therapists whose clients were showing reliable deterioration. If

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