



## Integrative Behavioral Couple Therapy vs. Traditional Behavioral Couple Therapy: A theoretical review of the differential effectiveness

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### INFORMACIÓN ARTÍCULO

#### Historia artículo:

Recibido: 02/10/2012

Aceptado: 29/01/2013

#### Keywords

Couple Therapy

Effectiveness

Family Therapy

Integrative Behavioral Couple Therapy (IBCT)

Traditional Behavioral Couple Therapy (TBCT)

### ABSTRACT

The purpose of this review is to compare the differential effectiveness of two couple therapies, the Traditional Behavioral Couple Therapy (TBCT) and the Integrative Behavioral Couple Therapy (IBCT). Although the latter can be seen as an evolution of the first, both are based on different theoretical concepts. Starting from the analysis of 12 studies comparing TBCT and IBCT, conclusions about effectiveness and future perspectives of both approaches are discussed. Our results show that TBCT and IBCT have distinct courses of change and differ fundamentally in what the therapist does in-session, impacting couple behavior both in and out of session. Currently, in line with the most important randomized trials in this field, a slight advantage for IBCT over TBCT in treating distressed couples at two points in time –when treatment is completed and in the first years post-therapy– can be confirmed, although at a five-year follow-up results equalize. Furthermore, some studies cannot confirm significant changes, but clinically relevant ones, which point toward a higher impact of IBCT. Lastly, the article includes limitations of the review as well and offers some orientations, which should be considered for future research.

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### Terapia Integral de Pareja vs. Terapia Conductual de Pareja: una revisión teórica de su eficacia diferencial

#### RESUMEN

El propósito de esta revisión estriba comparar la eficacia diferencial de dos terapias de pareja: la Terapia Conductual Tradicional de Pareja (TBCT) y la Terapia Conductual Integral de Pareja (IBCT). Aunque esta última puede considerarse una evolución de la primera, hoy en día ambas se apoyan en diferentes conceptos teóricos. A partir del análisis de 12 estudios en que se comparan, en el artículo se presentan conclusiones sobre su eficacia y perspectivas de futuro de ambos enfoques. Los resultados muestran que la TBCT y la IBCT ofrecen distintos cursos de acción y se diferencian fundamentalmente en lo que el terapeuta hace dentro de la sesión, y en lo que afecta el comportamiento de pareja dentro y fuera de la sesión. En la actualidad y de acuerdo a los estudios aleatorizados más destacados, se puede confirmar una ligera ventaja de la IBCT sobre la TBCT en el tratamiento de parejas con dificultades al menos en dos momentos temporales: justo al terminar el tratamiento y en los primeros años después de la terapia; no obstante, en un seguimiento a cinco años se iguala la efectividad de los dos tratamientos. Por otro lado, algunos cambios no significativos pero clínicamente relevantes apuntarían hacia la mayor utilidad de la IBCT. Finalmente, el artículo pone de relieve las limitaciones de la revisión y ofrece algunas orientaciones que deben tenerse en cuenta para futuras investigaciones.

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#### Palabras clave

Eficacia

Terapia familiar

Terapia conductual integral de pareja

Terapia conductual tradicional de pareja

Terapia de pareja

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During the last decade, the acceptance and application of couple therapy has vastly increased, and whereas couples therapy was once a treatment of last resort, it is now the preferred treatment of relationship distress and DSM disorders (Johnson & Lebow, 2000). The linkage of relationship distress to the disruption of individual emotional and physical well being emphasized the importance of improving and extending empirically based strategies for treating couple distress (Snyder, Castellani, & Whisman, 2006). Until now, the efficacy of six different couple-based treatments for couple distress is supported: traditional behavior therapy, cognitive-behavioral therapy, integrative behavioral therapy, emotionally focused therapy, integrative systemic therapy, and insight-oriented couples therapy (Snyder et al., 2006). Still, Traditional Behavior Couple Therapy (TBCT; Baucom & Epstein, 1990) with its primary intervention components in (1) behavior exchange and (2) communication and problem solving training (Dimidjian, Martell, & Christensen, 2008) is found firstly to be the most used therapy modality by therapists (Northey, 2002); secondly, the most validated treatment modality, with over two dozen well controlled outcome studies up until today; and thirdly, is proven to be an effective intervention for distressed couples on several occasions (Baucom, Epstein, Taillade, & Kirby, 2008).

Despite the fact that TBCT remains the only couple therapy to date that meets the most stringent criteria for empirical support, TBCT appeared to be limited in its ability to produce clinically meaningful change in severely distressed couples (Snyder, Mangrum & Wills, 1993), older couples (Baucom & Hoffman, 1986 as cited in Cordova, Jacobson, & Christensen, 1998), emotionally disengaged couples (Hahlweg, Schindler, Revenstorf, & Brengelmann, 1984 as cited in Cordova et al. 1998; Johnson & Lebow, 2000), and couples who were polarized with respect to gender role preferences (Jacobson, Follette, & Pagel, 1986). Hence, it became increasingly clear that TBCT's emphasis on promoting change seemed to be a poor fit for some couples and some problems (Dimidjian et al., 2008). Additionally, results showed that 38% of the couples who received TBCT treatment had divorced during a four-year follow-up period (Snyder, Wills, & Grady-Fletcher, 1991) and in a two-year follow-up analysis of Jacobson, Schmaling and Holtzworth-Munroe (1987) results were not that encouraging: approximately 30% of couples who had recovered during therapy relapsed afterwards.

Subsequently, Christensen and Jacobson suggested that the recipe for positive therapy outcome was not an emphasis on change but rather an increased emphasis on emotional acceptance in the couple (Dimidjian et al., 2008) and consequently they developed the Integrative Behavioral Couple Therapy (IBCT) (Christensen, Jacobson & Babcock, 1995). TBCT and IBCT both prove effectiveness for treating marital distress, but do this by operating from two very different theories of change. Lebow, Chambers, Christensen, and Johnson (2012) point out that IBCT and TBCT are clearly different in terms of what the therapist does in-session and in terms of how the couples respond to it, both in and out of session. IBCT suggests that fostering acceptance is an essential step towards improving couple's distress, whereas TBCT postulates that effective skill building is not only necessary but sufficient for mitigating distress (Cordova et al., 1998). Thus TBCT is designed to quickly and effectively teach distressed couples the skills thought to be necessary for improving the relationship and maintaining improvements over time, whereas IBCT's working concept is based on acceptance and tolerance rather than change (Cordova et al., 1998).

Ultimately, IBCT differs from TBCT in three fundamental points: in the focus of change –in IBCT the emphasis is on the recipient of behavior whereas in TBCT the emphasis lies in the agent of behavior; in the strategy of change –in IBCT the primary mechanism of change is through “contingency-shaped behavior” in contrast to “rule-governed-behavior” in TBCT; and finally in the techniques used in therapy –in IBCT there is an integration of strategies for change with

strategies to foster acceptance and tolerance (Dimidjian et al., 2008). Acceptance strategies include empathic joining (partners express their pain in a way that does not include accusations of the partner) and unified detachment (aimed at helping the partners to distance themselves from their conflicts by encouraging an intellectual analysis of the problem and by emphasizing the use of detached and descriptive discussions rather than emotionally laden ones; Dimidjian et al., 2008). Tolerance strategies focus on pointing out the positive features of negative behavior, practicing negative behavior in therapy session and faking negative behavior between sessions as well as self-care. Finally, change strategies contain behavior exchange and problem-solving training (Dimidjian et al., 2008; Jacobson & Christensen, 1998).

Thus, IBCT is based on an essentially different understanding of relationship distress from the one underlying TBCT (Dimidjian et al., 2008). Ergo, this paper has the objective to revise the differential effectiveness of IBCT and TBCT, with the idea of outlining a picture about the already well-functioning applications of both therapies in order to draw conclusions about future indications for research and administration of the therapies in the field of clinical and health psychology.

## Method

### Materials

Twelve academic research papers about the two treatments, TBCT and IBCT, published between 1997 and 2011, were used to review the effectiveness of the therapies. In all studies the treatments were implemented through well-established protocols: The manual of Jacobson and Margolin (1979) was used for TBCT and Jacobson and Christensen's for IBCT (1998). The number of sessions, equivalent in both treatments, ranged between 20 and 26 sessions. Both treatments were applied by therapists who were experts in couple therapy with at least 3 years of experience, carrying out both protocols in accordance with the randomized treatment assignment. To ensure proper implementation of each of the treatments, observational measures (by other therapists) were taken, which evaluated the correct application of both protocols and therapists were monitored during the entire process individually and in-group supervision.

### Procedure

To obtain current research literature, Scencedirect (Elsevier B.V.), Ovid (WoltersKluwer), Onlinelibrary Wiley, PsycINFO, and PsycARTICLES databases were searched. The most used keywords for the search contained “Family therapy”, “Couple therapy”, “Traditional-behavioral couple therapy” and “Integrative-behavioral couple therapy”. Journals offering a major source of articles were the *Journal of Consulting and Clinical Psychology*, *Journal of Marital and Family Therapy*, *Behavior Therapy* and *Journal of Behavior Research and Therapy*. The search language was English.

### Information analysis

The studies obtained were reviewed according to the following parameters: (1) year of publication, (2) number of participants, (3) type of analysis, (4) results, and (5) limitations. All available studies evaluating the effectiveness of IBCT with TBCT were intended to be included.

## Results

In the trial of Cordova et al. (1998), 12 maritally distressed couples were assigned either to TBCT or to IBCT. The research group found that IBCT leads to an identifiably different type of change over the

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