
Theses and Dissertations

2012

Couples in therapy: problem areas, communication patterns, and outcome

Diana Olarte

Follow this and additional works at: <https://digitalcommons.pepperdine.edu/etd>

Recommended Citation

Olarte, Diana, "Couples in therapy: problem areas, communication patterns, and outcome" (2012). *Theses and Dissertations*. 303.

<https://digitalcommons.pepperdine.edu/etd/303>

This Dissertation is brought to you for free and open access by Pepperdine Digital Commons. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Pepperdine Digital Commons. For more information, please contact bailey.berry@pepperdine.edu.

Pepperdine University
Graduate School of Education and Psychology

COUPLES IN THERAPY: PROBLEM AREAS, COMMUNICATION
PATTERNS, AND OUTCOME

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

Diana Olarte

September, 2012

Kathleen Eldridge, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Diana Olarte

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Kathleen Eldridge, Ph.D., Chairperson

Shelly P. Harrell, Ph.D.

Clarence Hibbs, Ph.D.

© Copyright by Diana Olarte (2012)

All Rights Reserved

TABLE OF CONTENTS

	Page
LIST OF TABLES.....	vi
ACKNOWLEDGEMENTS.....	vii
VITA.....	ix
ABSTRACT.....	xvi
Chapter 1: Introductory Literature Review.....	1
Marital Therapy Outcome Research.....	1
Problem Areas Among Couples in Therapy.....	3
Communication Patterns Among Couples in Therapy.....	5
Infidelity and Violence Among Couples in Therapy.....	12
Current Study.....	19
Chapter 2: Methodology and Procedures.....	21
Participants.....	21
Measures.....	24
Procedures.....	25
Chapter 3: Integration and Analysis.....	28
Research Question 1: What are the major issues that create problems for couples who are in therapy?.....	28
Research Question 2: How are these major issues related to treatment outcome?.....	32
Research Question 3: What are the specific communication patterns of couples in therapy?.....	35
Research Question 4: How are these major patterns related to treatment outcome?.....	38
Research Question 5: To what extent is past or current infidelity problematic to couples who are in therapy?.....	42
Research Question 7: To what extent does physical violence occur during therapy?.....	43
Chapter 4: Discussion.....	45
Methodological Limitations.....	55
Clinical and Research Implications.....	57
REFERENCES.....	60
APPENDIX A: Literature Review Table.....	79

APPENDIX B: Copy of Permission of Use Data	148
APPENDIX C: Copies of Measures: TCPTQ	151

LIST OF TABLES

	Page
Table 1. Demographic Information for Couples in the Marital Therapy Study	23
Table 2. Descriptive Statistics of Therapists' Responses to Open-Ended Questions Regarding Major Themes in Treatment.....	29
Table 3. Descriptive Statistics for Likert Scale Responses to Major Themes in Treatment	32
Table 4. Chi-square Analysis Between Few Positive Interactions and Treatment Outcome	33
Table 5. Chi-square Analysis Between Finances and Treatment Outcome.....	33
Table 6. Partial Pearson Correlations Between Themes on Likert Scale Items and DAS	34
Table 7. Descriptive Statistics of Therapists' Responses to Open-Ended Questions Regarding Major Communication Patterns in Treatment.....	36
Table 8. Descriptive Statistics for Likert Scale Responses to Major Patterns in Treatment	38
Table 9. Chi-square Analysis of Major Patterns and Treatment Outcome at Final Session.....	39
Table 10. Chi-square Analysis of Major Patterns and Treatment Outcome at 2-year Follow-Up	40
Table 11. Pearson Correlations Between Major Patterns on Likert Scale Items and DAS	41
Table 12. Descriptive Statistics for Reports of Infidelity	42
Table 13. Descriptives on Physical Violence Reported.....	44

ACKNOWLEDGEMENTS

I would like to take this opportunity to acknowledge all who have contributed and supported me on this journey in completing my doctoral program. First, and foremost, I would like to express my deepest gratitude and appreciation to Dr. Kathleen Eldridge for her continued kindness and generous spirit. Your unconditional support, patience, wealth of knowledge, and encouragement, has helped guide me throughout this entire process. Thank you for providing me with an exceptional experience, one that I will continue to treasure for many years to come. I would also like to extend my sincere appreciation to my committee members Dr. Clarence Hibbs and Dr. Shelly Harrell for their guidance and support as well as their expertise in the field of marital therapy.

To my best friend Shawn Libman for finding words of encouragement, laughter, and support when I needed it the most. Thank you for your years of loyalty and of great friendship. Thank you for always being everything I needed you to be.

To my fiancé Matthew Speake thank you for providing me with a perpetual source of encouragement, emotional refueling, and everlasting love and support, which has empowered me throughout this entire process. Thank you for helping me recognize that I am a woman worthy of a love and friendship as great as ours.

To my brother John Paul Olarte for being an amazing younger brother whose resilient spirit reminds me that anything in life with a little hard work can be achieved. Thank you for remaining understanding and compassionate throughout this process.

Lastly, this journey would not have been possible without the love and support of my parents Jaime and Nelcy Olarte who continue to inspire me on a daily basis. It was their immigration to this country and their dream of a better life that initially inspired me to believe that anything is possible. I only hope that I can continue to make you proud. Thank you for always believing in me and for instilling in me the importance of a strong work ethic, good family values, as well as the significance of living a life of meaning, one of service to the community. This dissertation is dedicated to you both, as it could not have been completed without your unconditional love and faith in my academic pursuits.

VITA

EDUCATION

09/05 – 5/12

Pepperdine University, Graduate School of Education and Psychology (APA Accredited), Los Angeles, CA
Doctoral Student in Clinical Psychology (Psy.D.), Graduated September 2012

- *Dissertation title:* Couples in Therapy: Problem Areas, Communication Patterns, and Outcome. Dissertation chairperson: Kathleen Eldridge, Ph.D.
- *Clinical Competency Examination:* Passed June 2007
- *Dissertation Final Oral Examination:* Passed May 1, 2012
- Served as Vice President of the Student Government Psy.D. Organization, communicating the clinical training needs of students to faculty members and administrative staff, 9/07-9/08
- Served as 2nd year class representative on the Student Government Psy.D. Organization, which liaises with key faculty and administrators to implement improvements in program structure and curriculum, 9/06-9/07
- Served as class representative and active participant of the California Latino Psychological Association, 9/06-9/07

09/03 – 09/04

Pace University, Graduate School of Education and Psychology, New York, NY
Master of Science in Mental Health Counseling, September 2004

09/98 – 05/02

Boston University, Boston, MA
Bachelor of Arts in Psychology, May 2002

- Served as President of the Student Government Organization for the College of General Studies, 9/99-5/00
- Participated in a six month study abroad program in London, England

LANGUAGES

Bilingual, Fluent in English and Spanish

CLINICAL TRAINING EXPERIENCES

- 7/10-7/11 New York-Presbyterian Hospital-Columbia University Medical Center, Department of Child and Adolescent Psychiatry, New York, NY
Bilingual Staff Therapist, Jonas Family Intervention Program
Clinical Supervisor: Erica Chin, Ph.D.
- Primary coordinator and clinician for a grant funded specialty program providing psychotherapy to low-income depressed mothers of suicidal youth.
 - Performed comprehensive adult diagnostic intake evaluations.
 - Provided individual, group, and family therapy in outpatient hospital setting with predominantly low-income, Spanish speaking, Latino mothers.
 - Collaborated with the Home Based Crisis Intervention Program, to provide in home management and clinical treatment for acute psychiatric children, including suicidal adolescents and their families.
 - Worked primarily with mothers diagnosed with major depressive disorder (MDD) and Post Traumatic Stress Disorder (PTSD).
 - Utilized evidence-based interventions: Cognitive-Behavioral Therapy, Dialectical Behavioral Therapy, and mindfulness based strategies for stress reduction with patients experiencing significant environmental stressors including; immigration/migration issues, legal problems, financial hardship, and histories of physical and sexual abuse.
- 07/09 – 7/10 New York-Presbyterian Hospital-Columbia University Medical Center, Department of Child and Adolescent Psychiatry, New York, NY
Bilingual Psychology Intern, Child Track
Training Director: Laura Mufson, Ph.D.
- Specialized in the assessment, diagnosis, and psychological treatment of Spanish-speaking children, adolescents, families, and adults.
 - Provided outpatient psychotherapy to depressed and anxious youth ranging in ages from 8-17 through the Children's Anxiety and Depression Clinic. Modalities utilized included Cognitive Behavior Therapy, play therapy, and manualized treatments such as Interpersonal Psychotherapy for Adolescents and Coping Cat.
 - Conducted community-based individual psychotherapy to children ages 5-12 through the School Based Mental

Health Program. Consulted with school faculty and staff on student mental health concerns.

- Co-led a year-long mindfulness and relaxation skills training group for elementary school children diagnosed with anxiety and mood disorders, learning difficulties, conduct problems, and attention deficits.
- Co-led a Spanish-language parent training group using Carolyn Webster-Stratton's empirically supported parent intervention program for managing children with conduct problems.
- Engaged in parent training and consultation activities as well as provided family therapy.
- Performed, interpreted, and wrote psychodiagnostic assessment reports using a variety of measures including the WISC-IV, WJ-III, WRAML-2, Gray Oral Reading Tests, NEPSY, CELF-4, D-KEFS, and TOWL-3.
- Conducted and generated comprehensive youth psychodiagnostic(KSADS)intake/assessment reports.
- Conducted adult intake evaluations and provided outpatient psychotherapy for a range of disorders including MDD with psychosis, schizophrenia, bipolar disorder, and substance-related disorders.
- Participated in didactic training and weekly grand rounds presentations at the New York State Psychiatric Institute on topics pertaining to child, adolescent, and adult psychiatry.

08/07 – 6/08

Cedars- Sinai Medical Center, Department of Child and Adolescent Psychiatry, Los Angeles, CA.

Pre-Doctoral Practicum Therapist

Supervisor: Jennice Vilhauer, Ph.D. and Stephanie Meyer, Ph.D.

- Conducted intakes and provided psychotherapy for children, ages 5-18, and families seeking mental health services through Behavioral Medicine/Primary Care.
- Carried a caseload of 4 patients for time-limited individual psychotherapy using a behavioral medicine techniques such as pain management, relaxation training, and cognitive restructuring strategies.
- Participated in an interdisciplinary team with medical and psychiatry staff .
- Co-facilitated a social skills group for adolescent boys ages 13-14 with behavioral issues, low self esteem, and difficulties making and maintaining peer relationships.
- Provided individual psychotherapy to children and adolescents diagnosed with a variety of mental health

disorders including but not limited to: Major Depressive Disorder Generalized Anxiety, Post Traumatic Stress Disorder, and Pervasive Developmental Disorders.

- Provided family therapy and psychoeducation/parenting in Spanish for mothers.
- Conducted clinical interviews, provided consultation, and psychological evaluations of individuals with developmental disabilities including: Autism, Asperger's Disorder, and Mental Retardation, in the telepsychiatry clinic.
- Participated in the pediatric mood program, assessing for severe mood dysregulation in youth.
- Assisted lead child psychiatrist Heidi Sulman-Smith, M.D., in the early childhood clinic, assessing for delays in social and emotional development.
- Attended seminars on the assessment of bipolar disorder in youth and collaborative problem solving.

09/06 – 09/07

Harbor UCLA Medical Center, Department of Pediatrics, Torrance, CA

Pre-Doctoral Practicum Therapist.

Supervisor: Traci Critton-Mastendrea, Ph.D.

- Provided psychological testing and consultation services for ethnically and culturally diverse infants, children, and adolescents with varying medical and psychological problems/disorders.
- Assessment services provided to infants and children with HIV/AIDS, children born addicted to drugs (polysubstance), and children referred by their primary physician as a result of delayed development (various domains).
- Exposed to extensive training on the Bayley Scale of Infant Development-III.
- Involved in direct administration, scoring, and writing of test reports for standard batteries of psychological tests (i.e. Bayley-III, WIPPSI, WISC, WRAT, WAISC, Achenbach-CBCL, DECA-C).
- Consulted and liaised with interdisciplinary staff members regarding test findings and recommendations.
- Involved with patient history taking and medical charting.
- Participated in several outpatient clinics including the Pediatric Clinics for immunodeficiency (HIV), Infants of Substance Abusing Mothers (ISAM), and Child and Adolescent Medicine.
- Provided translation services for Spanish speaking patients.

- 08/06 – 11/07 Pepperdine University West Los Angeles Counseling Clinic,
Los Angeles, CA.
Pre-Doctoral Practicum Therapist.
Supervisor: Edward Shafranske, Ph.D.
- Provided outpatient psychotherapy in a university-based community counseling clinic.
 - Provided individual and family therapy for symptom reduction, coping skills training, reducing conflict, anxiety, adaptive problem solving, and depression.
 - Integrated techniques as appropriate for problem identification and symptom reduction, including thought records, relaxation exercises, behavioral activation, and art therapy.
 - Administered assessment measures on coping skills, spirituality, satisfaction with services, and depression inventory in order to provide thorough patient care.
- 09/05 – 07/06 UCLA Corrine A. Seeds University Elementary School,
University of California (UCLA), Los Angeles, CA.
Pre-Doctoral Practicum Therapist
Supervisor: Jeffrey Jacobs, Ph.D.
- Conducted intakes and provided individual and group psychotherapy to children ages 6-12 with emotional and/or behavioral problems; services were provided in an elementary school setting.
 - Facilitated in addressing the needs of children from diverse backgrounds by providing individual psychotherapy to patients experiencing emotional difficulties, school-related issues, parental conflicts, and grief and bereavement issues.
 - Conducted group therapy sessions with children needing assistance in developing social skills to help achieve and maintain friendships.
 - Assisted supervisor in direct translation services with Spanish speaking clients.
 - Conducted behavioral observations of various children to help aid in treatment and diagnosis.
 - Administered, scored, and interpreted results of achievement testing on the Woodcock-Johnson.
- 02/05 – 07/05 New York Center for Eclectic Cognitive Behavior Therapy,
West Haverstraw, N.Y.
Assistant (volunteer position). Assisted Thomas J. Nardi, Ph.D. with women's self defense courses for women ages 13 and up.

- Presented basic skills to stop emotional and physical attacks which included: presentations on the psychological process of an attack and provided effective self defense techniques.
- Provided direct translation of services during individual therapy for Spanish speaking clients.

03/04 – 09/04

Seafired Services Inc., Bayridge, N.Y.

Master's level Student Externship.

- Conducted comprehensive intake evaluations and provided group psychotherapy to adult patients in a licensed outpatient chemical dependency program for homelessness, dual diagnosis, and/or the transition out of prison.
- Worked with patients on symptom reduction, coping skills, anger management, relaxation exercises, developing healthy relationships and patterns of living, and relapse prevention.
- Attended trainings on multi-cultural sensitivity and managing countertransference through boundary-setting.
- Performed intake/assessments, case presentations, treatment planning, referrals and discharge planning within an interdisciplinary team approach.
- Treated diverse client population, including transgender and HIV positive individuals.
- Assisted in the coordination of treatment with collateral agencies, e.g. legal, employment/EAP, managed care, including client follow up, and progress reports.

09/02– 12/02

Select Education Staffing, Sydney, Australia.

Child Care Worker

- Provided a nurturing environment for children, ages 0-5 diagnosed with Pervasive Developmental Disorders.
- Organized activities to stimulate children's physical, emotional, intellectual, and social growth.
- Helped children explore their interests, develop specific talents and independence, and build self-esteem.
- Provided psycho-education and skills training for parents to help stimulate learning and development at home.

- 02/01– 05/02 Hackney Women’s Aid, London, England.
Student Trainee
- Provided management, advocacy, and therapy for children exposed to domestic violence.
 - Evaluated the progress of specific children throughout the course of treatment.
 - Organized group activities to help further individual development.
 - Provided play and art therapy.

TEACHING EXPERIENCES

- 09/08 – 3/09 Pepperdine University, Graduate School of Education and Psychology, Los Angeles, CA
Teaching Assistant for Dave Elkins, Ph.D.
- Assisted Dave Elkins, Ph.D. for 2 semesters with doctoral level existential humanistic psychology courses.
 Recruiting guest speakers for discussion on existential psychology.

COMMUNITY PRESENTATIONS

Understanding Child Behavior: Helpful Parenting Tips and Tools (2007, May)
Community outreach presentation given to mothers enrolled in the Options for Recovery Drug Treatment Program at Harbor UCLA.
 Torrance, CA

Effective Parenting (2006, May)
Community outreach presentation given to Spanish speaking parents at a local Head start program. Los Angeles, CA

For Women Only-A total approach to self defense (2005, May)
Community outreach presentation given on the physical and psychological strategies and techniques for achieving physical and emotional safety for women ages 13 and up. New York Center for Eclectic Cognitive Behavior Therapy

PROFESSIONAL AFFILIATIONS

- 09/07 – PRESENT American Association for Marriage and Family Therapy,
 Student Affiliate
- 08/06 – PRESENT California Latino Psychological Association, Student Affiliate
- 08/05 – PRESENT American Psychological Association, Student Affiliate
 Division 54: Society of Pediatric Psychology
 Division 353: Hispanic Women
 Division 52: International Psychology

ABSTRACT

The current study explores the central problems of couples entering treatment, and communication styles among couples in therapy, as well as the responsiveness of these issues and patterns to treatment. The examination is based on data collected from the Christensen et al. (2004) clinical trial, which examined a sample of 134 married couples randomly assigned to traditional or integrative behavioral couple therapy (TBCT vs. IBCT). This study examined a broad spectrum of variables measured at the end of treatment through therapist reports found on the Therapist and Consultant Post Treatment Questionnaire (major issues, communication styles, infidelity, and violence) and examined the distribution of frequencies of these variables across the treatment outcome categories (deteriorated, no change, improved, and recovered), at the end of treatment and 2-years following treatment termination.

Therapist reports revealed poor communication, closeness/independence, responsibility and control issues, trust/jealousy, and sex as the top five issues for couples seeking treatment. Although none of these were related to treatment outcome, Infidelity was negatively associated with treatment outcome at 2-year follow-up but not at post-treatment. Results indicate that the issues of Finances and Few Positive Interactions may also be related to treatment outcome but small cell sizes warrant caution in interpreting these findings.

Therapist reports also indicate that woman demand/man withdraw, mutual engagement/criticism, and mutual avoidance are the most salient communication patterns among couples in therapy. Of these patterns, only mutual avoidance was negatively correlated with treatment outcome at 2-year follow-up.

In evaluating issues of infidelity and violence, results were consistent with prior studies regarding the nature of affairs and reports of violence. However, violence was not related to treatment outcome. Future research should continue to employ efforts to examine relationships among variables well into follow-up periods. Additional research implications and clinical recommendations are provided.

Chapter 1: Introductory Literature Review

In studies conducted by the Census Bureau (Kreider & Fields, 2001), it was estimated that 50% of marriages taking place in the U.S. were likely to result in divorce. More recent studies are consistent with this estimate revealing divorce rates at 40-50% (Bramlett & Mosher, 2002; Rogers, 2004). Unfortunately, it is estimated that only 10% of married couples have sought therapeutic services to help alleviate relationship difficulty (Johnson et al., 2002). Further, a myriad of controlled studies have demonstrated that marital therapy is in fact helpful (Lebow, Chambers, Christensen, & Johnson 2012; Shadish & Baldwin 2005, Snyder, Castellani & Whisman, 2006). While the efficacy of couple therapy has been established, the extent of its value may depend on the characteristics of the couples seeking treatment. As a result, the central aim of this study is to describe the characteristics of couples seeking therapy, including patterns of communication and specific problem areas such as infidelity or violence, and determine how those characteristics relate to treatment outcome.

Marital Therapy Outcome Research

In examining literature surrounding the efficacy of marital therapy, meta-analyses (e.g. Dunn & Schwebel, 1995; Shadish & Baldwin, 2003) as well as other reviews (e.g. Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Christensen et al., 2004; Christensen, Atkins, Yi, Baucom, & George 2006; Lebow et al., 2012) have revealed that couple therapy is beneficial in alleviating couple distress. The meta-analytic review conducted by Dunn and Schwebel (1995) examined marital therapy outcome studies conducted between 1980-1993 to investigate the efficacy of various treatment modalities including insight

oriented marital therapy (IOMT), cognitive- behavioral marital therapy (CBMT), and behavioral marital therapy (BMT). The authors included 15 studies, representing 558 couples (378 couples randomly assigned to treatment modalities and 180 placed in control groups). Results of the meta-analysis revealed that all three approaches promoted significant changes in various areas of couple relationships when compared to couples not receiving any treatment. Similarly in a review conducted by Baucom et al. (1998), the authors concluded that couple based interventions were more efficacious than wait list treatment conditions. This review evaluated the empirical status of couple based interventions using the criteria set forth by Chambless and Hollon (1998) and determined that Behavioral Marital Therapy is an efficacious and specific intervention, while EFT is efficacious and possibly specific, and CBT and IOMT are possibly efficacious (Baucom et al., 1998). Other researchers have evaluated the clinical significance of couple therapy outcomes. For example, Pinsof and Wynne (1995b) found that 65% of couples report significant improvement rooted in the averaged scores of marital satisfaction. Additionally, in a review of 20 meta-analyses conducted on marriage and family interventions, Shadish and Baldwin (2003) found that marriage and family therapy produces clinically significant results in 40-50% of couples treated. Lastly, based on effect sizes, it is estimated that upon completion of treatment, approximately 75% of couples receiving therapy show greater improvement in marital satisfaction than similar couples not receiving therapeutic interventions (Pinsof, Wynne, & Hambright, 1996).

While there is a long tradition of outcome research in the field of marital therapy, research that directly examines the relationship of couples' specific problem areas and communication patterns to their therapy outcome remains limited. Moreover, the responsiveness to treatment of highly sensitive problems, including infidelity and violence, should be investigated further. In addition to informing clinicians about prognosis when dealing with specific issues, this knowledge would inform efforts to expand and individualize existing treatments for relationship distress.

Problem Areas Among Couples in Therapy

According to Doss, Thum, Sevier, Atkins, and Christensen (2005), understanding patterns of behavior among couples seeking marital therapy can allow clinicians to more effectively tailor interventions to improve treatment outcome. While there have been limited studies to date on couples' reasons for entering treatment, their survey of 147 married couples entering marital therapy indicated that the most frequently reported complaints included problematic communication and lack of emotional affection (Doss et al., 2005). Additionally, couples appear to seek treatment when there are concerns regarding children, when there is physical or emotional abuse present in the relationship, or when issues of infidelity are apparent (Doss, Simpson, & Christensen, 2004).

The issues that couples report for seeking therapy may differ from what they actually work on in treatment. A survey of marital therapists revealed that power struggles, lack of loving, communication, unrealistic expectations, and extra-marital affairs are some of the most pertinent issues addressed in therapy (Whisman, Dixon, & Johnson, 1997). In a study conducted by Geiss and O'Leary

(1981), results from a questionnaire given to 250 members of the American Association of Marriage and Family Therapists (AAMFT) revealed that therapists believe that communication has the most negative impact on problem areas found among couples in therapy. Therapists' estimates revealed that approximately 84% of couples treated experienced communication difficulties. Other problem areas included unrealistic expectations, demonstration of affection, lack of loving feelings, and sex.

These studies provide information about couples' reasons for seeking treatment and the problems worked on during therapy. Perhaps even more helpful, three studies have explored the relationship between problem areas and treatment outcome. For example, according to Whisman et al. (1997), marital therapists report lack of commitment in a relationship and reluctance to change as negative indicators for treatment outcome. Similarly in a study conducted by Jacobson and Addis (1993), it was noted that greater polarization of gender role differences, emotional disengagement, and severe relational problems were associated with negative treatment outcome. Likewise in a study conducted by Snyder, Mangrum, and Wills (1993) results demonstrated that higher levels of disengagement and negative affect, desire for change, and lower relationship quality, were indicators of poor treatment outcome. While these studies provide some general information for clinicians, the need for continued exploration of prognostic indicators of treatment outcome remains a critical area for review (Snyder et al., 2006). To contribute to this literature, the current investigation

examines the relationship between treatment outcome and specific problem areas, including communication patterns, violence, and infidelity.

Communication Patterns Among Couples in Therapy

Communication problems are one of the most frequently cited complaints of couples entering therapy (Doss et al., 2004). As Noller and Feeney (2002) have noted, good communication is an essential component to a healthy marriage. A review of empirical research suggests that both men and women share the belief that good communication and exploration of feelings is the best way to provide comfort to one another and determines the quality of their relationships (Barnett & Rivers, 1996). Additionally, research has shown that expressing one's emotions with a loved one can, in fact, facilitate the process of understanding, which in turn can lead to increased levels of communication and marital satisfaction (Gottman & Silver, 1999).

Heavey, Larson, Zumtobel, and Christensen (1996) examined the psychometric properties of the Communication Patterns Questionnaire (CPQ), a self report measure of communication patterns around conflict in relationships. In their study, the authors distinguish the variety of destructive communication patterns found among couples, such as engaging negatively in conversation, expressing emotions negatively by revealing emotions in a blaming fashion, and showing a lack of respect by dominating a conversation (Heavey et al., 1996). Similarly, according to Gottman (1993) couples tend to fall within certain patterns of relating around areas of conflict. These patterns of relating may be balanced, such as displaying a back and forth escalating exchange known as mutual engagement or mutual criticism. Others appear more parallel in structure, with

each member constantly engaging in a specific role such as the demand-withdraw pattern of interacting. Additionally, couples may display a pattern of relating where there is mutual avoidance.

Negative interactions have been noted to have a significant impact on couple distress (Driver, Tabares, Shapiro, Nahm, & Gottman, 2003). Thus, considerable research has examined these communication patterns and conflict styles among couples (e.g., Christensen, 1988; Gottman, 1993; Gottman & Levenson, 2000; Gottman & Notarius, 2000). In a study conducted by Christensen and Shenk (1991), findings revealed that compared to non-distressed couples, distressed couples exhibited more avoidant behaviors, more demand/withdrawal patterns of interaction, more conflict related to psychological distancing, and less constructive communication. Similar findings were noted by Beach, Sandeen, and O'Leary (1990) which highlighted the prevalence of strong patterns of avoidance in distressed couples. Furthermore, research by Gottman (1993) suggests that unstable couples engage in more hostile interactions than stable couples, displaying mutual patterns of defensiveness. In examining research on couples engaging in negative reciprocity (e.g., mutual engagement and mutual avoidance) numerous studies have established that exchanging negative behaviors serves as an indicator for marital dissolution (Filsinger & Thomas, 1988; Gottman, 1994).

Despite the large amount of research conducted on communication patterns and its effect on the quality of the relationship, there are still many questions surrounding how communication patterns influence treatment outcome (Cain, 1997; Heyman, Brown, Feldbau-Kohn, & O'Leary, 1999). However,

studies have begun to examine the role of predictor variables including communication on treatment outcome (Atkins, Berns, et al., 2005; Baucom, Atkins, Simpson, & Christensen, 2009). Atkins et al. (2005) organized previous research on pretreatment predictors of treatment response into three distinct categories including demographic variables (e.g., age, years married), intrapersonal variables (e.g., personality, psychopathology), and interpersonal variables (e.g., communication, intimacy, commitment). These distinct variables were then utilized to help predict treatment responses in 134 maritally distressed couples receiving marital therapy in the context of a clinical trial. In their findings the authors indicated that interpersonal variables were the greatest predictors, but noted that their effects were limited to the prediction of initial marital dissatisfaction. Expanding on this study, Baucom et al. (2009) examined similar pretreatment variables as predictors of treatment response categories (improved, recovered, no change, and deteriorated) within the same clinical trial at 2-year follow-up, but included more communication variables. In their findings the authors revealed that none of the intrapersonal variables and none of the self report communication variables were related to treatment outcome and only one demographic variable (length of marriage) emerged as a predictor of treatment response. However, there were two observed communication variables that emerged as significant predictors of treatment response which included the use of influence tactics and wife's arousal. Both of these variables interacted with pretreatment marital distress and treatment condition (there were two forms of therapy delivered in the study) in predicting outcomes. While the authors

highlight the notion that pretreatment variables can substantially predict outcome at 2-year follow-up, given the general lack of treatment predictors they also explain the importance of continued research in this area. Thus, in order to further understand the relationship between communication and treatment outcome, further exploration is deemed necessary. The current study aims to further the understanding of this relationship by investigating specific patterns of communication most often seen among distressed couples, such as demand-withdraw, mutual engagement, and mutual avoidance, and their association with treatment outcome.

Demand-withdraw. In a series of studies Christensen and colleagues (Christensen 1987, 1988; Christensen & Shenk, 1991; Eldridge & Christensen, 2002; Eldridge, Sevier, Jones, Atkins, & Christensen, 2007; Heavy, Layne, & Christensen, 1993; Sullaway & Christensen 1983) have verified the significance of a specific pattern of relating referred to as demand-withdraw or pursuer-distancer communication. According to Klinetob and Smith (1996), demand-withdraw communication can be described as a pattern of relating which involves one partner initiating contact with the other through verbal criticism or proposition of change while the other partner attempts to disengage from the conversation by retreating or displaying emotional avoidance such as leaving the room or changing the subject. Several authors have suggested that specific patterns such as demand-withdraw can often have a negative impact on marital satisfaction and stability (e.g. Caughlin & Huston 2002; Heavey, Christensen, & Malamuth (1995). In their review of demand-withdraw research, Eldridge and

Christensen (2002) note that demand-withdraw has been repeatedly associated with relationship dissatisfaction. Further, in a study examining the associations among demand withdraw, feeling understood, and marital satisfaction, Weger (2005) concluded that demand-withdraw has a direct impact on marital satisfaction for wives but not for husbands. Additionally, a recent study by Baucom et al. (2010) examined the demand-withdraw pattern in same sex couples. The researchers coded the behavioral interactions of 75 couples, revealing that same sex couples engage in demand-withdraw patterns similarly as cross sex couples. Results of the study revealed that higher levels of demand-withdraw behaviors are correlated with lower levels of couple satisfaction for all types of couples. Surprisingly, even though this pattern is clearly associated with relationship distress and is therefore prevalent among couples seeking therapy, prospective outcomes associated with this pattern are less clear (Caughlin & Vangelisti, 2006). Some studies demonstrate that demand-withdraw predicts declining happiness (Heavy et al., 1995). Similarly, Gottman and Levinson (2000) examined the impact of demand-withdraw and marital stability. In their examination, the authors concluded that wife demand/husband withdraw was a significant predictor of early and late divorce (0-7 years and 7-14 years respectively). Other studies suggest that this pattern may presage increasing relational satisfaction (Cauglin, 2002; Gottman & Krokoff, 1989; Heavey et al., 1993). While research continues to expand our knowledge of demand-withdraw and marital satisfaction, research examining the relationship between this specific pattern of communication and treatment outcome continues to be limited. The

only study that we are aware of which examines demand-withdraw as a predictor of treatment response is the Baucom et al. (2009) study described above, in which self-reported demand-withdraw did not emerge as a significant predictor of 2-year follow-up treatment response. The current study investigates the association between demand-withdraw and treatment outcome utilizing other measures of demand-withdraw than those used in the Baucom et al. study.

Mutual engagement/criticism and Mutual avoidance/withdrawal. A destructive reciprocal pattern of mutual attacks between partners is referred to as mutual engagement. Often couples displaying mutual engagement in conflicts will attribute a feeling, behavior, or motive to the other partner involved, known as *mind reading*. This pattern of relating then leads to an escalation of reciprocal attacks and defensiveness (Gottman, 1993). Interestingly, research by Gottman and colleagues revealed that when a pattern of negative escalation in which both partners respond with increased levels of negativity is evident, specific characteristics can be noted which are often displayed among distressed couples headed for divorce (Gottman, Coan, Carrene, & Swanson, 1998). These characteristics known as the *four horsemen* include negative behaviors such as criticism, contempt, defensiveness, and stonewalling (Gottman, 1994). Consequently, it has been noted that a pattern of negative escalation in which the ratio of positive to negative interactions is less than 5:1, and in which the presence of the *four horsemen* is evident, has appeared consistently in deteriorating marriages (Gottman et al., 1998). Conversely, research (Beach et al., 1990) has shown that destructive patterns of relating may include mutual avoidance which is

the extent to which both partners avoid conflict discussions (Hahlweg, Kaiser, Christensen, Fem-Wolfsdorf, & Groth, 2000). According to Gottman (1994), emotionally disengaged couples display a lack of positive affect. Interestingly, the continuous avoidance of emotional engagement leads to a decline in their level of intimacy. Further, the continuous suppression of negative emotion may lead to increased levels of psychological arousal, as couples begin exerting more energy in order to simulate normalcy within their relationship (Gross & Levenson, 1997). As a result, research indicates that mutually avoidant couples gradually become more distant and tend to divorce after 7-14 years of marriage (Gottman & Levinson, 2000). Research by Gottman and Krokoff (1989) similarly note longitudinal effects and describe decreased levels of marital satisfaction as a result of conflict evasion in relationships.

While empirical evidence has revealed a significant association between avoidance and dissatisfaction (Golish, 2000), the literature surrounding avoidance has also revealed theoretical arguments suggesting that specific moments of avoidance can prove beneficial in relationships (Afifi & Guerro, 2000; Roloff & Ifert, 2000). In order to better understand the impact of avoidance on relationship satisfaction a study conducted by Caughlin and Golish (2002) examined the interactional styles of 100 heterosexual dyads and 114 parent-child dyads and explored the association between avoidance and relationship dissatisfaction. In their study, the authors examined the general explanations for empirical findings linking avoidance with relationship dissatisfaction; these explanations included the perceptions of avoidance and avoidance behavior itself. Interestingly, the

study found that perception of partner's avoidance was a more important predictor of dissatisfaction than partner's reports of topic avoidance. These findings reveal the need for continued exploration of the impact of avoidance on couples. While research examining the association between couples behavior patterns and marital satisfaction exists, research directly examining the association between specific behavior patterns, including mutual avoidance and mutual engagement, and treatment outcome continues to remain limited. Thus, the current study proposes to expand on this area of literature.

Infidelity and Violence Among Couples in Therapy

Two problem areas that are especially damaging in relationships are infidelity and violence. Infidelity is the leading cause of divorce (Amato & Previti, 2003) and has been cited as one of the most detrimental problems in relationships, leading to distrust, dishonesty, and marital instability (Atkins, Yi, George, Baucom, & Christensen, 2005). Furthermore, lifetime prevalence rates for extramarital affairs range from 20-40% of marriages in the United States depending on demographics including age and gender (Atkins, Baucom, & Jacobson 2001). Consequently, approximately 30% of couples initiate therapy as a result of infidelity that has been disclosed (Glass & Wright, 1988; Whisman, Dixon, & Johnson, 1997) and an additional 30% will disclose infidelity during treatment (Humphrey, 1983). According to Whisman et al. (1997) couple therapists have reported that infidelity remains to be the third most difficult problem to treat.

Accordingly, researchers are currently investigating the best treatment approaches for couples struggling with infidelity. Three studies have examined

the effective treatment of infidelity. Gordon, Baucom, and Snyder (2004) utilized a replicated case study designed to examine the efficacy of a forgiveness-oriented approach in helping couples salvage a relationship after enduring the crisis of infidelity (Gordon & Baucom, 1999). Results of their study revealed that by the end of treatment, the majority of couples participating in the forgiveness-oriented approach reported significantly reduced marital distress and increased levels of forgiveness.

While undertaking issues related to infidelity may be challenging in therapy, a study examining the relationship of infidelity to treatment outcome revealed unexpected and optimistic results (Atkins, Eldridge, Baucom, & Christensen, 2005). In examining the treatment outcomes of 19 couples struggling with issues of infidelity within the context of a larger clinical trial of marital therapy (Christensen et al., 2004), the authors found that the infidelity couples began treatment more distressed than other couples but improved at a greater rate and were as happy as non-infidelity couples by the end of therapy. Most importantly, these effects were only found among couples who revealed the affair prior to or during therapy. Outcome was very poor among couples in which the infidelity was not revealed to the therapist or spouse.

More recently, Atkins, Klann, Marin, Lo, and Hahlweg (2010) conducted a secondary analysis of a community based sample of couples in treatment. The authors compared outcomes for 145 couples reporting infidelity as a problematic issue in their relationship to 385 couples entering treatment for other issues. In their analysis, the authors indicated that infidelity couples were significantly more

distressed at the beginning of treatment but continued improving throughout treatment and at 6 months after treatment. Furthermore as in previous research, the authors concluded that couples struggling with infidelity are not discernible from non-infidelity couples, showing overall optimistic results for couples in which infidelity is a pertinent issue in their relationship.

According to O'Leary et al. (1989) the effects of marital violence on relationship functioning are also profound. Couple violence is often referred to as intimate partner violence (IPV) and is defined by the world health organization (WHO) as any act of physical, sexual, or emotional abuse by current or former partners (Krug, Mercy, Dahlberg, & Zwi, 2002). Various studies have recognized a substantial occurrence of physical aggression among couples seeking therapy (e.g., Halford & Osgarby, 1993; O'Leary, Vivian, & Malone, 1992). Further, it has been noted that psychological aggression is commonly found among couples seeking treatment with a prevalence rate as high as 89-97% (Barling, O'Leary, Jouriles, Vivian, & MacEwan, 1987). A more recent study conducted by Simpson, Doss, Wheeler, and Christensen (2007) found the prevalence of psychological and physical violence among couples seeking therapy to be 78.8%. According to Doss et al. (2004) couples seeking treatment seldom acknowledge aggression as a serious problem in their relationship, which may contribute to the apparent discrepancy found among prevalence rates.

Both psychological and physical forms of aggression have proven to be detrimental to relationship satisfaction (Heyman et al., 1995). In a study of newlywed couples Testa and Leonard (2001) investigated the impact of violence

on women's marital satisfaction and well-being. Findings revealed that women in abusive relationships experienced decreases in marital satisfaction and had higher levels of personal distress. Furthermore, research has shown that couples who exhibit increases in aggressive behavior experience increased levels of marital dysfunction (Lawrence & Bradbury, 2001).

Given these findings, it is not surprising that when couples seek treatment for issues pertaining to physical and emotional abuse, treatment will be challenging for both the couple and therapist involved (Holtzworth-Munroe, Meehan, Rehman, & Marshall, 2002). Interestingly, results of a study conducted by Harway, Hansen, and Cervantes (1997) in which 400 members of the American Psychological Association (APA) were asked to review a case of family violence demonstrated that 50% of respondents could not generate appropriate interventions.

Various forms of treatment are available for couples struggling with violent relationships. Treatment approaches include conjoint couple therapy in which both partners meet together to discuss the issues surrounding their relationship (Holtzworth-Munroe et al., 2002), parallel treatment in which the offender meets with a therapist separately from their spouse (Holtzworth-Munroe et al., 2002), and Multi couple group therapy in which a group therapeutic setting is held for couples struggling with domestic violence (McCollum & Stith, 2007). The conjoint form of treatment has been controversial among members in the psychological community. Stith, Rosen, and McCollum (2003) note that there is an underlying assumption that conjoint methods will increase the danger to the

victims by compelling them to confront their abusers, which in turn may cause added stress on the relationship leading to further violence. Therefore, many couple therapists refer partners for individual therapy instead of providing couple therapy when relationship violence is an issue, fearing that open discussion of relationship problems could exacerbate violent behavior (Holtzworth-Munroe et al., 2002).

However, in their review of treatment approaches for domestic violence, Stith et al. (2003) discovered that while group treatment for male offenders may prove beneficial in diminishing physical violence, no intervention has proven to be more efficacious than the other within the same sample (Babcock & La Taillade, 2000). Findings also revealed that there is no evidence of an increase in danger when male offenders are treated concurrently with their female victims. Additionally, results from their study suggest that when male offenders are treated with their female partners there is a reduction in violence in the relationship. Research has shown that couples treatment is at least as effective as traditional parallel interventions (Stith et al., 2003).

More recently, McCollum and Stith (2007) described findings associated with Domestic Violence Focused Couples Treatment (DVFCT). DVFCT was first developed in 1997 to examine a treatment program for male offenders and for couples wishing to eradicate the violence within their relationship while staying together. In addition to a traditional individual batterer's intervention program, the couples agreed to participate in either Single Couple Therapy or Multi Couple Group Therapy. Researchers found that in both conditions, physical aggression

declined from pretest to follow-up, while nonrandom control couples displayed increased aggression. Furthermore, couples participating in the Multi Couple Group format exhibited the greatest increases in marital satisfaction.

Stith et al. (2003) and Johnson (2006) call into question the notion that all batterers would benefit from the same type of treatment. Indeed, researchers have begun to discern different levels of violence in relationships. Johnson (1995) describes two distinct levels of intimate partner violence including patriarchal terrorism (PT) and common couple violence (CCV). According to Johnson, PT is reflective of society's traditional assumptions which have promoted male dominance and female compliance. Consequently, this underlying notion has directly contributed to issues of control in relationships (Johnson, 1995). As a result, partners may employ a myriad of control tactics including threats, physical attacks, acts of intimidation, or economic control, in order to gain domination. Studies refer to patriarchal terrorism as *intimate terrorism* (IT; Johnson, 2000; Johnson & Leone, 2005). IT is described as a pattern of violence typically perpetrated by men and initiated with the desire of gaining complete control over one's partner. While the literature often defines IT as *severe violence* the degree of violence that occurs varies and often includes emotional abuse (Johnson & Ferraro, 2000).

On the other hand, CCV is a less severe form of violence and occurs more specifically as a response to isolated incidents of conflict. According to Strauss and Smith (1990) CCV is defined as conflict which escalates to minor violent behaviors on occasion and seldom progresses to more severe forms of violence.

Recent articles (Johnson & Ferraro, 2000; Johnson & Leone, 2005) refer to CCV as situational couple violence which occurs during specific disagreements in which one or both partners engage in physical attacks towards the other, in the absence of chronic issues of control in the relationship (Johnson, 1999, 2000). In comparison to IT, CCV occurs less frequently, is less likely to involve severe levels of violence or to progress throughout the course of the relationship, and is more likely than IT violence to be displayed by both partners in the relationship (Johnson 2000a).

According to Bradbury, Fincham, and Beach (2000) literature surrounding violent relationships often relies on the assumption that couples experiencing marital aggression will yield poorer results in therapy than those without aggression. In comparing violent couples to both distressed and non-distressed non-violent couples, studies have shown that couples in violent relationships have less positive interactions and communication styles which may impact treatment outcome (Langhinrichsen-Rohling, Schlee, Monson, Ehrensaft, & Heyman, 1998). Only one study was found that examined the impact of aggression on couple therapy outcome. The study conducted by Simpson, Atkins, Gattis, and Christensen (2008) examined the effectiveness of behavioral couple therapy for violent and non-violent couples. Results of their study demonstrated that while couples reporting more incidences of psychological and physical aggression began therapy more distressed than couples with less aggression, there were no significant differences in outcomes. Specifically, the authors found that aggression was not significantly related to separation or divorce rates, treatment

outcome, or treatment completion. To further understand the relationship between treatment outcome and specific problem areas of infidelity and violence, the current study utilizes the same sample studied in Atkins, Berns, et al. (2005) and Simpson et al. (2008) to determine if results could be replicated using different measures of infidelity and violence, and bivariate correlations.

Current Study

Despite the breadth of research found on couple therapy, few studies have investigated the relationship between specific problem areas or communication patterns and treatment outcome. Consequently, the current study explores the central problems of couples entering treatment, and communication styles among couples in therapy, as well as the responsiveness of these issues and patterns to treatment. In summary, when couple therapists examine how various factors are related to treatment outcome, interventions can be more efficiently tailored to meet the needs of the partners involved, which in turn can increase the amount of couples that can benefit from therapy. In examining the major problems of couples entering treatment along with additional factors such as couples' communication patterns this study aims to provide clinicians with further insight into the content and process of couples' problems and their relationship to outcome in couple therapy.

The examination is based on data collected from the Christensen et al. (2004) clinical trial, which examined a sample of 134 married couples randomly assigned to traditional or integrative behavioral couple therapy (TBCT vs. IBCT). In Jacobson, Christensen, Prince, Cordova, and Eldridge (2000), integrative behavioral couple therapy was introduced in a clinical trial to help address some

of the limitations of traditional behavioral therapy including durability and clinical significance of treatment outcomes. The following research questions were proposed:

1. What are the major issues that create problems for couples who are in therapy?
2. How are these major issues related to outcome?
3. What are the specific communication patterns of couples in therapy?
4. How are these communication patterns related to treatment outcome?
5. To what extent is past or current infidelity problematic to couples who are in therapy?
6. How is infidelity related to treatment outcome?
7. To what extent does physical violence occur during therapy?
8. How is physical violence that occurs during therapy related to outcome?

Chapter 2: Methodology and Procedures

Participants

Participant data for the current study was obtained via archival data collected by Christensen et al. (2004) in the context of a clinical trial of marital therapy comparing traditional and integrative behavioral couple therapy (TBCT vs. IBCT). The study included 134 treatment-seeking heterosexual married couples reporting significant and chronic levels of marital distress. Participants were recruited from the areas surrounding the University of California in Los Angeles (71 couples) and the University of Washington in Seattle (63 couples).

To be active participants, all couples had to speak English fluently, be legally married and living together, have significant and chronic marital distress as assessed by low scores on the Dyadic Adjustment Scale (Spanier, 1976) and elevated scores on the Global Distress Scale of the Marital Satisfaction Inventory (Snyder, 1997). Couples were also required to be between the ages of 18 and 65 and to have completed a high school education. Participants who were currently diagnosed with any of the following DSM-IV Axis I disorders were excluded from the study: alcohol or drug abuse or dependence, schizophrenia, and bipolar disorder. Further, participants with a diagnosis of the following DSM-IV Axis II disorders were also excluded from the study: antisocial, schizotypal, and borderline personality disorders. Moreover, to prevent any confusion in regards to alternative treatment methods and therapy results, neither partner could be attending additional psychotherapy while participating in the research study. Additionally the use of psychotropic medication throughout the course of the study was allowed if the medications had been stabilized over the duration of 6

weeks prior to the pretreatment assessment and there were no anticipated changes in the medication dosage. Finally, to secure a sample that was free of dangerous levels of violence, information regarding relationship violence as reported by the wives of the sample was used to exclude couples that engaged in significantly harmful behaviors.

According to Christensen et al. (2004), the participants of the study consisted of couples married for an average of 10.00 ($SD = 7.60$) years, with an average of 1.10 ($SD = 1.03$) children. Wives had a mean age of 41.62 ($SD = 8.59$) and husbands had a mean age of 43.49 ($SD = 8.74$). Additionally in terms of level of education including kindergarten, wives had 16.97 ($SD = 3.23$) mean years of education, while husbands had 17.03 ($SD = 3.17$) mean years of education. Participants were predominately among the ethnic majority, Caucasian (husbands: 79.1%, wives: 76.1%). Other ethnicities included African American (husbands: 6.7%, wives: 8.2%), Asian or Pacific Islander (husbands: 6.0%, wives: 4.5%), Latino or Latina (husbands: 5.2%, wives: 5.2%), and Native American or Alaskan Native (husbands: 0.7%). See Table 1. Please refer to Christensen et al. (2004) for further information regarding participant data.

Table 1

Demographic Information for Couples in the Marital Therapy Study

Characteristic	Husbands		Wives	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	43.49	8.74	41.62	8.59
Education	17.03	3.17	16.97	3.23
Years Married	10	7.60	10	7.60
No. of Children	1.00	1.03	1.00	1.03
Ethnicity, <i>n</i> (%)				
Caucasian	106 (79.1)		102 (76.1)	
African American	9 (6.7)		11 (8.2)	
Asian American-	8 (6.0)		6(4.5)	
Pacific Islander				
Latino	7 (5.2)		7(5.2)	
Other	4 (3.0)		8 (6.0)	

Note. *N*=134

Therapists that provided couples therapy in the study were selected on the basis of their reputation and expertise in the field. The therapists involved in the study were composed of four doctoral level clinical psychologists in Los Angeles and three in Seattle. All therapists had between 7 and 15 years experience post licensure. They were all licensed clinical psychologists in private practice.

Supervisors included two experts in TBCT, Andrew Christensen and Neil Jacobson, who published outcome research on TBCT and developed IBCT together. Peter Fehrenbach, a therapist in the initial study comparing TBCT and IBCT, considered an expert on both, served as a third supervisor. When Jacobson died, Don Baucom, an expert on TBCT, supervised many of the TBCT cases.

Measures

Dyadic Adjustment Scale (DAS). The DAS (Spanier, 1976, 1989) was administered to measure marital satisfaction and to assess change in relationship satisfaction throughout treatment. The DAS is a 32 item self report measure examining the extent to which a partner is in agreement or disagreement with his or her significant other. Individuals completing the questionnaire may obtain a score ranging from 0-151, with higher scores indicating greater adjustment in the marriage. The DAS total score has a high reliability (DAS.96; Freedman & Sherman, 1987). The DAS is a widely used self report measure used in a multitude of studies since its inception (Christensen et al., 2004). Furthermore, it has high construct validity with other distress measures such as the Locke-Wallace Marital Adjustment Test, .86 for married couples and .88 for divorced couples (Spanier, 1976).

The current study utilized average husband and wife DAS scores as a dependent variable. In addition to the average scores obtained on the DAS, couples were placed into categories describing the clinical significance of their treatment gains or deterioration, based on changes in DAS scores over time (Christensen et al., 2004; 2006). These categories included Deteriorated (separation, drop out of treatment, change in a negative direction), No Change (no reliable change in either direction), Improved (reliable change in a positive direction but not obtaining scores within the normal range), and Recovered (reliable change in a positive direction and reaching a normal range of adjustment- i.e., $DAS > 96.8$). These outcome categories were also used as a dependent variable in the present study.

Therapist and Consultant Post Treatment Questionnaire. This questionnaire was completed upon termination by therapists and consultants and was designed to summarize the major issues addressed in therapy, the major patterns of interactions, as well as the major events that occurred while couples were receiving treatment (please refer to Appendix C for a detailed copy of the questionnaire). The major issues addressed were assessed via an open-ended question asking for a brief description of the major issue that created problems for the couple, followed by a number of common issues rated on a likert scale from 1 (*Not an Issue*) to 10 (*Major Issue*). Major patterns of interaction were assessed via an open-ended question asking for a brief description of the major pattern of interaction that created problems for the couple, followed by a number of common patterns of interactions rated on a likert scale from 1 (*Not a Pattern*) to 10 (*Central Pattern*). Major events in therapy, such as infidelity and violence, were assessed via therapist Yes/No responses to specific questions which included: There was physical violence, Husband revealed he was currently having (or just ended) an affair, Husband revealed a past affair/s, Wife revealed she was currently having (or just ended) an affair and Wife revealed a past affair/s. If violence occurred therapists were instructed to provide further details describing the frequency, level of violence, circumstances, and the perpetrator. If infidelity was revealed, therapists were instructed to indicate the type of affair (sexual or emotional, single or multiple), and to indicate the most recent affair.

Procedures

In the original clinical trial, all couples were screened in a three- phase process via telephone interview, mailed packet of questionnaires, and a pre-

treatment in-person assessment session. Screening measures included the Marital Adjustment Test, Marital Satisfaction Inventory—Revised, Dyadic Adjustment Scale, Conflict Tactics Scale—Revised, and the Structured Clinical Interview for DSM-IV. These screening measures determined which couples were in the appropriate distress range as well as which couples met the additional inclusion and exclusion criteria.

Eligible couples were randomly assigned to either TBCT or IBCT. Of the two treatment conditions, 68 couples received TBCT while 66 couples received IBCT (Christensen et al., 2004). Due to the level of distress found among couples, both treatment conditions offered an extensive treatment with a maximum of 26 sessions. According to Christensen et al. (2004), an average of 22.9 (SD = 5.35) sessions occurred over a period of 36 weeks. One hundred twenty-six (94%) of the 134 participants were considered “treatment completers,” having attended a minimum of 10 sessions.

Couples completed assessments of relationship satisfaction, relationship stability, communication, and individual functioning at pre-treatment, 13 weeks after pre-treatment, and 26 weeks after pre-treatment. At the final therapy session, couples were administered relationship satisfaction and client evaluation of services measures. Couples were instructed to mail the final session measures directly to the project investigators. Outcome assessments were also completed at 12, 18, and 24 months after termination. See Christensen et al. (2006) for further information about these assessments.

Therapists delivered both treatments and recorded each session. They received extensive supervision to monitor adherence to each particular model and overall competency in treatment delivery. On a weekly basis therapists submitted audio- and/ or videotapes of their sessions to the supervisors and received commentary via telephone prior to their next session. In addition, group supervision was conducted during monthly in-person meetings. Adherence and competence were also rated by trained external observers, and therapists completed self-ratings of adherence after each session. Central to the current study, therapists and consultants completed a post treatment questionnaire summarizing each case upon termination.

Chapter 3: Integration and Analysis

Findings from the investigation are presented next and are organized by research question. The analysis of the data was carried out in the following sequence. First, the researcher examined responses on the Therapist and Consultant Post Treatment Questionnaire. A content analysis of therapists' written responses to the open ended questions was followed by a descriptive analysis of therapists' ratings on the separate likert scale items utilized to assess major themes in therapy, major patterns of interaction, and major events in therapy. Second, the researcher conducted correlational and chi-square analyses between the independent variables (therapist responses) and the dependent variables (DAS scores and outcome categories).

Research Question 1: What are the major issues that create problems for couples who are in therapy?

In assessing this question, the researcher utilized an open coding system to identify emerging themes in open ended responses found on the Therapist and Consultant Post Treatment Questionnaire. This process allowed the researcher to examine, evaluate, and categorize the data into distinct categories (see Table 2). Further, descriptive data, including means and standard deviations, were investigated on therapists' ratings of the separate likert scale items assessing the major themes in therapy (see Table 3).

Table 2

Descriptive Statistics of Therapists' Responses to Open-Ended Questions Regarding Major Themes in Treatment

Major themes in treatment	Frequency	Percentage
Poor Communication	58	43
Closeness/Independence	41	30.4
Responsibility/Control	30	22.2
Trust/Jealousy	20	14.8
Sex	20	14.8
Finances	11	8.1
Personality Differences	10	7.4
Concerns regarding children	9	6.7
Emotionality	9	6.7
Volatile Temper/Anger Management	7	5.2
Commitment	6	4.4
Infidelity	6	4.4
Problem Solving	4	3
Drug Use	3	2.2
Few positive interactions	3	2.2
Leisure time	3	2.2
Health Concerns	1	0.7
Total	135	100

Note. $n = 127$ responses

In order to summarize therapist reports of major themes in treatment, each response per couple was examined thoroughly. All emerging themes were listed as independent categories and coded separately. If the therapist's response to the open-ended question regarding major themes in treatment indicated one of the seventeen categories noted above, the response was then coded accordingly (theme present= 1/ not present=0). As a result, each couple could receive multiple theme codes, although most received just one. It is also important to note that while there were 134 couples present in the original study, therapists did not complete this item for 16 couples, and consultant data was available to be used in place of therapist missing responses in 9 of those cases, such that there remained missing data for 7 couples.

As seen above in Table 2, of the major themes evident in treatment, poor communication (43%), closeness/independence (30.4%), responsibility and control issues (22.2%), trust/jealousy (14.8%), and sex (14.8%) were cited as the top five issues for couples seeking treatment. Although an in-depth description of each of these codes is too extensive to provide here, all of the following direct quotes were obtained from the participants in the study and are provided here as examples of three of the codes noted as major themes in treatment. For example, the theme of Responsibility and Control was coded for the following kinds of responses: 1. "Control and responsibility. The more the wife pushed the husband to do things, the more he resisted", 2. "Control -responsibility- the major issue about this is that husband and wife disagree about how much time the wife should spend working outside of the house. Who will be the primary bread winner vs. the

full time parent”, and 3. “Responsibility/Control. Husband wants to control volatile situations. Both feel responsible & blamed for other’s pain. Wife feels out of control of her own life”. Closeness/independence was coded for responses such as these: 1. “Absence of a collaborative set. Independence /dependence- H wants W to be more self sufficient. W wants to remain dependent”, 2. “Theme = Closeness/distance”, and 3. “both concerned about the quality of time spent together-closeness/distance theme present. Husband works long hours outside of home. Wife very busy in home. Both become stressed and have negative interactions about chores, how much time they spend together”. Finally, Trust/jealousy was coded for these types of responses: “Trust: W had a history of infidelity & drugs & H distrustful of her fidelity; H verbally critical & W of H behaving supportively” and “Trust a major theme. Relationship started as an extramarital affair for him while still married to 1st wife. She harbored many feelings which went unexpressed & led to her own affairs (2). She feels unheard & unassertive, he feels abandoned & insecure”.

A descriptive analysis of therapists’ ratings on the separate likert scale items utilized to assess major themes in therapy revealed responsibility and control, emotionality, and closeness/independence as the highest therapist ratings for major themes in treatment (see Table 3).

Table 3

Descriptive Statistics for Likert Scale Responses to Major Themes in Treatment

Themes	<i>N</i>	<i>M</i>	<i>SD</i>
Responsibility and control (1-10)	127	7.45	2.513
Emotionality (1-10)	127	7.28	2.316
Closeness/independence (1-10)	126	6.69	2.767
Sex (1-10)	127	5.91	3.038
Trust, jealousy, boundaries (1-10)	127	3.46	3.184
Infidelity, affairs (1-10)	50	2.58	3.111

Note. *n* =50 infidelity responses because most were left without a rating, indicating not an issue.

Research Question 2: How are these major issues related to treatment outcome?

First, a chi-square analysis was performed in order to examine the distribution of frequencies of different themes across the treatment outcome categories (deteriorated, no change, improved, and recovered), at post-treatment and at 2- year follow-up. There were two significant chi-square results, Few Positive Interactions at the end of treatment, $\chi^2 (3, N=129) = 9.507, p = .023$ (see Table 4); and Finances at 2-year follow-up, $\chi^2 (3, N=124) = 12.835, p = .005$ (see Table 5).

Table 4

Chi-square Analysis between Few Positive Interactions and Treatment Outcome

Issue in treatment	Treatment Outcome at End of Treatment				χ^2	Sig.(2-tailed)
	Deteriorated	Unchanged	Improved	Recovered		
Few positive interactions not a major issue	14 (11.11%)	27 (21.43%)	23 (18.25%)	62 (49.21%)		
Few positive interactions a major issue	2 (66.67%)	1 (33.33%)	0 (0%)	0 (0%)	9.507	0.023

Note. For those for whom few positive interactions were not a major issue, 11.11% were deteriorated, 21.43% unchanged, 18.25% improved, and 49.21% recovered. However, for those for whom finances was a major issue, approximately 66.67% were deteriorated, 33.33% unchanged, 0% improved, and 0% recovered.

Table 5

Chi-square Analysis between Finances and Treatment Outcome

Issue in treatment	Treatment Outcome at 2-year Follow-up				χ^2	Sig.(2-tailed)
	Deteriorated	Unchanged	Improved	Recovered		
Finances not a major issue	27 (23.89%)	10 (8.86%)	27 (23.89%)	49 (43.36%)		
Finances a major issue	2 (18.18%)	5 (45.45%)	1 (9.10%)	3 (27.27%)	12.835	0.005

Note. For those for whom finances were not a major issue, 23.89% were deteriorated, 8.86% unchanged, 23.89% improved, and 43.36% recovered. However, for those for whom finances was a major issue, approximately 18.18% were deteriorated, 45.45% unchanged, 9.10% improved, and 27.27% recovered.

Second, partial correlations were conducted, controlling for pre-treatment marital satisfaction scores, between ratings of major issues found on likert scale responses (independent variable) and marital satisfaction on the DAS (dependent

variable, averaged across spouses) at 26 weeks, at the final session, and at 2- year follow- up (please refer to Table 6 for detailed results). One significant association was found between ratings on the infidelity item and DAS at 2-year follow-up. Results indicate a negative correlation between infidelity and average marital satisfaction scores found on the DAS at 2-year-follow-up, $r=-.407$, $p=.015$.

Table 6

Partial Correlations between Themes on Likert Scale Items and DAS

Theme	Statistical analysis	Average DAS 26 weeks	Average DAS Final Session	Average DAS at 2yr follow up
Closeness/independence (1-10)	Correlation	-0.132	-0.175	-0.027
	Significance (2-tailed)	0.151	0.066	0.795
	Df	117	109	92
Trust, jealousy, boundaries (1-10)	Correlation	0.034	0.088	0.120
	Significance (2-tailed)	0.712	0.353	0.246
	Df	118	110	93
Infidelity, affairs (1-10)	Correlation	-0.267	-0.175	-0.407
	Significance (2-tailed)	0.070	0.262	0.015
	Df	45	41	33

(continued)

Theme	Statistical analysis	Average DAS 26 weeks	Average DAS Final Session	Average DAS at 2yr follow up
Responsibility and control (1-10)	Correlation	-0.017	0.013	0.012
	Significance (2-tailed)	0.858	0.895	0.912
	Df	118	110	93
Emotionality (1-10)	Correlation	-0.021	-0.003	0.032
	Significance (2-tailed)	0.816	0.971	0.757
	Df	118	110	93
Sex (1-10)	Correlation	0.006	0.041	-0.113
	Significance (2-tailed)	0.951	0.666	0.275
	Df	118	110	93

Note. Declining sample size over time is due to couples separating and divorcing at which point they no longer provided DAS data. Additionally, 6 intact couples did not complete their 2-year assessments and 4 couples were lost at follow-up.

Research Question 3: What are the specific communication patterns of couples in therapy?

The researcher utilized an open coding system to help place emerging communication patterns into distinct categories. This process allowed the researcher to examine, evaluate, and categorize the data accordingly (see Table 7). Further, descriptive data, including means and standard deviations, were investigated on therapists' ratings of the separate likert scale items assessing the major communication patterns of couples in therapy (see Table 8).

Table 7

*Descriptive Statistics of Therapists' Responses to Open-Ended Questions
Regarding Major Communication Patterns in Treatment*

Communication patterns	Frequency	Percent
Demand withdraw	61	49.2
Mutual engagement/criticism	24	19.4
Mutual avoidance	12	9.7
Several patterns	23	18.5
Partial interaction indicated	2	1.6
Miscellaneous	2	1.6
Total	124	100

In order to summarize therapist reports of major patterns of interaction, each response per couple was examined thoroughly. All emerging themes were listed as independent categories which included demand-withdraw, mutual engagement/criticism, and mutual avoidance/withdrawal. Responses in which only one partner was indicated (e.g., “she would approach him”) were coded as a partial interaction. Responses in which more than one pattern was described (e.g., “wife felt rejected by husband, hopeless about marriage, wife would push husband to be close, have sex, etc; husband would withdraw-retire for bed early, avoid being around the house, both threw themselves into work avoiding conflict at home”), (demand/withdraw and mutually avoidant), were coded in the category titled “several patterns”. Two responses did not fit any of the categories noted above and as a result were coded in the “miscellaneous” category: “H expresses

closeness/love by doing things for w; w expresses closeness/love by being together. W didn't experience his doing things as loving-it seemed rejecting to her, because he would be gone." and "she expressed self indirectly, he didn't 'get it'; she'd get hurt/angry; he'd be defensive. He'd be 'blunt' she'd feel criticized & defensive; he'd push harder & ultimately feel contempt." Therapists did not complete this item for 19 of the 134 couples in the study, and consultant data was available to be used in place of therapist missing responses in 9 of those cases, such that there remained missing data for 10 couples.

As seen above in Table 7, of the major communication patterns evident in treatment, the demand/withdraw pattern was seen most frequently amongst couples (49.2%) followed by mutual engagement and criticism accounting for 19.4% of couples. The descriptive analysis of therapists' ratings on the separate likert scale items utilized to assess major communication patterns in therapy revealed woman demand/man withdraw, mutual engagement/criticism, and mutual avoidance as the highest ratings for communication patterns in treatment (see Table 8).

Table 8

Descriptive Statistics for Likert Scale Responses to Major Patterns in Treatment

Pattern	<i>N</i>	<i>M</i>	<i>SD</i>
Woman demand/man withdraw(1-10)	127	6.91	2.963
Both partners are blaming, critical, and accusatory (1-10)	126	6.59	2.826
Both partners are avoidant, withdrawn, and rarely discuss their issues directly (1-10)	127	4.49	2.986
Man demand/woman withdraw (1-10)	127	3.60	2.824

Research Question 4: How are these major patterns related to treatment outcome?

First, a chi-square analysis was performed in order to examine the distribution of frequencies of different patterns across the treatment outcome categories (deteriorated, no change, improved, and recovered), at final session and at follow-up. No significant findings were noted (see Tables 9&10).

Additionally, both chi-square analyses were re-run excluding the Partial

Interaction and Miscellaneous categories, due to their zero cell sizes, and results did not differ markedly (final session $\chi^2(9, N=119) = 7.535, p = .582$ and 2-year follow-up, $\chi^2(9, N=115) = 6.798, p = .658$).

Table 9

Chi-square Analysis of Major Patterns and Treatment Outcome at Final Session

Major Pattern	Treatment Outcome				χ^2	Sig.(2-tailed)
	Deteriorated	Unchanged	Improved	Recovered		
Demand/withdraw	7 (11.7%)	16 (26.7%)	11 (18.3%)	26 (43.3%)		
Mutual engagement/criticism	4 (16.7%)	3 (12.5%)	4 (16.7%)	13 (54.1%)		
Mutual Avoidance	2 (16.7%)	3 (25%)	0 (0%)	7 (58.3%)		
Several Patterns	1 (4.3%)	4 (17.4%)	6 (26.1%)	12 (52.2%)		
Partial Interaction	1 (50%)	1 (50%)	0 (0%)	0 (0%)		
Miscellaneous	0 (0%)	0 (0%)	0 (0%)	2 (100%)		
					14.084	.519

Note. As in Tables 4 and 5, percentages are by row. For example, for couples with demand withdraw as a major pattern, 11.7% were deteriorated, 26.7% unchanged, 18.3% improved, and 43.3% recovered.

Table 10

Chi-square Analysis of Major Patterns and Treatment Outcome at 2-year Follow-Up

Major Pattern	Treatment Outcome				χ^2	Sig.(2-tailed)
	Deteriorated	Unchanged	Improved	Recovered		
Demand/withdraw	13 (22%)	10 (16.95%)	10 (16.95%)	26 (44.1%)		
Mutual engagement/criticism	4 (17.39%)	3 (13.04%)	7 (30.44%)	9 (39.13%)		
Mutual Avoidance	5 (41.67%)	1 (8.33%)	1 (8.33%)	5 (41.67%)		
Several Patterns	5 (23.81%)	1 (4.76%)	5 (23.81%)	10 (47.62%)		
Partial Interaction	1 (50%)	0 (0%)	1 (50%)	0 (0%)		
Miscellaneous	0 (0%)	0 (0%)	1 (50%)	1 (50%)		
					10.881	.761

Note. Percentages are by row. For example, for couples with demand withdraw as a major pattern, 22% were deteriorated, 16.95% unchanged, 16.95% improved, and 44.1% recovered.

Second, partial correlations were conducted, controlling for pre-treatment marital satisfaction scores, between ratings of major patterns found on Likert scale responses (independent variable) and marital satisfaction on the DAS (dependent variable) at 26 weeks, at the final session, and at 2-year follow-up (please refer to table 11 below for detailed results). Upon analysis, only one significant association was found between ratings on mutual avoidance/withdrawal and average DAS at 2-year follow-up. Results indicate a negative correlation between level of mutual avoidance and average marital satisfaction scores found on the DAS at 2-year follow-up, $r=-0.200$, $p=.052$.

Table 11

Partial Correlations between Major Patterns on Likert Scale Items and DAS

Pattern	Statistical analysis	Average DAS 26 weeks	Average DAS Final Session	Average DAS at 2yr follow up
Man demand/ woman withdraw (1-10)	Correlation	-0.174	-0.039	-0.174
	Significance (2-tailed)	0.092	0.684	0.092
	Df	93	110	93
Woman demand/man withdraw(1-10)	Correlation	0.069	-0.065	0.089
	Significance (2-tailed)	0.452	0.495	0.391
	Df	118	110	93
Both partners are blaming, critical, and accusatory (1-10)	Correlation	0.031	0.029	-0.058
	Significance (2-tailed)	0.738	0.766	0.580
	Df	117	109	92
Both partners are avoidant, withdrawn, and rarely discuss their issues directly (1-10)	Correlation	-0.120	-0.006	-0.200
	Significance (2-tailed)	0.191	0.950	0.052
	Df	118	110	93

Research Question 5: To what extent is past or current infidelity problematic to couples who are in therapy?

The researcher first investigated the therapist responses to the following questions: “Husband revealed he was currently having (or just ended) an affair (indicate type) sexual or emotional, Wife revealed she was currently having (or just ended) an affair (indicate type) sexual or emotional, Wife revealed a past affair/s. (indicate type) single or multiple; sexual or emotional, Husband revealed a past affair/s (indicate type) single or multiple; sexual or emotional. How long ago was most recent affair?”

Table 12

Descriptive Statistics for Reports of Infidelity

Infidelity	Frequency	Percent
Husband revealed he was currently having (or just ended) an affair	6	4.5
Wife revealed she was currently having (or just ended) an affair	3	2.2
Husband revealed a past affair(s)	3	2.2
Wife revealed past affair(s)	2	1.5

Note. $n = 10$ couples; for some couples multiple affairs were reported

Therapists’ responses on the Therapist and Consultant Post Treatment Questionnaire indicate that of those individuals revealing current affairs, husbands

noted having sexual affairs, while wife reports of infidelity were described as both sexual and emotional. Findings also indicate that past affairs were described as multiple/sexual for husbands and single/sexual for wives. Reports of how long ago the most recent affair took place indicate 1 year ago for wife reports, data was not included for husband reports.

Therapists reported any type of affair taking place throughout the marriage for only 10 couples (13.4%). However, it is important to note that multiple episodes of infidelity occurred within some couples (please refer to Table 12 above). Given the limited sample size of couples engaging in infidelity, question: 6, How is infidelity related to outcome, was not evaluated statistically, but through visual review of the data. Upon visual review of the data for couples engaged in infidelity, at the end of treatment 0 couples were found to be in the deteriorated range, 3 remained unchanged, 3 couples improved, and 4 couples recovered. At 2-year follow-up, 4 couples were categorized in the deteriorated range, 1 couple remained unchanged, 1 couple improved, and 4 couples recovered.

Research Question 7: To what extent does physical violence occur during therapy?

The researcher investigated therapists' responses to the following question: "There was physical violence. Please describe (how often, level of violence, circumstances, perpetrator)." The descriptive analysis provided further insight on frequencies and percentages of violence reported in the relationships, as well as details surrounding the level, circumstances, and the perpetrator in the relationship.

Table 13

Descriptives on Physical Violence Reported

Responses	Frequency	Valid Percent
No	121	96.0
Yes	5	4.0
Total	126	100.0

As seen above in Table 13, reports of violence accounted for only about 4% of couples participating in the study. A closer examination of therapists' responses on details surrounding the violence provided the following information "H threw chair, not at her but hit her. He also grabbed her so she couldn't move," "H was violent towards property/ W slapped H once," "Road rage incidents (2) by husband jeopardized her safety," "W (outside of her H's presence) reported violence against her by H. One incident described," and "W pushed H". Given the limited sample size of couples engaging in violence, question: 8, How is violence related to outcome, was not evaluated statistically, but through visual review of the data. Upon visual review of the data for couples engaged in violence, at the end of treatment 2 couples were found to be in the deteriorated range, 2 remained unchanged and 1 couple recovered. At 2-year follow-up, 3 couples were categorized in the deteriorated range, 1 couple recovered, and 1 couple had missing data.

Chapter 4: Discussion

The current study utilized both a qualitative and quantitative design to investigate the central problems of couples entering treatment, communication styles among couples in therapy, as well as couples' responsiveness to treatment. Consistent with the Doss et al. (2005) research framework for conducting therapy outcome and process research, this study expands on previous research examining the central problems of couples entering treatment, communication styles, as well as special topics of infidelity and violence (Atkins et al., 2005; Baucom et al., 2009; Doss et al., 2004; Doss et al., 2005; Simpson et al., 2008). Further, given the limited research found on the relationship between specific problem areas or communication patterns and treatment outcome, this study helps to provide information regarding the responsiveness of these issues and patterns to treatment.

Through the utilization of a mixed methods design, this study addresses the expressed need from clinicians and researchers for acquiring additional knowledge surrounding prognosis when dealing with specific issues. Such information can aid in efforts to expand and individualize existing treatments for relationship distress. This section will begin with a discussion on the major issues that create problems for couples in therapy and their relationship to treatment outcome. Followed by, a discussion on specific communication patterns and their relationship with treatment outcome, as well as, special topics including infidelity and violence. Further, methodological limitations will be addressed. Lastly, implications for future research will be provided.

This study examined a broad spectrum of variables measured at the end of treatment through therapist reports found on the Therapist and Consultant Post Treatment Questionnaire (major issues, communication styles, infidelity, and violence) and examined the distribution of frequencies of these variables across the treatment outcome categories (deteriorated, no change, improved, and recovered), at the end of treatment and 2-years following treatment termination. Few studies have examined the relationship of these variables and long term response to treatment. As a result, no specific hypotheses were made and potential associations were based largely on previous research examining treatment response to couple therapy (Atkins et al., 2005; Baucom et al., 2009).

On open-ended questions regarding major themes in treatment, therapist reports revealed poor communication, closeness/independence, responsibility and control issues, trust/jealousy, and sex as the top five issues for couples seeking treatment. Further, an examination of therapists' ratings on the separate likert scale items utilized to assess major themes in therapy revealed responsibility and control, emotionality, and closeness/independence as the highest therapist ratings for major themes in treatment. These findings are consistent with prior research assessing the prominent reasons for couples seeking treatment which include problematic communication and lack of emotional affection (Doss et al., 2005).

Interestingly, two variables from therapist responses on open-ended questions examining major themes in therapy emerged as significant predictors of treatment response category: Few Positive Interactions at the end of treatment and Finances at 2-year follow-up. However, it is important to note that because of the

small cell sizes in these chi-square analyses and the small overall number of couples for whom few positive interactions was an issue, we can not be confident in the accuracy or significance of these results. Replication with a larger sample size would be necessary before solid interpretations of these results could be offered.

It would be interesting for future studies to examine the role of few positive interactions amongst couples and its relationship to outcome. Prior research has focused primarily on negative factors that contribute to relationship dissatisfaction (Bradbury et al., 2000; Bradbury, Rogge, & Lawrence, 2001; Fincham & Beach 2010; Gable & Reis, 2001; Karney & Bradbury, 1995). However, recently researchers have noted that marital satisfaction is not just the absence of negative interactions, but the existence of positive ones, resulting in a greater focus on positive factors that help enhance relationships (Gable & LaGuardia, 2007; Gable & Reis, 2001; Gable, Reis, & Elliot, 2000). Karney & Bradbury (1995) conducted a meta-analysis of 115 marital studies and noted several factors which were consistently related longitudinally to relationship satisfaction. Of those factors the researchers concluded that positive interactions, such as expression of affection, by both husband and wife led to greater relationship satisfaction.

Literature surrounding finances have consistently noted a great impact on relationships. Both the psychological community and couples themselves have ranked finances consistently among the top issue for couples regardless of length of marriage or family income (Jenkins, Stanley, Bailey & Markman, 2002).

Finances have also been cited as the top reason for divorce in the U.S. (Bach, 2001). Given these findings, it is not surprising that in the current study Finances and outcome at 2- year follow-up was noted as a significant chi-square result. However it is also important to bear in mind the small sample size of those for whom finances was a major issue ($n = 11$) before drawing any conclusions and making any significant interpretations. As a result, this study calls for continued research in the field of finances and outcome, utilizing a larger sample size to provide results with greater levels of confidence.

It is interesting that prior research has described finances as having an influence on the characteristics and the course of relationships and has also revealed associations between finances and outcome. Dew (2008) noted that among newlywed couples, changes in consumer debt negatively predicted couples' time together and positively predicted arguments over finances, leading to declines in marital satisfaction. More recently, Dew (2011) noted financial disagreements as predictor of union dissolution. Similarly, research has also revealed a significant association between couples' spending patterns and marital satisfaction (Britt, Grable, Nelson-Goff, & White, 2008). While studies such as these highlight the consistent associations among finances and outcome, further investigations are warranted in order to understand the means through which finances can impact relationships. For example, does monetary value impact relationship distress or do the personal values among couples concerning finances impact relationship distress? Similarly, a further exploration into which couple characteristics may aggravate or protect couples from the disruptive influence of

finances may prove beneficial (Conger, Rueter, & Elder, 1999). By understanding this process in more depth therapists can begin to tailor interventions for couples entering treatment with issues regarding finances more effectively.

Therapist responses on likert scale items examining major themes in treatment were also evaluated. Interestingly, partial correlations controlling for pre-treatment marital satisfaction scores, between ratings of major issues found on likert scale responses and marital satisfaction on the DAS, revealed one significant association between ratings found on the infidelity item and DAS at 2-year follow-up. Results indicated a negative correlation between infidelity and average marital satisfaction scores found on the DAS at 2-year follow-up. These results are consistent with previous research noting infidelity as one of the most detrimental problems in relationships, leading to distrust, dishonesty, and marital instability (Atkins, Yi, et al., 2005). However, findings are inconsistent with Atkins, Yi, et al. (2005), which indicates good/ equivalent treatment outcome for infidelity couples compared to non-infidelity couples when examining outcome at the end of treatment. The current study examined couples at 2-year-follow-up, examining longer-term outcome results. Thus, results for couples for whom infidelity/trust is an issue may be less optimistic than the shorter-term outcomes. Perhaps infidelity couples do as well as non-infidelity couples during the course of treatment, but have greater declines during the 2-year follow-up period.

A closer examination of ratings of infidelity also revealed a relatively low score ($M = 2.58$) among the infidelity sample ($n = 50$), indicating that even for those couples for whom infidelity was an issue, it was mostly rated toward the

“Not an Issue” end of the scale. Perhaps for the majority of these couples some mild issues existed around trust revealing more of an effect of the marital distress than a cause, unlike the couples for whom infidelity was the presenting problem. It is also interesting to note that these results were found at 2-year follow-up. Perhaps infidelity is as responsive to treatment as other problems initially, but less likely to sustain the positive effects of therapy over longer term follow-ups. Future research could explore why this result is found at 2-year follow-up and not earlier in treatment.

In assessing the results of communication variables in the current study, therapist reports revealed the demand/withdraw pattern as the most frequent communication pattern amongst couples, followed by mutual engagement/criticism. Further, a descriptive analysis of therapists’ ratings on the separate likert scale items utilized to assess major communication patterns in therapy revealed woman demand/man withdraw, mutual engagement/criticism, and mutual avoidance as the highest ratings for communication patterns in treatment. These results parallel findings from previous research, in which distressed couples are described as exhibiting more demand/withdrawal, mutual avoidance, and mutual engagement/criticism than non-distressed couples (Beach et al., 1990; Christensen & Shenk, 1991; Gottman, 1994).

It is interesting to note that results from likert scale items indicate woman demand/man withdraw as the highest communication pattern found among couples in the current study. Several studies to date have investigated this particular communication pattern and have revealed mixed results associated with

marital outcomes (Cauglin, 2002; Gottman & Krokoff, 1989; Gottman & Levenson, 2000; Heavey et al., 1993). Some studies demonstrate that demand-withdraw predicts declining happiness (Heavy et al., 1995) and that wife demand/husband withdraw was a significant predictor of early and late divorce (Gottman & Levenson, 2000). Other studies suggest that this pattern may presage increasing relational satisfaction (Cauglin, 2002; Gottman & Krokoff, 1989; Heavey et al., 1993).

The current study did not find a significant relationship between this communication pattern and treatment outcome. These findings are consistent with Baucom et al. (2009) which examined demand-withdraw as a predictor of treatment response, in which self-reported demand-withdraw did not emerge as a significant predictor of 2-year follow-up treatment response. While these results provide additional information concerning communication and outcome, it is clear that our understanding of this relationship requires further exploration in order to better understand the interaction of couple dynamics and their influence on treatment outcome.

Research examining mutual engagement/criticism continues to address the impact of negative reciprocity on relationships distress, discriminating distressed couples from non-distressed couples, in addition to couples who ultimately divorce (Filsinger & Toma, 1989; Gottman, Markman, & Notarius, 1977; Hooley & Hahlweg, 1989). Further, research has demonstrated that couples engaging in greater levels of negative reciprocity are more likely to divorce or consider divorce (Gottman, 1993). However research specifically examining mutual

engagement/criticism and its relationship with treatment outcome still remains sparse. Thus, it is clear that continued exploration on patterns including wife demand/husband withdrawal and mutual engagement/criticism would prove beneficial to our understanding of communication patterns and marital satisfaction.

A significant association was noted among couples engaging in mutual avoidance and withdrawal. Therapist reports of couples' communication patterns revealed a negative correlation between level of mutual avoidance/withdrawal and average DAS at 2-year follow-up. This result is consistent with previous research describing continuous avoidance as having a negative impact on the relationship (Gottman, 1994; Gottman & Levenson, 2000). Previous research by Gottman and Krokoff (1989) similarly note longitudinal effects and describe decreased levels of marital satisfaction as a result of conflict evasion in relationships. However, in an examination of couples engaging in avoidance and negative reciprocity, Gottman (1993) revealed that in comparison to hostile and hostile/detached couples, avoidant couples were less likely to have considered divorce or to have divorced over the course of a year than were couples engaging in greater levels of negative reciprocity. While it is clear that negative reciprocity including mutual avoidance has a negative impact on relationships, it is still unclear how this pattern is associated with treatment outcome. Perhaps treatment effectively addresses the conflict avoidance, but the avoidance returns post-therapy, leading to greater declines. It is also interesting to note that these results were found at

follow-up. Future research could explore why this result is found at follow up and not earlier in treatment.

In evaluating cases of infidelity, therapists' reports are consistent with prior studies revealing that men are more likely to have sexual affairs (Atkins, Yi, et al., 2005). According to therapist reports, husbands reported having had multiple sexual past affairs as opposed to wives who indicated having had a single sexual past affair. Further, findings indicate the most recent affair for wives was one year prior to treatment while husband reports remain unclear. In contrast to prior research (Atkins, Yi, et al., 2005), the current study only revealed 10 couples endorsing any type of affair taking place throughout the marriage. These findings are inconsistent with Atkins, Yi, et al. (2005), which revealed cases of infidelity in 19 couples from the original Christensen et al. (2004) study. However, it is important to consider the manner in which infidelity couples were identified and defined. The current study exclusively examined therapist reports on the Therapist/Consultant Post-Treatment questionnaire. A close examination of Atkins, Yi, et al. (2005) revealed that infidelity couples in their study were identified through a separate infidelity measure. In addition, a relationship was noted as an affair if it involved secrecy or sexual feelings. Further, it is interesting to note that only about one third of affairs were revealed prior to beginning therapy, and one fourth were never revealed during therapy at all. According to the authors affairs that remain hidden appear devastating to relationships. This highlights the importance of considering the secrecy of infidelity and its impact on treatment. While secrecy of infidelity may appear to be detrimental to

relationships, it is also important to consider the relatively small sample size noted ($n=5$) of secret affair couples, which prohibits drawing any significant associations. The present study only extends to revealed and known affairs in treatment. As a result, incidences of secret affairs may not have been addressed in treatment and noted in the Therapist and Consultant Post Treatment Questionnaire. This in turn, may account for the apparent discrepancy in sample size between the present study and Atkins, Yi, et al. (2005).

Research has begun to examine the effectiveness of general couple therapy approaches with infidelity couples and efforts have been devoted to development of treatments specifically for couples with infidelity (e.g. Baucom, Gordon, Snyder, Atkins, & Christensen, 2006). Results from the present study as well as other studies on infidelity (e.g. Atkins et al., 2010), might suggest the need for continued outcome data as well as continued exploration on the process of treatment with infidelity couples. Efforts to expand our understanding of how couples and therapists encounter and work through infidelity in treatment would prove beneficial.

The study also examined therapist reports of violence amongst couples which accounted for only 4% of couples participating in the study. Findings were consistent with prior research conducted by Simpson et al., (2008), which demonstrated that while couples reporting more incidences of psychological and physical aggression began therapy more distressed than couples with less aggression, there were no significant differences in outcome. However, it is important to bear in mind that couples with more severe levels of violence were

excluded from the original study, so these findings are not representative of couples in general.

Methodological Limitations

Several limitations can be found in the methodology of the present study. Upon examining the degree of inclusion and exclusion criteria found among the participants involved, it can be noted that an emphasis was placed on internal validity rather than external validity. Thus the generalizability of the results to the general practice of couple therapy may be challenging. Of particular note is the under-representation of ethnic minorities which only accounted for 20% of the entire sample. Furthermore, the sample consisted of highly educated individuals with the average partner having received a college education. It should be noted that participant characteristics such as age, education, gender, and cultural influences may have impacted the results of treatment and may have influenced the relationships among variables in this study. Furthermore, one must consider the exclusion criteria which included a sample that was free of dangerous levels of violence, which is not representative of general couples seeking treatment (Christensen et al., 2004).

Additionally, when evaluating the administration of treatment modalities one should note that all therapists received extensive training and supervision, which is not considered normative within private practice settings. Further, participants of the study received financial incentives and were offered free services through highly reputable facilities. Also, couples were given the opportunity to attend 26 sessions, exceeding the amount most readily provided by managed care associations. Thus, in the context of the study optimal treatment

conditions were attained which may not reflect the true nature of most partners attending couples therapy.

It is also important to note that this is a correlational rather than a causative study, so we cannot draw causal conclusions. An emphasis was placed on utilizing self report measures. Biases can exist when there is a reliance on self report for the measurement of dependent and independent variables, raising concerns of systematic response distortions as well as the validity of the psychometric properties of the questionnaire scales. Further, it should be noted that therapists and consultants were instructed to fill out the therapist and consultant post-treatment questionnaire immediately upon termination. Such reports may be confounded with post-treatment outcome, as therapists were aware of the outcome of each case as they filled out the measure.

Another salient issue remains the relative sample size, particularly in chi-square analyses. Research has shown that the power of the chi-square test increases with a larger number of observations (Kazdin, 2003). If a lack of observations is present, rejection of the null hypothesis may be unattainable even if it is false. The current study encountered a number of limitations associated with the relative sample size and cell sizes found among significant variables including Few Positive interactions and Finances. As a result while these results are noted as significant, we can not be confident in the accuracy or significance of these results. These results suggest findings that require replication with a larger sample size before solid interpretations of these results could be offered.

Future research could consolidate some categories, re-classify data into more general categories, or recruit even larger sample sizes to manage this dilemma.

Clinical and Research Implications

It is clear that findings from the present study indicate a need for continued efforts in assessing the impact of specific variables on treatment outcome. Interestingly with continued research, the two variables which emerged to have significant chi square results with treatment response category, finances and few positive interactions, could help to expand our understanding of external factors on treatment outcome. Furthermore, the difference in findings between post-treatment and 2-year follow-up could indicate that most content areas and communication styles are equally responsive to treatment initially, but that their maintenance of treatment gains varies over time. In sum, post-treatment associations may change significantly once couples are out of treatment for some time. Investigation of relationships among variables well into follow-up periods provides clinicians with greater insight on longer term outcomes. Such research would undoubtedly help clinicians implement and tailor treatment plans accordingly, while designing longer-lasting treatments. Additionally, such knowledge would allow clinicians to plan ahead for booster sessions and follow up services. For example, if clinicians knew that certain content areas or processes among couples were generally associated with better or worse treatment outcomes, and also knew the timing of those associations (at termination or after several months without treatment), that would inform treatment planning, goal setting, and relapse prevention efforts.

Considering the findings from the current study, as well as the empirical literature surrounding key issues leading to disagreements amongst committed partners, continued efforts to better understand the relationship of variables including financial issues, few positive interactions, as well as post-treatment changes in outcome, warrant further attention. Previous studies have noted the absence of training and education for therapists on issues concerning finances (Shapiro, 2007; Poduska & Allred, 1990). While therapists receive extensive training on pertinent issues found in treatment including psychopathology, pharmacology, sensitivity to gender and cultural issues, as well as techniques and interventions (Shapiro, 2007), the topic of finances is often absent from training modules. Given the current economic climate, riddled with issues of downsizing, establishing and maintaining a household, combining financial accounts, and retirement issues, therapists should be provided with more training opportunities surrounding this topic. This in turn, would allow for the establishment of specific guidelines for therapists leading to treatments that specifically target this issue. Further, future research should investigate the general concept of finances and consider the values underlying partners' approach to financial decisions and plans. Perhaps, individual values and biases may impact relationship outcome. Future research with a larger sample size could help clarify this distinction. Additionally this would allow therapists to aid couples in organizing their financial lives together and making financial decisions in ways that strengthen instead of weaken their relationship.

Further, research should continue to focus on the incorporation of building positive interactions to help aid in treatment outcome, in lieu of focusing primarily on eliminating negative interactions. Currently, several treatments can be found that include a focus on promoting positive interactions. For example TBCT interventions include guided behavior exchanges, in which couples are asked to identify specific positive behaviors they can perform, in order to directly increase the ratio of positive to negative behaviors (Baucom et al., 2002). Similarly, tolerance and acceptance building strategies found in IBCCT, including role-playing negative behaviors in sessions while highlighting the positive aspects of interactions help create a step towards acceptance of specific behaviors and in turn, can promote an increase in positive exchanges.

Lastly, it is clear that continued research on longer term outcome results would provide clinicians with a greater understanding of possible relapse post-treatment. This in turn would enable clinicians to incorporate interventions to help couples maintain improvements gained in treatment following termination. The incorporation of a relapse prevention strategy would enable clinicians to provide couples with psycho-education surrounding future difficulties they may encounter post treatment. With this insight clinicians can aid couples with scheduling future booster sessions to help limit declines in marital satisfaction.

REFERENCES

- Afifi, W. A., & Guerrero, L. K. (2000). Motivations underlying topic avoidance in close relationships. In S. Petronio (Ed.), *Balancing the secrets of private disclosures* (pp. 165-180). Mahwah, NJ: Erlbaum.
- Amato, P. R., & Previti, D. (2003). People's reasons for divorcing: Gender, social class, the life course, and adjustment. *Journal of Family Issues*, 24, 602-626. doi: 10.1177/0192513X03254507
- Atkins, D. C., Baucom, D. H., & Jacobson, N. S. (2001). Understanding infidelity: Correlates in a national random sample. *Journal of Family Psychology*, 15, 735-749. doi: 10.1037/0893-3200.15.4.735
- Atkins, D. C., Berns, S. B., George, W., Doss, B., Gattis, K., & Christensen, A. (2005). Prediction of response to treatment in a randomized clinical trial of marital therapy. *Journal of Consulting and Clinical Psychology*, 73, 893-903. doi: 10.1037/0022-006X.73.5.893
- Atkins, D. C., Eldridge, K.A., Baucom, D. H., & Christensen, A. (2005). Infidelity and behavioral couple therapy: Optimism in the face of betrayal. *Journal of Consulting and Clinical Psychology*, 73(1), 144-150. doi: 10.1037/0022-006X.73.1.144
- Atkins, D. C., Yi, J., George, W. H., Baucom, D. H., & Christensen, A. (2005). Infidelity in couples seeking marital therapy. *Journal of Family Psychology*, 19(3), 470-473. doi: 10.1037/0893-3200.19.3.470

- Atkins, D. C., Marin, R. A., Lo, T.T.Y., Klann, N., & Hahlweg, K. (2010). Outcomes of couples with infidelity in a community-based sample of couple therapy. *Journal of Family Psychology*, 24(2), 212-216. doi: 10.1037/a0018789
- Babcock, J. C., & La Taillade, J. J. (2000). Evaluating the interventions for men who batter: In J.P. Vincent & E.N. Jouriles (Eds.), *Domestic violence: Guidelines for research-informed practice* (pp. 37-77). London, England: Jessica Kingsely.
- Bach, D. (2001). *Smart Couples Finish Rich*. New York, NY: Broadway Books.
- Barling, J., O'Leary, K. D., Jouriles, E. N., Vivian, D., & MacEwen, K. E. (1987). Factor similarity of the Conflict Tactics Scales across samples, spouses, and sites. *Journal of Family Violence*, 2, 37-53. doi: 10.1007/BF00976369
- Barnett, R. C., & Rivers, C. 1996. *She works/he works: How two-income families are happier, healthier, and better-off*. New York, NY: HarperCollins.
- Baucom, B. R., Atkins, D., Simpson, L.E., & Christensen, A. (2009). Prediction of Response to Treatment in a Randomized Clinical Trial of Couple Therapy: A 2-year follow-up. *Journal of Consulting and Clinical Psychology*, 77(1), 160-173. doi: 10.1037/a0014405
- Baucom, D. H., Epstein, N., & Lataillade, J. J. (2002). Cognitive-behavioral couple therapy. In N. S. Jacobson & A. S. Gurman (Eds.), *Clinical handbook of marital therapy* (3rd ed., pp. 26-56). New York, NY: The Guilford Press.

- Baucom, D. H., Gordon, K. C., Snyder, D. K., Atkins, D. C., & Christensen, A. (2006). Treating affair couples: Clinical considerations and initial findings. *Journal of Cognitive Psychotherapy*, 20, 375-392. doi: 10.1891/jcpiq-v20i4a004
- Baucom, B. R., McFarland, P.T., & Christensen, A. (2010). Gender, topic, and time in observed demand-withdraw interaction in cross and same-sex couples. *Journal of Family Psychology*, 24(3), 233-242. doi: 10.1037/a0014405
- Baucom, D. H., Shoham, V., Mueser, K. T., Daiuto, A. D., & Stickle, T. R. (1998). Empirically supported couple and family interventions for marital distress and adult mental health problems. *Journal of Consulting and Clinical Psychology*, 66, 53-88. doi: 10.1037/0022-006X.66.1.53
- Beach, S. R. H., Sandeen, E. E., & O'Leary, K. D. (1990). Depression in marriage: *A model for etiology and treatment*. New York, NY: Guilford Press.
- Bradbury, T. N., Fincham, F. D., & Beach, S. R. H. (2000). Research on the nature and determinates of marital satisfaction: A decade in review. *Journal of Marriage and Family*, 62(4), 964-980. doi: 10.1111/j.1741-3737.2000.00964.x
- Bradbury, T., Rogge, R., & Lawrence, E. (2001). Reconsidering the role of conflict in marriage. In A. Booth, A.C. Crouter & M. Clements, (Eds.), *Couples in conflict* (pp. 59-81). Mahwah, NJ: Lawrence Erlbaum.

- Bramlett, M. D., & Mosher, W. D. (2002, June 1). Cohabitation, marriage, divorce, and remarriage in the United States [Data from the national survey of family growth]. Retrieved from http://www.cdc.gov/nchs/data/series/sr_23/sr23_022.pdf
- Britt, S., Grable, J. E., Nelson-Goff, B. S., & White, M. (2008). The influence of perceived spending behaviors on relationship satisfaction. *Journal of Financial Counseling and Planning*, 19 (1), 31-43. Retrieved from <http://www.afcpe.org/assets/pdf/6-2877-volume-19-issue-1.pdf>
- Cain, J. A. (1997). The investigation of predictor variables for successful behavioral-based marital therapy (doctoral dissertation). Retrieved from Dissertations and Theses database. (UMI No. AAT 9731081)
- Caughlin, J. P. (2002). The demand/withdraw pattern of communication as a predictor of marital satisfaction over time: Unresolved issues and future directions. *Human Communication Research*, 29, 49-85.
doi: 10.1111/j.1468-2958.2002.tb00798.x
- Caughlin, J. P. & Golish, T. D. (2002). An analysis of the association between topic avoidance and dissatisfaction: Comparing perceptual and interpersonal explanations. *Communication Monographs*, 69(4), 275-295.
doi: 10.1080/03637750216546
- Caughlin, J. P. & Huston, T. L. (2002). A contextual analysis of the association between demand/withdraw and marital satisfaction. *Personal Relationships*, 9, 95-119. doi: 10.1111/1475-6811.00007

- Caughlin, J. P., & Vangelisti, A. L., (2006). Conflicts in dating and marital relationships. In J.G. Oetzel & S. Ting-Toomey (Eds.), *The sage handbook of conflict communication: Integrating theory, research, and practice* (pp. 129-157). Thousand Oaks, CA: Sage.
- Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 66, 7-18. doi: 10.1037/0022-006X.66.1.7
- Christensen, A. (1987). Detection of conflict patterns in couples. In K. Hahlweg & M.J. Goldstein (Eds.), *Understanding major mental disorder: The contribution of family interaction research* (pp. 250-265). New York, NY: Family Process Press.
- Christensen, A. (1988). Dysfunctional interaction patterns in couples. In P. Noller & M.A. Fitzpatrick (Eds.), *Perspectives on marital interaction* (pp. 31-52). Clevedon, Avon, England: Multilingual Matters.
- Christensen, A., Atkins, D. C., Berns, S., Wheeler, J., Baucom, D. H., & Simpson, L. E. (2004). Traditional versus integrative behavioral couple therapy for significantly and chronically distressed married couples. *Journal of Consulting and Clinical Psychology*, 72(2), 176-191. doi: 10.1037/0022-006X.72.2.176

- Christensen, A., Atkins, D. C., Yi, J., Baucom, D. H., & George, W. H. (2006). Couple and individual adjustment for two years following a randomized clinical trial comparing traditional versus integrative behavioral couple therapy. *Journal of Consulting and Clinical Psychology, 74*, 1180-1191. doi: 10.1037/0022-006X.74.6.1180
- Christensen, A., & Shenk, J. L. (1991). Communication, conflict, and psychological distance in nondistressed, clinic, and divorcing couples. *Journal of Consulting and Clinical Psychology, 59*, 458-463. doi: 10.1037/0022-006X.59.3.458
- Conger, R. D., Rueter, M. A., & Elder, G. H., Jr. (1999). Couple resilience to economic pressure. *Journal of Personality and Social Psychology, 76*, 54-71. doi: 10.1037/0022-3514.76.1.54
- Dew, J. P. (2008). The relationship between debt change and marital satisfaction change in recently married couples. *Family Relations, 57*, 60-71. doi: 10.1111/j.1741-3729.2007.00483.x
- Dew, J. P. (2011). Financial issues and relationship outcomes among cohabiting individuals. *Family Relations, 60*(2), 178-190. doi: 10.1111/j.1741-3729.2010.00641.x
- Doss, B. D., Simpson, L. E., & Christensen, A. (2004). Why do couples seek marital therapy? *Professional Psychology, 35*(6), 608-614. doi: 10.1037/0735-7028.35.6.608

- Doss, B. D., Thum, Y. M., Sevier, M., Atkins, D. C., & Christensen, A. (2005).
Improving relationships: Mechanisms of change in couple therapy.
Journal of Consulting and Clinical Psychology, 73(4), 624-633. doi:
10.1037/0022-006X.73.4.624
- Driver, J., Tabares, A., Shapiro, A., Nahm, E. Y., & Gottman, J. M. (2003).
Interactional patterns in marital success and failure: Gottman laboratory
studies. In F. Walsh (Ed.), *Normal family process: Growing diversity and
complexity* (pp. 493-513). New York, NY: Guilford Press.
- Dunn, R. L., & Schwebel, A. I. (1995). Meta-analytic review of marital therapy
outcome research. *Journal of Family Psychology, 9*, 58-68. doi:
10.1037/0893-3200.9.1.58
- Eldridge, K. A., & Christensen, A. (2002). Demand-withdraw communication
during couple conflict: A review and analysis. In P. Noller & J. A. Feeney
(Eds.), *Understanding Marriage: Developments in the study of couple
interaction*. (pp. 289-322). New York, NY: Cambridge University Press.
- Eldridge, K. A., Sevier, M., Jones, J. T., Atkins, D. C., & Christensen, A. (2007).
Demand-withdraw communication in severely distressed, moderately
distressed, and non-distressed couples: Rigidity and polarity during
relationship and personal problem discussions. *Journal of Family
Psychology, 21*(2), 218-226. doi: 10.1037/0893-3200.21.2.218
- Filsinger, E. E., & Thomas, S. J. (1988). Behavioral antecedents of relationship
stability and adjustment: A five-year longitudinal study. *Journal of
Marriage and the Family, 50*, 785-795. doi: 10.2307/352647

- Fincham, F. D., & Beach, S. R. H. (2010). Of memes and marriage: Toward a positive relationship science. *Journal of Family Theory and Review*, 2, 4-24. doi: 10.1111/j.1756-2589.2010.00033.x
- Freedman, N., & Sherman, R. (1987). *Handbook of measurements for marriage & family therapy*. New York, NY: Bruner / Mazel.
- Gable, S. L., & La Guardia, J.G. (2007). Positive process in close relationships across time, partners, and context. In A.D. Ong & M.H.M. Van Dulmen, (Eds), *Oxford handbook of methods in positive psychology* (pp. 576-590). Oxford, NY: Oxford University Press.
- Gable, S. L., & Reis, H. T. (2001). Appetitive and aversive social interaction. In J. Harvey, A. Wenzel, J. Harvey & A. Wenzel (Eds.), *Close romantic relationships: Maintenance and enhancement*. (pp.169-194). Mahwah, NJ: Lawrence Erlbaum.
- Gable, S.L., Reis, H.T., & Elliot, A. J. (2000). Behavioral activation and inhibition in everyday life. *Journal of Personality and Social Psychology*, 78(6), 1135-1149. doi: 10.1037/0022-3514.78.6.1135
- Geiss, S. K., & O'Leary, K. D. (1981). Therapist ratings of frequency and severity of marital problems: Implications for research. *Journal of Marital and Family Therapy*, 7, 515-520. doi: 10.1111/j.1752-0606.1981.tb01407.x
- Glass, S. P., & Wright, T. L. (1988). Clinical implications of research on extramarital involvement. In R.A. Brown & J.R. Field (Eds.), *Treatment of sexual problems in individual and couples therapy* (pp. 301-346). New York, NY: PMA.

- Gordon, K. C., & Baucom, D. H. (1999). A multitheoretical intervention for promoting recovery from extramarital affairs. *Clinical Psychology: Science and Practice*, 6, 382-399. doi: 10.1093/clipsy.6.4.382
- Gordon, K. C., Baucom, D. H., & Snyder, D. K. (2004). An integrative intervention for promoting recovery from extramarital affairs. *Journal of Marital and Family Therapy*, 30, 213-246. doi: 10.1111/j.1752-0606.2004.tb01235.x
- Gottman, J. M. (1993). The role of conflict engagement, escalation, and avoidance in marital interaction: A longitudinal view of five types of couples. *Journal of Consulting and Clinical Psychology*, 6, 6-15. doi: 10.1037/0022-006X.61.1.6
- Gottman, J. M. (1994). What predicts divorce: *The relationship between marital processes and marital outcomes*. Hillsdale, NJ: Erlbaum.
- Gottman, J. M., Coan, J., Carrere, S., & Swanson C. (1998). Predicting marital happiness and stability from newlywed interactions. *Journal of Marriage and the Family*, 60, 5-20. doi: 10.2307/353438
- Gottman, J. M., & Krokoff, L. J. (1989). Marital interaction and satisfaction: A longitudinal view. *Journal of Consulting and Clinical Psychology*, 57(1), 47-52. doi: 10.1037/0022-006X.57.1.47
- Gottman, J. M., & Levenson, R.W. (2000). The timing of divorce: Predicting when a couple will divorce over a 14-year period. *Journal of Marriage and the Family*, 62, 737-745. doi: 10.1111/j.1741-3737.2000.00737.x

- Gottman, J. M., Markman, H., & Notarius, C. (1977). The topography of marital conflict: A sequential analysis of verbal and nonverbal behavior. *Journal of Marriage and the Family*, 39, 461-477. doi: 10.2307/350902
- Gottman, J. M., & Notarius, C. I. (2000). Decade review: Observing marital interaction. *Journal of Marriage and the Family*, 62, 927-947. doi: 10.1111/j.1741-3737.2000.00927.x
- Gottman, J. M., & Silver, N. (1999). The seven principles for making marriage work. New York, NY: Three Rivers Press.
- Gross, J. J., & Levenson, R. W. (1997). Hiding feelings: The acute effects of inhibiting negative and positive emotion. *Journal of Abnormal Psychology*, 106, 95-103. doi: 10.1037/0021-843X.106.1.95
- Golish, T. D. (2000). Is openness always better?: Exploring the associations among topic avoidance, satisfaction, and parenting styles of stepparents. *Communication Quarterly*, 48, 137-158. doi: 10.1080/01463370009385587
- Hahlweg, K., Kaiser, A., Christensen, A., Fem-Wolfsdorf, G., & Groth, T. (2000). Self-report and observational assessment of couples' conflict: The concordance between the Communication Patterns Questionnaire and the KPI observation system. *Journal of Marriage and the Family*, 62(1), 61-67. doi: 10.1111/j.1741-3737.2000.00061.x
- Halford, W. K., & Osgarby, S. M. (1993). Alcohol abuse in clients presenting with marital problems. *Journal of Family Psychology*, 6, 245-254. doi: 10.1037/0893-3200.6.3.245

- Harway, M., Hansen, M., & Cervantes, N. N. (1997). Therapist awareness of appropriate intervention in treatment of domestic violence. A review: *Journal of Aggression, Maltreatment, and Trauma, 1*, 27-40. doi: 10.1300/J146v01n01_02
- Heavey, C. L., Christensen, A., & Malamuth, N. M. (1995). The longitudinal impact of demand and withdrawal during marital conflict. *Journal of Consulting and Clinical Psychology, 65*, 15–23. doi: 10.1037/0022-006X.63.5.797
- Heavey, C. L., Larson, B. M., Zumtobel, D. C., & Christensen, A. (1996). The Communication Patterns Questionnaire: The reliability and validity of a constructive communication subscale. *Journal of Marriage and the Family, 58* (3), 796-800. doi: 10.2307/353737
- Heavey, C. L., Layne, C., & Christensen, A. (1993). Gender and conflict structure in marital interaction II: A replication and extension. *Journal of Consulting and Clinical Psychology, 61*, 16- 27. doi: 10.1037/0022-006X.61.1.16
- Heyman, R. E., O’Leary, K. D., & Jouriles, E. N. (1995). Alcohol and aggressive personality styles: Potentiators of serious physical aggression against wives? *Journal of Family Psychology, 9*, 44-57. doi: 10.1037/0893-3200.9.1.44

- Heyman, R. E., Brown, P. D., Feldbau-Kohn, S. R. & O'Leary, K. D. (1999). Couples communication behaviors as predictors of dropout and treatment response in wife abuse treatment programs. *Behavior Therapy*, 30, 165-189. doi: 10.1016/S0005-7894(99)80002-1
- Holtzworth-Munroe, A., Meehan, J. C., Rehman, U., & Marshall, A. D. (2002). Intimate partner violence: An introduction for couple therapists. In N.S. Jacobson & A.S. Gurman (Eds.), *Clinical handbook of marital therapy* (3rd ed., pp. 441- 465). New York, NY: The Guilford Press.
- Hooley, J., & Hahlweg, K. (1989). The marriages and interaction patterns of depressed patients and their spouses: Comparison of high and low EE dyads. In M. J. Goldstein, I. Hand, & K. Hahlweg (Eds.) *Treatment of schizophrenia: Family assessment and intervention* (pp. 85-95). Berlin, Germany: Springer-Verlag.
- Humphrey, F. G. (1983). Extramarital relationships: Therapy issues for marriage and family therapists. *Psychiatric Clinics of North America*, 5, 581-593.
- Jacobson, N. S., & Addis, M. E. (1993). Research on couples and couple therapy: What do we know? Where are we going? *Journal of Consulting and Clinical Psychology*, 61(1), 85-93. doi: 10.1037/0022-006X.61.1.85
- Jacobson, N. S., Christensen, A., Prince, S. E., Cordova, J., & Eldridge, K. (2000). Integrative behavioral couple therapy: An acceptance-based, promising new treatment for couple discord. *Journal of Consulting and Clinical Psychology*, 68(2), 351-355. doi: 10.1037/0022-006X.68.2.351

- Jenkins, N. H, Stanley, S. M., Bailey, W. C., & Markman, H. J. (2002). *You paid how much for that? How to win at money without losing at love*. San Francisco, CA: Jossey-Bass.
- Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, 57(2), 283-294. doi: 10.2307/353683
- Johnson, M. P. (November, 1999). *Two types of violence committed against women in the American family: Identifying patriarchal terrorism and common couple violence*. Paper presented at the National Council on Family relations, annual meetings, Irvine, CA.
- Johnson, M. P. (2000). Conflict and control: Images of symmetry and asymmetry in domestic violence. In A. Booth, A.C., Crouter, & M. Clements (Eds.), *Couples in conflict* (pp. 95-104). Hillsdale, NJ: Erlbaum.
- Johnson, M. P. (2005). Domestic violence: It's not about gender - or is it? *Journal of Marriage and the Family*, 67(5), 1126-1130. doi: 10.1111/j.1741-3737.2005.00204.x
- Johnson, M. P. (2006). Conflict and control gender symmetry and asymmetry in domestic violence. *Violence Against Women*, 12(11), 1003-1018. doi: 10.1177/1077801206293328
- Johnson, M. P., & Ferraro, K. J. (2000). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and the Family*, 62, 948-963. doi: 10.1111/j.1741-3737.2000.00948.x

- Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues*, 26(3), 322-349. doi: 10.1177/0192513X04270345
- Johnson, C. A., Stanley, S. M., Glenn, N. D., Amato, P. A., Nock, S. L., Markman, H. J., & Dion, M. R. (2002). *Marriage in Oklahoma: 2001 baseline statewide survey on marriage and divorce*. Oklahoma City, OK: Oklahoma Department of Human Services.
- Karney, B. R., & Bradbury T. N. (1995). The longitudinal course of marital quality and stability: A review of theory, methods, and research. *Psychological Bulletin*, 118(1), 3-34. doi: 10.1037/0033-2909.118.1.3
- Kazdin, A. E. (Ed.). (2003). *Methodological issues and strategies in clinical research* (3rd ed.). Washington, DC: American Psychological Association.
- Klinetob, N. A., & Smith, D. A. (1996). Demand-Withdraw communication in marital interaction: Tests of interspousal contingency and gender roles hypotheses. *Journal of Marriage and the Family*, 58(4), 945-957. doi: 10.2307/353982
- Koehler, K. J., & Larntz, K. (1980). An empirical investigation of goodness-of-fit statistics for sparse multinomials. *Journal of the American Statistical Association*, 75, 336-334. doi:10.1080/01621459.1980.10477473

- Krieder, R. M., & Fields J. M. (2001, February). Number, timing, and duration of marriages and divorces: Fall (1996) [Population reports from the U.S. Census Bureau]. Retrieved from <http://www.census.gov/prod/2002pubs/p70-80.pdf>
- Krug, E., Mercy, J., Dahlberg, L., & Zwi, A. (2002, October 5). The world report on violence and health [Public health]. Retrieved from <https://lib.pepperdine.edu/login?url=http://proquest.umi.com.lib.pepperdine.edu/pqdweb?did=208040931&sid=1&Fmt=4&clientId=1686&RQT=309&VName=PQD>
- Langhinrichsen-Rohling, J., Schlee, K. A., Monson, C. M., Ehrensaft, M., Heyman, R. (1998). What's love got to do with it?: Perceptions of marital positivity in H-to-W aggressive, distressed, and happy marriages. *Journal of Family Violence*, 13, 197-212. doi : 10.1023/A:1022897708296
- Lawrence, E., & Bradbury, T. N. (2001). Physical aggression and marital dysfunction: A longitudinal analysis. *Journal of Family Psychology*, 15, 135-154. doi: 10.1037/0893-3200.15.1.135
- Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M.(2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy*, 38(1), 145-168. doi: 10.1111/j.1752-0606.2011.00249.x
- McCollum, E. E., & Stith, S. M. (2007). Conjoint couples treatment for intimate partner violence: Controversy and promise. *Journal of Couple and Relationship Therapy*, 6 (1-2), 71-82. doi: 10.1300/J398v06n01_07

- Noller, P., & Feeney, J. A. (2002). *Understanding marriage: Development in the study of couple interaction*. New York, NY: Cambridge University Press.
- O’Leary, K. D., Barling, J., Arias, I., Rosenbaum, A., Malone, J., & Tyree, A. (1989). Prevalence and stability of physical aggression between spouses: A longitudinal analysis. *Journal of Consulting and Clinical Psychology*, 57, 263-268. doi: 10.1037/0022-006X.57.2.263
- O’Leary, K. D., Vivian, D., & Malone, J. (1992). Assessment of physical aggression against women in marriage: The need for multimodal assessment. *Behavioral Assessment*, 14, 5-14. Retrieved from <http://psycnet.apa.org/psycinfo/1993-00094-001>
- Pinsof, W. M., & Wynne, L.C. [Eds.], (1995a). The effectiveness and efficacy of marital and family therapy: Introduction to the special issue. *Journal of Marital and Family Therapy*, 21 (4), 341-343. doi: 10.1111/j.1752-0606.1995.tb00169.x
- Pinsof, W. M., & Wynne, L. C. (1995b). The efficacy of marital and family therapy: An empirical review, conclusions, and recommendations. *Journal of Marital and Family Therapy*, 21, 585-613. doi: 10.1111/j.1752-0606.1995.tb00179.x
- Pinsof, W. M., & Wynne, L. C., & Hambright, A.B. (1996). The outcomes of couple and family therapy: findings, conclusions, and recommendations. *Journal of Marital and Family Therapy*, 33(2), 321-331. doi: 10.1037/0033-3204.33.2.321

- Poduska, B. E., & Allred, G. H. (1990). Family finances: the missing link in MFT training. *The American Journal of Family Therapy*, 18(2), 161-168. doi: 10.1080/01926189008250800
- Rogers, S. J. (2004). Dollars, dependency, and divorce: Four perspectives on the role of wives' income. *Journal of Marriage and Family*, 66, 59-74. doi: 10.1111/j.1741-3737.2004.00005.x
- Roloff, M. E., & Ifert, D. E. (2000). Conflict management through avoidance: Withholding complaints, suppressing arguments, and declaring topics taboo. In S. Petronio (Ed.), *Balancing the secrets of private disclosures* (pp. 151-179). Mahwah, NJ: Erlbaum.
- Shadish, W. R., & Baldwin, S. A. (2003). Meta-analyses of MFT interventions. *Journal of Marital and Family Therapy*, 29(4), 547-570. doi: 10.1111/j.1752-0606.2003.tb01694.x
- Shadish, W. R., & Baldwin, S. A. (2005). Effects of behavioral marital therapy: A meta-analysis of randomized controlled trials. *Journal of Consulting and Clinical Psychology*, 73(1), 6-14. doi: 10.1037/0022-006X.73.1.6
- Shapiro, M. (2007). Money: A therapeutic tool for couples therapy. *Family Process*, 46(3), 279-291. doi: 10.1111/j.1545-5300.2007.00211.x
- Simpson, L. E., Atkins, D. C., Gattis, K. S., & Christensen, A. (2008). Low-level relationship aggression and couple therapy outcome. *Journal of Family Psychology*, 22 (1), 102-111. doi: 10.1037/0893-3200.22.1.102

- Simpson, L. E., Doss, B. D., Wheeler, J., & Christensen, A. (2007). Relationship violence among couples seeking therapy: Common couple violence or battering? *Journal of Marital and Family Therapy*, 33, 268-281. doi: 10.1111/j.1752-0606.2007.00021.
- Snyder, D. K. (1997). *Manual for the Marital Satisfaction Inventory Revised*. Los Angeles, CA: Western Psychological Services.
- Snyder, D. K., Mangrum, L. F., & Wills, R. M. (1993). Predicting couples' response to marital therapy; A comparison of short-term and long-term predictors. *Journal of Consulting and Clinical Psychology*, 61, 61-69. doi: 10.1037/0022-006X.61.1.61
- Snyder, D. K., Castallini, A. M., & Whisman, M. A. (2006). Current status and future direction in couple therapy. *Annual review of psychology*, 57, 317-344. doi: 10.1146/annurev.psych.56.091103.070154
- Spanier, G. B. (1976). Measuring dyadic adjustment: new scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, 38, 15-28. doi: 10.2307/350547
- Spanier, G. B. (1987). Dyadic adjustment scale. In N. Freedman & R. Sherman (Eds.), *Handbook of measurement for marriage and family therapy*, 52-58. New York, NY: Brunner Mazel.
- Spanier, G. B. (1989). *Manual for the Dyadic Adjustment Scale*. North Tonowanda, NY: Multi-Health Systems.

- Stith, S. M., Rosen, K. H. & McCollum, E. E. (2003), Effectiveness of couples treatment for spouse abuse. *Journal of Marital and Family Therapy*, 29: 407–426. doi: 10.1111/j.1752-0606.2003.tb01215.x
- Strauss, M. A., & Smith, C. (1990). Family patterns and primary prevention of family violence. In M.A. Strauss, & F.J. Gelles (Eds.), *Physical Violence in American Families*, (pp. 507-526) New Brunswick, NJ: Transaction.
- Sullaway, M., & Christensen, A. (1983). Assessment of dysfunctional interaction patterns in couples. *Journal of Marriage and the Family*, 45, 653-660. doi: 10.2307/351670
- Testa, M., & Leonard, K. E. (2001). The impact of marital aggression on women's psychological and marital functioning in a newlywed sample. *Journal of Family Violence*, 16(2), 115-130. doi: 10.1023/A:1011154818394
- Weger, H., Jr. (2005). Disconfirming communication in marriage: Associations among the demand/withdraw interaction pattern, feeling understood, and marital satisfaction. *Journal of Social and Personal Relationships*, 22, 19-31. doi: 10.1177/0265407505047835
- Whisman, M. A., Dixon, A. E., & Johnson, B. (1997). Therapists' perspectives of couple problems and treatment issues in couple therapy. *Journal of Family Psychology*, 11(3), 361-366. doi: 10.1037/0893-3200.11.3.361

APPENDIX A

Literature Review Table

APPENDIX A

Literature Review Table

Author, Year	Publicat-ion Type	RQ/RO	Sample	Variables/ Instruments	Research Design	Results/ Statistics	Major Findings
I. Marital Therapy Outcome Research							
Atkins, Berns, George, Doss, Gattis, & Christensen (2005). Prediction of response to treatment in a randomized clinical trial of marital therapy.	Journal article	Purpose: to examine predictions of long term treatment responses to couple therapies	N=134 seriously and chronically distressed married couples	Dyadic Adjustment Scale, Demographics questionnaire, Neo-five factor inventory, Compass outpatient treatment assessment system, Communication pattern questionnaire, Closeness and independence inventory, Affective communication scale, Sexual dissatisfaction scale, Marital status inventory.	Quantitative	Results indicated that interpersonal variables were the strongest predictors of initial marital dissatisfaction. Marriage length was a predictor of treatment gains, the longer the couple was married the stronger the treatment gains. Sexually dissatisfied couples showed slower gains initially but overall displayed more consistent gains.	There are seldom variables that can predict successful vs. unsuccessful treatment outcomes. As a result, the authors suggest researchers to re-evaluate the process by which specific variables moderate treatment outcome. Additionally, it's noted that the poorest variables of treatment outcome may be interpersonal variables.
Baucom, Atkins, Simpson & Christensen (2009). Prediction response to treatment in randomized clinical trial of couple therapy: A 2 year-follow-up.	Journal article	Purpose: to examine predictions of long term treatment responses to couple therapies	N=134 seriously and chronically distressed married couples	Four groups of predictor variables: demographic, communication, intrapersonal, and two moderators: pre-treatment severity and type of treatment were explored as predictors of change following 2 years of treatment termination.	Experimental	Findings reveal that emotional arousal and power processes were the strongest predictors of response to treatment at 2- year follow-up. Further, the authors highlight how the use of soft influence tactics is associated with the greater likelihood of being in a high treatment response category.	Predictors of treatment response for all couples included the length marriage. Findings suggest that the longer the length of the marriage the more likely the couple will respond favorably to treatment.

						However, none of the intrapersonal variables, self reported communication variables, or demographic variables, emerged as significant predictors of change.	
Baucom, Shoham, Mueser, Daiuto, & Stickle (1998). Empirically supported couple and family interventions for marital distress and adult mental health problems.	Journal article	Purpose: examine the efficacy status of empirically supported couple and family interventions, and to highlight findings related to clinical significance and effectiveness	N/A	N/A	Review study	Empirically supported treatments were divided into three genres: Efficacious and specific treatments (Behavioral Marital Therapy [BMT]), efficacious and possibly specific treatments (Emotion-Focused Therapy [EFT]), and possibly efficacious treatments (Cognitive Therapy, Cognitive-Behavioral Therapy [CBT], Insight- Oriented Therapy [IOT], and Systemic Therapy).	Various couple- and family-based treatments are beneficial for marital distress. According to the authors, the most efficacious, appears to be BMT.
Chambless& Hollon (1998). Defining empirically supported therapies.	Journal article	Purpose: To highlight the issues in determination of empirically supported therapies.	N/A	N/A	Review study	N/A	The Authors highlight the importance of independent replication in order to promote a treatment modality as efficacious. Further, efficacy trials should continue to be utilized in order to further explore the benefits of treatment. Additionally, the trials should include research in various

							settings with a variety of populations.
Christensen, Atkins, Berns, Wheeler, Baucom, & Simpson (2004). Traditional versus integrative behavioral couple therapy for significantly and chronically distressed married couples.	Journal article	Purpose: To compare the efficacy of TBCT v. IBCT	N=134 seriously and chronically distressed married couples	Outcome measures include relationship satisfaction, stability, communication, and individual adjustment. Marital Adjustment Test, Marital Satisfaction Inventory, Dyadic Adjustment Scale; Conflict Tactics Scale-Revised, Structured Clinical Interview for DSM-IV.	Experimental	Therapists remained adherent and proficient using alpha reliabilities across coders. Findings revealed that treatment gains do not take place in the early stages of treatment. TBCT couples improve more rapidly and then plateau; IBCT couples slowly and steadily improve throughout treatment. Husbands progress more quickly in treatment. 65% of IBCT couples showed reliable change or recovery.	The significant rates of change imply that both treatment conditions are effective in treating severely distressed couples. Further, findings noted improved relationship satisfaction, stability, and communication which, may be due to the increased number of sessions. The gradual shift in IBCT may be due to the focus on central themes and issues disturbing the couple, compared to the focus on problem behaviors in TBCT. Greater change in husbands may be due to their initial anxiety and concerns upon entering treatment and therapist even-handed stance taken to dispel any concerns.
Christensen, Atkins, Baucom, & George (2006). Couple and individual adjustment for two years following a randomized clinical trial comparing traditional versus	Journal article	Purpose: to examine BCT at two year follow-up. Focusing on trajectory of marital satisfaction, change over	N=130 of 134 couples (couples from original 2004 study comparing IBCT vs. TBCT)	Dyadic Adjustment Scale, Marital Status Inventory, Mental Health Index from the Compass Outpatient Treatment Assessment System, and the MAQ, and a therapy information sheet	Quantitative	Initially, findings suggested a significant decline in marital satisfaction however, steady increases emerged later in follow up. The initial decline was greater for TBCT than for IBCT couples.	Overall, reliable improvements were noted in 2/3 of couples who appeared improved or recovered at 2 year follow up. There was an initial drop in marital satisfaction

integrative behavioral couple therapy.		time, effect of treatment conditions. Additionally to examine the impact of other covariates including: association of individual functioning and marital satisfaction over time; clinical significance of change in marital satisfaction; and the impact of additional therapy during follow-up.				However, couples in both treatment conditions displayed a sharp, initial decline in marital satisfaction. At 22 weeks, IBCT couples were more satisfied than TBCT couples.	immediately following therapy, followed by a gradual increase in satisfaction over the course of the 2 years. The most satisfied couples described greater marital satisfaction at termination and a quick drop in satisfaction following therapy, and more rapid improvements at the end of follow up.
Doss, Thum, Sevier, Atkins, & Christensen (2005). Improving relationships: Mechanisms of change in couple therapy.	Journal article	Purpose: to highlight mechanisms of change in couples therapy	N=134 married couples	DV: Change in relationship satisfaction during treatment; IV: Change in the mechanisms during treatment. Dyadic Adjustment Scale, Frequency and Acceptability of Partner Behavior Inventory, Communication Patterns Questionnaire. Measures administered pretreatment, 13 weeks after pretreatment	Quantitative	Individuals demonstrated significant change over the course of treatment. Overall, positive communication increased significantly in the IBCT condition. Further, demand-withdraw interactions decreased. In earlier phases of treatment, behavior modifications were noted yielding improvements while	Results implied that acceptance can have an impact on treatment gains in terms of increased satisfaction in the first half of treatment. Nevertheless the changes noted early in treatment, cannot predict maintained satisfaction as shown by relapse of negative behaviors during the second half of therapy.

				assessment, 26 weeks after pretreatment assessment, and after the final therapy session.		gains in acceptance were associated with later phases of treatment. Husbands displayed change earlier in therapy and both individuals became more accepting of one another's problematic behaviors. The authors conclude that TBCT brings about greater changes in behavior; IBCT brings about greater changes in acceptance.	
Davidson & Horvath (1997). Three sessions of brief couples therapy: A clinical trial.	Journal article	Objective: to evaluate the efficacy of paradoxical interventions in couples therapy in a time-limited naturalistic context	N=40 couples	Dyadic Adjustment Scale, Conflict Resolution Scale, Target Complaints, Marital Attitude Survey, Relationship Belief Inventory, Homework report form, Implementation checklist	Quantitative	Couples receiving treatment improved significantly more in measures of increased marital satisfaction than those on a wait-list. 75% of the treated couples rated themselves as having improved at least slightly on the Targeted Complaints.	As a result of cognitive interventions focusing on attributions and relationship beliefs there were improvement in behavior noted.
Dunn & Schwebel, (1995). Meta-analytic review of marital therapy outcome research.	Journal article	Purpose: to highlight key factors and the efficacy of marital therapy and meta-analyses by reviewing the findings of marital therapy	N=15 marital therapy outcome Studies, described in 19 papers	Measures included: the Marital Interaction Coding System, the Areas-of-Change questionnaire, the Couples Interaction Scoring System, the Spouse Observation Checklist, and Target Complaints questionnaire, the	Reanalysis of outcome data	Participating treatment groups were placed into three distinct categories Behavioral Marital Therapy (BMT), Cognitive Behavioral Marital Therapy (BMT), and Insight Oriented Marital Therapy (OMT). In examining the findings of the marital therapy	BMT,CBMT, and IOMT were all found to be more effective than no treatment in terms of providing changes in the relationship regarding changes in behavior and general evaluation of their relationship. CBMT was the only modality to bring

		outcome studies		Relationship Beliefs Inventory, the Irrational Beliefs Test, Affect-oriented measures: the Interpersonal Relationship Scale, the Acceptance of Other Scale, the Self-Feeling Awareness Scale, the Passionate Love Scale, General assessment of the relationship and its quality (GARQ) measures: the Dyadic Adjustment Scale, the Goal Attainment Scale, the Marital Adjustment Scale, the Maudsley Marital Questionnaire, the Marital Satisfaction Inventory, the Partnership Questionnaire, the Problem List, the Psychosocial Intimacy Questionnaire, the General Happiness Rating Scale, the Problem Description Scale, and the Communication Scale		outcome studies the authors utilized the findings to evaluate the efficacy of three treatment approaches BMT, CBMT, and IOMT in providing change in relationship behavior, general awareness of relationship, cognitions, and affect. Results displayed all marital therapy interventions included in the study as effective in promoting change in compared to couples receiving no treatment.	about post therapy changes in relationship related cognitions. Finally, IOMT was more effective than CBMT and BMT in bringing changes in partners relationship assessment.
Goldman & Greenberg (1992). Comparison of integrated systemic and emotionally focused approaches to couples therapy.	Journal article	Purpose: to compare the effects of emotionally focused couples therapy (EFT) with	N=42 couples seeking help for problems in distressed relationships	Three treatment groups (control, IST, and EFT), and three occasions (pretest, posttest, and follow-up). The Couples Therapy Alliance Scale, The Dyadic Adjustment Scale, Target	Repeated measures design	Responses to an open-ended question about the effects of therapy included: positive emotional response to one's partner, increasing awareness of the partner's	IST may be more self-sustaining than EFT at follow-up. Both therapies are helpful in alleviating marital distress and resolving conflict.

		the effect of integrated systemic marital therapy (IST)		Complaints, Goal Attainment Scaling, Conflict Resolution Scale, post-treatment interview. The couple's average score on the four dependent measures (DAS, CRS, TC, and GAS) was the unit of measurement		sensitivities and vulnerabilities, therapist neutrality (in the IST condition), and therapist empathy and caring (in the EFT condition).	
Greenberg, Ford, Alden, & Johnson (1993). In-session change in emotionally focused therapy.	Journal article	Purpose: An examination of three different marital studies of in-session change were assessed in order to compare change and no-change performances and to identify components of competence in change.	N=22 couples	Dyadic Adjustment Scale, Structural Analysis of Social Behavior, Experiencing Scale, Self-Disclosure Coding System.	Experimental	It was found that more positive behaviors between partners occurred in the latter stages of therapy. Further, sessions contained more self-focused positive statements such as disclosing, and that spouses are more likely to respond positively after therapists facilitate intimate self-disclosure by their partners.	The authors suggest that during the course of treatment experiences are intensified in "good" sessions and that interactions are more supportive over the course of therapy. Additionally the use of supportive behaviors indicates that revealing experiences in intimate ways can lead to change in couple interactions.
Jacobson & Addis (1993). Research on couples and couple therapy: What do we know? Where are we going?	Journal article	Purpose: to discuss the outcome and process research on couple therapy. Which treatments work, how do they work,	N/A	Questions: Which treatments work? When do they work and why? What methods have proved useful in studying couple therapy?	Qualitative	N/A	The authors address current therapies and interventions for distressed couples. Findings indicate that it may be easier to prevent relationship problems than to treat them once they materialize. Couples more severely

		and what factors predict outcome?					<p>distressed are less likely to be “happily married” at end of treatment; younger couples respond better to treatment; emotional disengagement is a negative prognostic indicator; couples with polarized gender role preferences are less likely to benefit from interventions. Successful couples will exhibit less hostility and coercion, greater amounts of acceptance, and more emotional involvement. Further, the authors note the need for future research to examine gender issues and domestic violence.</p>
Jacobson, Christensen (1998). Acceptance and change in couple therapy: A therapists guide to transforming relationships.	Book chapter	Chapter title: from change to acceptance	N/A	N/A	N/A	Two-thirds of couples receiving TBCT improved, and of those, one-third relapsed within two years post-treatment. Five couple factors discriminating between success and failure in TBCT include: commitment, age, emotional engagement, traditionality, and convergent goals for the marriage. Initial pilot data on the efficacy of	<p>There appear to be missing links to TBCT. The authors point out that only half of the couples were benefiting from treatment. According to the authors, an acceptance component would promote greater results for couples in treatment.</p>

						IBCT shows significantly increased couple satisfaction when compared to TBCT.	
Jacobson, Christensen, Eldridge, Prince, & Cordova (2000). Integrative behavioral couple therapy: An acceptance-based, promising new treatment for couple discord.	Journal article	Purpose: To provide information on IBCT and marital distress	N=21 couples seeking therapy for marital distress	Marital satisfaction. Global Distress Scale, Marital Satisfaction Inventory, Dyadic Adjustment Scale	Experimental	Ratings and means used; Naïve raters and global codes of instigate change and acceptance used; Therapist adherence to TBCT and IBCT; TBCT was competently given based on a rating scale and rated by an expert; pre- and post-test scores on GDS and DAS: effect sizes moderate to large favoring IBCT. 80% of IBCT couples improved or recovered.	IBCT may be more effective than TBCT. Acceptance may be an important factor promoting greater change in couples treated with IBCT.
Jacobson, Follette, Revenstorf, Baucom, Hahlweg, & Margolin (1984). Variability in outcome and clinical significance of behavioral marital therapy: A reanalysis of outcome data.	Journal article	Purpose: to reanalyze data from previous BMT outcome investigations , Answering the following questions; what proportion of couples improve during the course of BMT? How likely is it that couples	N=148 couples	Locke-Wallace Marital Adjustment Test, Dyadic Adjustment Scale, Partnership Questionnaire	Reanalysis of outcome data	Deterioration was uncommon and more than half of the couples showed improvements. By the end of treatment more than one third of couples changed from distressed to non-distressed. In 40% of improved couples, positive changes in marital satisfaction occurred in one spouse. Improvement was rare without treatment. At six-month follow-up, 60% of couples had maintained treatment gains.	According to the study, success rates of BMT appear to be “more modest” than in previous estimates. This is the first study to be less objective, basing improvement percentages on criteria that are psychometrically sound, clinically meaningful, and objective. Further, the data reveals that the most positive results; remained superior even after removing the least distressed

		treated in the BMT studies really became non-distressed?					couples from the data set.
Jacobson & Margolin (1979). Marital therapy: Strategies based on social learning and behavior exchange principles.	Book	Purpose: to assess the efficacy of BMT	N/A	N/A	N/A	BMT is significantly more effective than no treatment. Nevertheless, couples may respond differently to specific techniques or skills (e.g. positive exchanges vs. communication)	Comparative studies were inconclusive. Behavior therapy was said to be extremely effective in treating relationship difficulties however, the book calls into question the current marital therapy interventions and highlights the need for continued evaluation of treatment modalities.
Shadish & Baldwin (2003). Meta-analyses of MFT interventions.	Journal article	Purpose: to review the efficacy of MFT interventions	N/A	N/A	Review study	MFT is effective in both marital and family enrichment and couples interventions. The effects are slightly reduced at follow-up but are still significant. 40-50% of couples treated with MFT interventions will display clinically significant results.	MFT is in fact helpful for distressed couples. Additionally, the authors make recommendations for problems found in empirically supported treatment by introducing the concept of meta-analytically supported treatments (MAST).
Shadish & Baldwin (2005). Effects of behavioral marital therapy: A meta-analysis of randomized controlled trials.	Journal article	Purpose: to examine the efficacy marital therapy	N/A	N/A	Review study	Summary of results from 30 randomized trials comparing BMT and no treatment with distressed couples. Marital therapy significantly more effective than no treatment ($d=.585$).	Couple therapy in general, and behavioral approaches more specifically, promote substantial improvements in relationship quality.

						Large effect size ($d > .08$) of marital therapy in reducing distress at post treatment.	
Lebow, Chambers, Christensen, & Johnson, (2012). Research on the treatment of couple distress.	Journal article	Purpose: to review the research of couples therapy over the last decade	N/A	N/A	Review study	Couples therapy positively impacts 70% of couples participating in treatment and proves to be just as effective as individual therapy.	Overall, effectiveness rates are comparable to individual therapy and greatly superior to control groups not receiving any treatment. Findings over the decade have highlighted the effectiveness of integrative behavioral couples therapy and emotion-focused therapies.
Pinsoff, Wynne, & Hambright (1996). The outcomes of couples and family therapy: findings, conclusions, and recommendations.	Journal article	Purpose: to provide an overview of the efficacy of marital and family therapy (MFT) for a multitude of mental health disorders	N/A	N/A	Review study	MFT is in fact effective and is not harmful. Further, it proves mostly beneficial for specific disorders or patients. MFT may be more cost effective for certain diagnoses and no particular MFT model is superior than another. MFT is not sufficient in itself to treat certain severe disorders and problems.	In general, there is a multitude of research supporting MFT efficacy.
Worthington, McCullough, Shortz, Midnes, Sandage, & Chartrand (1995). Can couples assessment and feedback improve	Journal article	Purpose: to assess the impact of assessment and feedback, such as in CBCT, couples who	N=48 couples with one partner from an introductory psychology class; N=26 married couples, N=15	Dyadic Adjustment Scale, Commitment Inventory, Client's rating form, Assessor's self-report of experience, Couples Pre-Counseling Inventory, Personal Assessment of Intimacy	Experimental	Dyadic satisfaction improved for couples between pre-assessment and post-assessment, and also between post-assessment and follow-up. Assessment-feedback participants	Study displayed small positive effects on dyadic satisfaction and commitment for individuals taking part in face-to-face couple assessments. The results also conclude

relationships? Assessment as a brief relationship enrichment procedure.		are not self-identified couples therapy clients	cohabitating couples, and N=7 engaged couples	in Relationships		displayed improvements on DAS between pre- and post-assessment.	that assessment alone may influence positive effects of interventions. Further, couple assessments and feedback can have a positive affect on relationships by aiding in couple understanding of issues pertaining to relationship.
II. Problem Areas in Couples Therapy							
A). Couple Communication Patterns							
Atkins, Berns, George, Doss, Gattis, & Christensen (2005) Prediction of response to treatment in a randomized clinical trial of marital therapy.	Journal article	Purpose: to explain changes in marital satisfaction over time using pretreatment variables, when comparing IBCT to TBCT	N=134 distressed couples	Dyadic Adjustment Scale as criterion variable	Experimental	Results indicated that greater desired closeness and better communication were associated with less initial marital distress, whereas poor communication and any movement toward divorce or separation were associated with greater initial distress.	The authors reveal that these specific qualities of the relationships can help explain overall relationship satisfaction prior to treatment.
Baucom, Atkins, Eldridge, McFarland, Sevier, & Christensen (2011). The Language of Demand-withdraw: Verbal and vocal expressions in dyadic interactions.	Journal article	Purpose: to understand the association between vocally expressed emotional arousal, influence	Two different samples: 1) N = 130 of 134 significantly distressed couples 2) N=38 (community sample)	Couples Interaction Rating System Dyadic Adjustment Scale Latent Semantic Analysis software	Quantitative	Results indicated that higher levels of demand-withdraw behavior were associated with the increased use of controlling influence tactics. Demanders express more arousal and use more influence	Future research should examine the role of emotional arousal in contributing to the demand-withdraw pattern. The mixed pattern of the use of hard and soft tactics is likely to result in a "mutual

		tactics, and demand-withdraw				tactics. Both arousal and influence tactics are associated with demand-withdraw.	trap” in which demanders initiate a collaborative discussion only to use language that impedes their partners from engaging in the discussion. When demanders use more soft influence tactics withdrawers, disengage more.
Baucom, McFarland, & Christensen (2010). Gender, topic, and time in observed demand/withdraw interaction in cross and same-sex couples.	Journal article	Purpose: to compare demand-withdraw patterns of interactions among same-sex couples vs. heterosexual couples	N= 75 (20 unmarried lesbian, 15 unmarried gay males, 20 unmarried straight cohabiting, and 20 married straight couples).	Dyadic Adjustment Scale , The Problem Areas Inventory, Couple Rating System-short form	Quantitative	Higher levels of demand-withdraw behaviors are correlated with lower levels of couple satisfaction for all types of couples.	Same sex couples engage in demand-withdraw patterns similarly as cross sex couples.
Bertoni & Bodenmann (2010). Satisfied and dissatisfied couples: Positive and negative dimensions, conflict styles, and relationships with family of origin.	Journal article	Purpose: to analyze the marital functioning of couples by comparing satisfied vs. dissatisfied couples	N= 226 married couples: 85 (satisfied couples), 55 (dissatisfied couples), and 86 (dissatisfied couples in therapy).	Marital Adjustment Test, Scale on Positive dimensions, Scale on Negative dimensions, Disagreement Scale, Questionnaire evaluating one’s family of origin and Questionnaire evaluating one’s spouse’s family of origin	Quantitative	Results revealed that in comparison to dissatisfied couples, satisfied couples displayed more positive engagement vs. negative engagement, had a higher ratio between positivity and negativity, less avoidance, violence, and offence, and better relationship with their family of origin.	Satisfied couples were significantly associated with the highest levels of positivity, couples in treatment noted the highest levels of negative proportions, and dissatisfied couples not in treatment were in between.
Caughlin (2002). The demand/withdraw pattern of	Journal article	Purpose: to better understand the	N= 46 married couples	CPQ-shortened version, Marital Opinion Questionnaire, Observational measures.	Quantitative	The study examines Demand-withdraw and changes in satisfaction. Results indicate that	In comparing their study with previous studies the authors imply that the

communication as a predictor of marital satisfaction over time: Unresolved issues and future directions.		connection between demand-withdraw and changes in satisfaction				Demand-withdraw predicts increases in wives satisfaction and the connection between demand/withdraw and dissatisfaction persists to some extent	association between demand-withdraw and marital satisfaction is more involved than previously assumed. As a result the authors call for future research to examine the role of different ways of engaging in demand-withdraw and its overall impact on marriage.
Cauglin & Huston (2002). A contextual analysis of the association between demand/withdraw and marital satisfaction.	Journal article	Purpose: Examine the association between demand-withdraw and marital satisfaction within the context of other interpersonal behaviors.	N= 90 married couples who participated in the PAIR project a four-panel longitudinal study.	Affectional expression and negativity scale, Communication patterns questionnaire short form, Marital opinion questionnaire.	Quantitative	Results suggest that demand-withdraw and negativity are “empirically separable” and that the demand-withdraw behavior may explain the variations found in marital satisfaction that cannot be explained by negativity and affectional expression. Further, the research suggests that affectional expression “buffers the inverse association between satisfaction and demand/withdraw.”	Among couples who express higher levels of affections, the inverse association between demand/withdraw and marital satisfaction may be less strong. The authors recommend that future research continue to examine the relationship among behaviors and marital satisfaction
Caughlin & Scott (2010). Toward a communication theory of the demand/ withdraw pattern of interaction in interpersonal relationships.	Book chapter	N/A	N/A	N/A	N/A	N/A	An overview of the theory, research, and new understandings related to demand-withdraw interaction patterns are provided. Further, the authors discuss perspectives on demand-withdraw interactions including

							<p>gender differences, social structure, conflict structure, and individual differences.</p> <p>Based on research analyzing demand-withdraw patterns in romantic relationships and in parent-adolescent dyads, four distinct styles of demand-withdraw sequences were noted: Discuss/Exit, in which one individual pursues discussion of an issue and the other persons engages in either communicative or physical exit of the discussion; Socratic questioning; Perfunctory response, in which the demander asks numerous questions and the withdrawer offers simple, typically one-word answers; Complain/Deny, where the demanding partner makes a complaint about the other partner's behavior and the other partner challenges the legitimacy of the complaint; and Criticize/Defend, involving a criticism</p>
--	--	--	--	--	--	--	---

							by the demanding partner and a defensive response justifying the criticized behavior by the other partner.
Christensen & Shenk (1991). Communication, conflict, and psychological distance in non-distressed, clinic, and divorcing couples.	Journal article	Purpose: to compare conflict and communication patterns among	N= 25 non distressed couples, 12 clinic couples, and 22 divorcing couples	Communication Patterns Questionnaire, Relationship Issues Questionnaire, Dyadic Adjustment Scale.	Quantitative	Compared to non distressed couples, distressed couples exhibited more avoidance, more demand-withdraw, and less constructive communication. As well as, more conflict over psychological distancing.	Distressed couples exhibit difficulty with communication and as in previous research the authors conclude that wife demand and husband withdraw was more evident across groups. Additionally, incompatibility not only communication distinguishes distressed from non distressed couples
Doss, Simpson, & Christensen (2004). Why do couples seek marital therapy?	Journal article	Purpose: to improve therapists' awareness of the reasons why couples seek marital therapy	N=147 heterosexual married couples	Reasons for seeking marital therapy questionnaire, Marital Satisfaction Inventory—Revised	Mixed-methods	Gender differences were found among men and women. Women report communication as the primary reason for seeking treatment more than men. However both men and women were consistent in their motivations for marital therapy. Wives reported more reasons for seeking therapy, rated themselves as expressing more negative emotionality, more partner responsibility for problems, and greater self-responsibility for problems. However,	The gender differences highlighted reveal that each partner in a couple likely presents to therapy for different reasons. Likewise, given that only sexual problems/dissatisfaction overlapped for the couple, suggests that asking about reasons for seeking therapy provides information different from standardized questionnaires. Further, it is implied that attention given to the reasons couples seek therapy is vital to the success of therapy.

						partners displayed no difference in their level of distress and their reasons for seeking treatment. Finally, of the areas assessed for reasons for seeking therapy, only sexual problems/dissatisfaction overlapped for both partners.	These implications can assist therapists in helping more couples seek treatment and benefit from therapy. Finally, the study suggests that spouses' reasons for seeking therapy may be very different from psychologists' impressions of couples' problems (also in Whisman et al., 1997).
Eldridge & Christensen (2002). Demand-withdraw communication during couple conflict: A review and analysis.	Book chapter	Purpose: to review the literature on demand-withdraw with emphasis on assessment, concurrent and longitudinal associations between demand-withdraw and marital satisfaction, demand/withdraw and domestic violence, and explanations for demand-withdraw.	N/A	N/A	N/A	N/A	Findings regarding longitudinal associations between communication and marital satisfaction over time, as well as, demand- withdraw and relationship satisfaction is less consistent. However, the majority of studies continue to support the notion that demand-withdraw pattern is consistently associated with concurrent relationship dissatisfaction. Additionally, the authors note the likelihood that marital dissatisfaction increases the demand-withdraw behaviors found in couples.
Eldridge, Sevier,	Journal	Purpose: to	N= 182 married	Marital Adjustment Test	Quantitative	Results were highly	The authors expand of

Jones, Atkins, & Christensen (2007). Demand-withdraw communication in severely distressed, moderately distressed, and non-distressed couples: Rigidity and polarity during relationship and personal problem discussions.	article	replicate and extend research on demand-withdraw.	couples, 134 of these couples were distressed couples seeking therapy	Communications Patterns Questionnaire--Wife-Demand/Husband-Withdraw subscale Communication Patterns Questionnaire--Husband-Demand/Wife-Withdraw subscale Couples Interaction Rating System Marital Discussion Questionnaire Marital Satisfaction Inventory-Revised-Global Distress Scale Dyadic Adjustment Scale		consistent with previous research indicating that across couples, the demand-withdraw pattern is associated with marital distress. Overall, wife demand and husband withdraw was greater than husband withdraw and wife demand.	the view of conflict structure by noting that the gender polarity found within the demand-withdraw pattern can vary. As result, one must examine additional variables such as distress level and length of marriage.
Geiss & O'Leary (1981). Therapist ratings of frequency and severity of marital problems: Implications for research.	Journal article	Purpose: to discover the important directions for marital therapy research	N=116 members of the American Association of Marriage and Family Therapists treating at least five couples in their practice	A structured questionnaire asking the therapists to rate the frequency, severity, and treatment difficulty for 29 problems commonly experienced by distressed couples	Survey	Communication and alcoholism were highlighted as the priority research areas. Further, therapists noted the following as having the most damaging effect on a marital relationship: Communication, unrealistic expectations of marriage or spouse, power struggles, serious individual problems, role conflict, lack of loving feelings, and demonstration of affection, alcoholism, extra-marital affairs, and sex. Alcoholism, lack of loving feelings, serious individual problems, power struggles, addictive behavior other	Communication emerged as the highest priority topic of future marital therapy research as it ranked as having the most damaging effect on a relationship, as the most frequently occurring problem in distressed marriage, and as the most desired topic for future research.

						than alcoholism, value conflicts, physical abuse, unrealistic expectations of marriage or spouse, extra-marital affairs, and incest were the areas rated as being the most difficult to treat successfully.	
Gottman (1993). The role of conflict engagement, escalation, and avoidance in marital interaction: A longitudinal view of five types of couples.	Journal article	Purpose: to examine patterns of behavior between stable and unstable couples over a 4 year period and to assess the impact certain behaviors have on the relationship.	N=73 couples	Video-taped interactions of couples were coded using: the Marital Interaction Coding system, Specific Affect Coding system.	Experimental	Unstable couples could be described as more hostile than stable couples. Across stable couples the ratio of positive to negative interactions is 5. Negativity only appears to be dysfunctional when it's not balanced by positivity especially when there is stonewalling, criticism, contempt, defensiveness, and complaining.	The author notes that all types of marriages come with plethora of risks. Further, he suggests that couple divide into at least three types off marriages: the volatile marriage, the validating marriage, and the avoidant marriage. The volatile marriage is romantic and passionate but runs the risk of increased disputes. The validating marriage is based on shared experience and intimacy however; the risk is that friendship will take over for romance. The avoidant marriage may cause emotional distance.
Gross & Levenson (1997). Hiding feelings: The acute effects of	Journal article	Purpose: to examine the effects of inhibiting	N=180 couples	Emotional film stimuli, Self report measures of emotion, physiological measures, video- taped	Empirical Study	Results indicated that after examining participants who inhibited emotions vs.	Emotional inhibition may influence psychological functioning. In fact,

inhibiting negative and positive emotion.		positive and negative emotions		responses coded by trained raters		participants, who had no suppression of emotions, the inhibiting participants displayed increased physiological activation and they were able to decrease expressive behavior but not completely eradicate it.	results indicated that suppressing Emotions may be controlled but only to a point. As a result, hindings one's emotions will not help to alleviate tension and distress. In fact, chronic emotional suppression may interfere with cognitive processing leading to inflexibility and difficulty in relationships as a result of poor communication.
Klinterob & Smith (1996). Demand-withdraw communication in marital interaction: Tests of interspousal contingency and gender role hypothesis.	Journal article	Purpose: to examine the demand-withdraw interaction pattern	N=50 couples	Dyadic Adjustment Scale, Communication Patterns Questionnaire, Microanalytic observational coding	Experimental	Results showed that wives demanded and husbands withdrew during discussion of wives issue. Similarly, husbands demanded and wives withdrew during discussion of husbands issues. For example: wife demand/husband withdraw during the wife's issue =49% of couples were bidirectional, 24% were wife dominant, and 16% were husband dominant, 11% were nondependent. During husbands issues.	The authors describe the couples as bidirectional: husband's dominant, wives dominant, and non dependent. Further, authors imply that the demand-withdraw pattern stems from a lack of motivation to change.
Roloff & Ifert (2000).Conflict	Book Chapter	Purpose: to discuss the	N/A	N/A	N/A	N/A	The authors reflect on the concept of

management through avoidance: Withholding complaints, suppressing arguments, and declaring topics taboo. Balancing the secrets of private disclosures.		impact of topic avoidance in relationships					avoidance in relationships, highlighting the notion that avoidance can be helpful in specific moments. According to the authors, as long as avoidance remains un-harmful and reduces overall conflict and the amount of arguing, avoidance can in fact be successful. Avoidance is positive when it involves acceptance of differences, avoids provocation, and if the avoider utilizes good communication skills, focusing on similarities vs. differences. Avoidance can be complicated and have a negative impact on the relationship when it results in becoming fixated on minor conflicts in lieu of having an accurate assessment of the problematic issues.
Ross & Estrada (1997). An-empirically driven marital intervention.	Journal article	Purpose: to provide data on couple communication patterns leading to marital	N= 1case example	Dyadic Adjustment Scale, Rapid Couples Interaction System, Observer Rating of Video-taped patterns of behavior without therapist present	Experimental	Therapists Ratings of strengths and weakness of couples interactions used; Naïve raters and global codes of instigate change used; Marital satisfaction based on a	Pre-treatment reflects negative wife statements while husbands remain positive. However, after eight therapy sessions both wife and

		distress in order to enhance the efficacy of marital therapy				rating scale and rated by an expert; pre- and post-test scores and DAS.	husband are consistently positive in their interactions and patterns of communicating. Couple is observed to be happier and stable throughout therapy.
Sevier, Eldridge, Jones, Doss, & Christensen, (2008). Observed communication and associations with satisfaction during traditional and integrative behavioral couple therapy.	Journal article	Purpose: To examine actual observations of couple communication behaviors while couples discuss relationship and personal problems without a therapist present, at pre-treatment and 26-weeks. An emphasis was to: "highlight potential mechanisms of change in therapy by looking at the links between communication shifts over time and shifts in marital satisfaction in each therapy"	N=865 discussions of moderate to chronically distressed couples. Couples were from a dataset of 134 couples receiving either TBCT or IBCT	Predictor Variables: couple therapy (TBCT vs. IBCT) Criterion Variables: changes in communication and marital satisfaction Dyadic Adjustment Scale, Marital Status Inventory, Couple Interaction Rating System, Social Support Interaction Rating System	Correlational	Severely distressed couples displayed less positivity and problem-solving behaviors, while demonstrating more negativity than moderately distressed couples. Pretreatment satisfaction and communication behaviors were not related to consequent behavior change in therapy. TBCT couples demonstrated greater behavior change than IBCT couples.	Couple therapy improves communication. TBCT couples made larger reduction in negativity and greater gains in positivity than IBCT couples. No evidence of differences between TBCT and IBCT in changes in communication and marital satisfaction over time. Pretreatment distress and communications were not related to communication behavior changes over time.

Whisman, Dixon, & Johnson (1997). Therapists' perspectives of couple problems and treatment issues in couple therapy.	Journal article	(p. 147). Purpose: to survey a national sample of couple therapists regarding the frequency, difficulty, and severity of problems encountered in couple therapy	N=122 members of APA and AAMFT who claimed to actively practice couples therapy	Survey modeled after one used by Geiss and O'Leary (1981), consisting of questions about the therapist, general questions about couples therapy, and problems encountered in couples therapy, and an open-ended question about topics for future clinical research	Qualitative/ Survey	Results suggested that communication and power struggles were the most frequent problems, a lack of loving feelings and alcoholism were the most difficult problems, and abuse and affairs were the most damaging problems. Further, problems that were difficult to treat were also rated as most damaging to the relationship.	Some of these problems and characteristics may be good variables to use in future studies of couple therapy. Additionally, the efficacy of couple therapy will improve with the development in the assessment and treatment of these problem areas.
Weger Jr. (2005). Disconfirming communication and self verification in marriage: Associations among the demand/withdraw interaction pattern, feeling understood, and marital satisfaction.	Journal article	Purpose: to examine the link between communication and self verification in marriage	N= 53	Communication Patterns Questionnaire. Feelings of Understanding/ Misunderstanding Scale Quality Marriage Index	Quantitative	Demand-withdraw pattern is negatively associated with feeling understood. Further, marital quality is influenced by feeling understood and by the demand-withdraw pattern.	The demand-withdraw pattern significantly decreases the couples perception of feeling understood by their partner. This pattern's impact on marital satisfaction is mediated by perception of self validation for both husbands and wives. Further, it appears that demand-withdraw has a direct influence on marital quality for wives but not for husbands. Finally, the author recommends examining a variety of disconfirming communication behaviors, self verification, and

							relationship satisfaction.
B. Infidelity							
Atkins, Baucom, & Jacobson (2001). Understanding infidelity: Correlates in a national random sample.	Journal article	Purpose: to examine variables related to extra-marital affairs	N= 4,118 married couples, 544 of these participants reported having an extra marital affair.	Data was drawn from the General Social Surveys (GSS) from 1972-1994. Marital satisfaction measured through the use of one question: “taking all things together, how would you describe your marriage? Would you say your marriage is very happy, pretty happy, or not too happy?”	Quantitative	Results demonstrated that age, previous divorce, age when first married, and two “opportunity” variables: work status and income had a significant impact on the possibility of having engaged in an affair. There was positive relationship between for participants earning above \$30,000 per year. Spouses who worked and their partners did not were the most likely to report infidelity. On average more men were likely to report extra marital affairs and men ages 55-65 were more likely to report having engaged in an affair. Men in younger and older groups were less likely to report. Similarly, women ages 45-55 were the most likely to have engaged in an affair.	Results validated previous findings that relationship satisfaction is powerfully related to infidelity. Participants who reported being “not too happy” were 4x more likely to report an extra marital affair than those who reported feeling “very happy”. Further, participants who were “pretty happy” were 2 xs as likely to report an affair. There was a significant association between religious behavior and infidelity. Couples attending religious services more frequently were less likely to have reported affairs. Additionally, participants who were married for the first time at a later age were less likely to report infidelity.
Atkins, Yi, Baucom, & Christensen (2005). Infidelity in couples seeking marital therapy.	Journal article	Purpose: to assess the individual characteristics couples with	N=134 heterosexual married couples who sought therapy for marital	Dyadic Adjustment Scale, Marital Satisfaction Inventory—Revised, Marital Status Inventory, Problem Areas Questionnaire,	Quantitative	Couples with infidelity showed more instability, dishonesty, arguments about trust, narcissism, and time spent apart in their	These findings support previous literature indicating that men are more likely to have sexual affairs and appear more upset

		infidelity vs. non-infidelity	problems	NEO-Five Factor Inventory		marriage. Men who had had an affair were older in age, had greater levels of substance use, and were more sexually dissatisfied.	about a partner's sexual affair. In contrast, women are more upset by emotional connectedness to another. Both individual and relationship factors are related to infidelity.
Atkins, Eldridge, Baucom, & Christensen (2005). Infidelity and behavioral couples therapy: Optimism in the face of betrayal.	Journal article	Purpose: to examine the initial level of distress and course of treatment in couple therapy for infidelity couples compared with distressed couples who had no affair	N=19 heterosexual, married couples who sought therapy for marital problems within the context of a larger clinical trial for marital therapy (N=134).	Dyadic Adjustment Scale, Infidelity questionnaire, therapist report on any couples involved in a sexual and/or emotional affair in order to identify affairs	Quantitative	Infidelity couples began treatment more distressed than non-infidelity couples; however, if the affair was revealed prior to or during therapy the couple showed greater improvement in satisfaction than non-infidelity couples.	The authors reveal optimistic results, describing that infidelity is not necessarily the end of a relationship. Though these couples are highly distressed at the beginning of treatment, they improve in therapy at a greater rate than their non-infidelity couples. Focusing on the relationship as a whole may be especially helpful for the spouse involved in an affair. If the infidelity is addressed during treatment, IBCT and TBCT can be effective.
Atkins, Marin, Lo, Klann, & Hahlweg, (2010). Outcomes of couples with infidelity in a community based sample of couple therapy.	Journal article	Purpose: to investigate couple therapy outcome when infidelity is an issue.	N= 145 couples reporting infidelity compared to N=385 couples entering treatment for other issues	Marital Satisfaction Inventory Center for Epidemiologic Studies Depression Scale	Quantitative	Results indicated that infidelity couples were significantly more distressed at the beginning of treatment but continued improving throughout treatment and at 6	As noted in previous research the authors conclude that couples struggling from infidelity are not discernable from non-infidelity couples, showing overall

						months post treatment.	optimistic results for couples in which infidelity is a pertinent issue in their relationship.
Glass & Wright (1988). Clinical implications of research on extramarital involvement.	Book chapter	Purpose: to highlight the clinical, theoretical, and empirical research on extramarital relations and to help provide therapists with additional information to help shape appropriate therapeutic interventions.	N/A	N/A	N/A	N/A	The authors provide a summary of research on extramarital affairs and note that 30% of couples initiate therapy as a result of infidelity. Further, the authors highlight importance of differentiating between sexual and emotional affairs and combined types. Additionally they highlight the importance of examining factors such as age and social demographics which can impact the likelihood of engaging in and extramarital affair. Finally, the authors provide suggestions for treatment noting the importance of utilizing caring behaviors that can promote improved communication promote healthy ways of discussing possible motivations for extramarital affairs.
Gordon, Baucom, & Snyder (2004). An	Journal article	Purpose: to examine the	N=6 married heterosexual	Marital satisfaction inventory-revised, Beck	Quantitative	Results revealed that by the end of treatment the	Affairs occur relatively frequently in

integrative intervention for promotion recovery from extramarital affairs.		efficacy of an integrative treatment approach	couples	depression inventory, Posttraumatic stress disorder symptom scale, Forgiveness inventory, Global distress scale, and Impact of treatment scale		majority of couples participating in the forgiveness oriented approach reported significantly reduced marital distress and increased levels of forgiveness.	relationships and are a common presenting problem for couples in therapy. However, therapists often report infidelity as one of the most difficult issues to treat. As a result, the authors suggest adaptations to treatment and areas for future research, highlighting the acceptance and change model of relationships. Further, given their findings a forgiveness component can prove beneficial.
Heavey, Christensen, & Malmuth (1995). The longitudinal impact of demand and withdrawal during marital conflict.	Journal article	Purpose: to examine the relationship of problem-solving behaviors to longitudinal changes in marital satisfaction	N= 48 Canadian couples	Video-taped assessment of problematic behaviors coded by trained raters, The Dyadic Satisfaction subscale of the Dyadic Adjustment Scale, The Problem Areas Questionnaire	Empirical Study; Longitudinal Study	Demand and to a lesser extent with-drawl revealed many significant associations with marital satisfaction.	Dysfunctional forms of communication such as demand-withdraw are associated with longitudinal deterioration in relationships. The associations are more significant for women when women demand and men withdraw.
C. Violence							
Babcock & La Taillade (2000). Evaluating the interventions for men who batter.	Book chapter	Purpose: to provide information regarding treatment interventions for couples in which domestic					In reviewing treatment approaches for domestic violence including conjoint treatment, individual therapy, and group interventions, the authors note that while group treatment for

		violence is pertinent issue in their relationship.					male offenders may prove beneficial in diminishing physical violence no intervention has proven to be more efficacious than the other. Additionally, the authors highlight the importance of continued research to further understand what interventions can prove to be most successful.
Harway, Hansen, & Cervantes (1997). Therapist awareness of appropriate intervention in treatment of domestic violence.	Journal article	Purpose: to investigate how therapists conceptualize cases involving domestic violence and the types of interventions therapist would make.	Two case studies presented to: N=362 members of American Association for Marriage and Family Therapy (AAMFT) N=405 members of the American Psychological Association (APA).	Mail questionnaire presenting an actual case in which family violence was apparent. Therapist were asked “what is going on in the case, how would you intervene, what outcome would you expect from this intervention, what outcome would you expect without any intervention at all, what legal/ethical issues does this case raise?”	Qualitative/ Survey	When therapists were asked to evaluate the context of each case 40% failed to address the issue of violence. Of the respondents that noted violence only 11% described interventions that would provide safety and protection for the victim. 55% did not suggest interventions highlighting the need for crisis intervention. 14% indicated the need for interventions geared towards improvement of couples communication style.	Findings indicate that a majority of AAMFT clinicians do not identify violence is a primary treatment concern and as result may not make appropriate interventions. Similarly, results demonstrated that 50% of APA respondents could not generate appropriate interventions.
Holtzworth-Munroe, Meehan, Rehman, & Marshall (2002). Intimate partner	Book chapter	Purpose: to highlight the various forms of treatment for couples	N/A	N/A	N/A	N/A	Various forms of treatment are available for couples struggling with violent relationships.

violence: An introduction for couple therapists.		struggling with relationships					Treatment approaches include conjoint couple therapy in which both partners meet together to discuss the issues surrounding their relationship, parallel treatment in which the offender meets with a therapist separately from their spouse, and Multi couple group therapy in which a group therapeutic setting is held for couples struggling with domestic violence. The conjoint form of treatment has been controversial among members in the psychological community. As a result, many couple therapists refer partners for individual therapy instead of providing couple therapy when relationship violence is an issue, fearing that open discussion of relationship problems could exacerbate violent behavior.
Johnson, (1995). Patriarchal terrorism and common couple violence: Two forms of violence	Journal article	Purpose: to review the evidence from a large sample	N/A	N/A	Review study	N/A	There are two distinct forms of violence inherent in today's society patriarchal terrorism (PT) and

against women.		survey research (S.K. Steinmetz, 1978) and women's shelters to discuss the types of violence taking place in relationships.					common couple violence (CCV). PT is reflective of society's traditional assumptions which have promoted male dominance and female compliance contributing to issues of control in relationships. On the other hand, CCV is a less severe form of violence and occurs more specifically as a response to isolated incidents of conflict. In order to better understand how to treat domestic violence the authors suggest that researchers investigate and provide insight on motivation to highlight the distinction among the forms of violence.
Johnson, (2000a). Conflict and control: Images of symmetry and asymmetry in domestic violence.	Book chapter	Purpose: to describe the major patterns of partner violence	N/A	N/A	Review study	N/A	Four major patterns of partner violence are evident among couples: "common couple violence" (CCV), "intimate terrorism" (IT), "violent resistance" (VR), and "mutual violent control" (MVC). Differences among patterns are based on general patterns of control

							taking place across a variety of situations during the relationship and not during a single incident.
Johnson & Ferraro (2000). Research on domestic violence in the 1990s: Making distinctions.	Journal article	Purpose: to highlight the distinction between types of violence and context of violence	N/A	N/A	Review study	N/A	Various forms of violence exist. It is important to acknowledge the differences among violence in order to inform clinicians on creating more appropriate interventions and more sensitive theories of violence. Likewise, the authors suggest the importance of creating a more general analysis of the connection among violence, power, and control in relationships.
Johnson, (2006). Conflict and control gender symmetry and asymmetry in domestic violence.	Journal article	Purpose: to identify four types of violence based on the dyadic control concept of violence	N/A		Review study	N/A	Recommendations are made to make appropriate distinctions among types violence in order to better understand couple violence, how to make appropriate interventions, and to make policy recommendations. The authors distinguish four types of violence: intimate terrorism, violent resistance,

							situational couple violence, and mutual violent control. Across surveys, situational couple violence was most frequent. Situational couple violence is defined as conflict which escalates to minor violent behaviors on occasion and seldom progresses to more severe forms of violence.
Langhinrichsen-Rohling, Monson, Ehrensaft, & Heyman (1998). What's love got to do with it?: Perceptions of marital positivity in H-to-W aggressive, distressed, and happy marriages.	Journal article	Purpose: to assess husband and wives perceptions of behaviors in martially happy, martially distressed but not aggressive, and martially distressed physically aggressive (husband to wife) couples.	N= 16 happily married couples, N=17 husband-to-wife physically aggressive, N= 10 martially distressed non-aggressive	Marital adjustment test, Conflict tactic scale, Willingness to invest in marriage scale, Positive feelings questionnaire, Dyadic adjustment scale, daily checklist of marital activities, marital positivity questionnaire.	Quantitative and Qualitative	Results reveal differences in positivity perceptions among distressed couples and happy couples. Differences were noted among responses to reasons for staying married between distressed couples. Physically violent husbands reported "love" as being the main reason for staying together. Whereas distressed non-aggressive husbands reported children or family responsibilities as the main reason. Both happy and wives involved in physically aggressive relationships cited love as the main reason, while wives in distressed nonviolent	Results highlight the significance of taking into account the role of "love and intimacy" in distressed marriages. In contrast to previous assumptions battered women do not tend to stay in relationships out of fear or because of financial hardship. The authors conclude that the most efficacious interventions will be the ones that attend to more positivity in the relationships including interventions focused on enhancement of positive partner focused cognitions and increased intimacy.

						relationships noted “hope for change” as the main reason for staying in the relationship.	
Laurent, Kim, & Capaldi (2008). Interaction and relationship development in stable young couples: Effects of positive engagement, psychological aggression, and with-drawl.	Journal article	Purpose: to provide information regarding the associations among observed interaction patterns and relationship satisfaction	N= 47 A sub sample of young at-risk couples from the Oregon Youth Study	Dyadic Adjustment Scale and a couple assessment of six discussion tasks that were videotaped by utilizing the family and peer process code was used to code interaction tasks, affect rating was assigned to each content code.	Qualitative and Quantitative	Women’s levels of positive engagement related to increases in couple satisfaction for both partner’s at within and between couple levels. Women’s psychological aggression revealed topic specific associations with lower satisfaction for each partner and increases in psychological aggression for both partners during their partner’s topic was related to lower satisfaction for women over time. Both partners with-drawl during topics that men discussed was a predictor of fewer declines in satisfaction for men.	Women’s behavior emerged as a more dominant predictor of relationship satisfaction but these effects were dependent on whose topic was being addressed and whether the effects were examined within or between groups. Further, the authors highlight the notion that many young couples may appear to show adolescent characteristics with distinct gender roles played by male and female partners. They tend to display a greater use of positive engagement and less use of psychological aggression. Additionally, couples displayed a disengagement/minimization pattern found in adolescent couples that may actually help preserve relationships when communication and negotiation skills appear to be immature. Future research should

							include an examination of men and women's chosen problems in separate contexts, patterns of disengagement, and an examination of within-couple and between couple levels of analysis, in order to better understand the impact of both partners on the relationship.
Lawrence & Bradbury (2001). Physical aggression and marital dysfunction : A longitudinal analysis.	Journal article	Purpose: to examine the link between physical aggression and marital dysfunction among non-aggressive, moderately, and severely aggressive couples.	N=56 married couples	Communication Patterns Questionnaire, Marital Coping Inventory, Specific Affect Coding System, The CPQ, The MCI, The Inventory of Marital Problems Questionnaire, The SPAFF – used to code couples' 15-min problem-solving discussion.	Mixed methods	Marital dysfunction is found to be more common among aggressive couples than non-aggressive couples (70% vs. 38%) and among severely aggressive vs. moderately aggressive Aggression remained a reliable predictor of marital outcome.	In this study nearly half of the couples engaged in some form of interspousal aggression and more wives than husbands were classified as physically aggressive. Further, aggression appeared to increase the likelihood of marital discord and instability. Aggression was also linked with negative communication in predicting marital outcomes, suggesting that this combination of factors accounts for marital deterioration.
McCollum & Stith (2007). Conjoint couples treatment for intimate partner violence: Controversy and	Journal article	Purpose: to review findings associated with conjoint treatments for	N/A	N/A	Review study	Domestic Violence Focused Couples Treatment (DVFCT) is assessed. Results indicate that in comparing single	Couples participating in multi group couple therapy for domestic violence exhibited the greatest increase in marital satisfaction. As

promise.		domestic violence				couple therapy vs. multi group couple therapy, in both conditions physical aggression declined from pre-test to follow up. Further, non random control couples displayed increased aggression.	result, the authors recommend that although multi group treatment is highly controversial researchers and therapists should continue to investigate alternative forms of treatment when violence is a pertinent factor in the relationship.
O'Leary, Vivian, & Malone (1992). Assessment of physical aggression against women in marriage: The need for multimodal assessment.	Journal article	Purpose: to assess levels physical aggression or abuse in couples	N= 132 couples attending a marital therapy clinic	Conflict Tactics Scale, Written self reports about the most important problem in their marriage, and direct interview questioning.	Qualitative and Quantitative	Only 6% of wives indicated that physical aggression was a marital issue in their relationship on self report measures. In contrast, during interview questioning 44% indicated physical aggression was present in the relationship. Results from the Conflict tactics scale revealed that 53% of wives could be classified as victims.	Physical aggression is a pertinent issue found in couples seeking treatment. However, if not accurately assessed it can be overlooked and as result untreated. Future research should continue to assess physical aggression and appropriate treatment interventions.
Simpson, Atkins, Gattis, & Christensen (2008). Low- level relationship aggression and couple therapy outcome.	Journal article	Purpose: to examine the impact of aggression on couple therapy outcome	N= 134 couples, 45% of whom had experienced low-level aggression one year prior to therapy.	Dyadic Adjustment Scale, Compass-OP, Conflict Tactics Scale-revised, the Frequency and Acceptability of Partner Behavior Inventory.	Quantitative	Results demonstrated that while couples reporting more incidences of psychological and physical aggression began therapy more distressed than couples with less aggression, there were no significant differences in outcomes.	Specifically, aggression was not significantly related to separation or divorce rates, treatment outcome, or treatment completion. Additionally, couples displayed very low levels of physical aggression during and following treatment

							and when individual and relationship functioning improved there was a reduction in psychological aggression.
Simpson, Doss, Wheeler, & Christensen (2007). Relationship violence among couples seeking therapy: Common couple violence or battering?	Journal article	Purpose: to examine the types of violence in couples and to determine whether common couple violence or battering is most prevalent.	N= 273 married, hetero-sexual couples	Marital Satisfaction Inventory-Revised, The Conflict Tactics Scale-Revised	Quantitative	Results validate finding from previous research indicating that couples tend to fall into either the low-level violence or the moderate-to-severe violence categories. Approximately 20% of the sample fell within the empirically derived no-violence category. Additionally, couples falling into the moderate-to-severe violence category are more likely to have theoretically derived criteria for battering husbands than couples in the low-level violence category or the no-violence category. Finally, differences between groups on marital satisfaction and difficulties with problem-solving communication were noted. Couples with more severe violence exhibited greater difficulties with problem-solving, communication, and	The results validate the theory that multiple types of violence exist. As results the authors recommend that researchers consider the types of violence before making hypotheses and conducting analyses. Additionally, the authors highlight the importance of therapist to recognize and consider violence when working with couples.

						were less satisfied in the degree of marital satisfaction.	
Stith, Rosen, & McCollum (2003). Effectiveness of couples treatment for spouse abuse.	Journal article	Purpose: to evaluate the efficacy couples treatment for domestic violence	N/A	N/A	Review of literature	N/A	The authors call into question the notion that all batterers would benefit from the same type of treatment. Further, they note that there is an assumption that conjoint methods will increase the danger to the victims by compelling them to confront their abusers, which in turn may cause added stress on the relationship leading to further violence. As a result many therapists refer couples to individual treatment. In their review of treatment approaches for domestic violence, the authors reveal that while group treatment for male offenders may prove beneficial in diminishing physical violence, no intervention has proven to be more efficacious than the other within the same sample. Further, there is no evidence of an increase in danger when male offenders are treated

							concurrently with their female victims. Accordingly, couples treatment is at least as effective as traditional parallel interventions
Testa & Lenoard (2001). The impact of marital aggression on women's psychological and marital functioning in a newlywed sample.	Journal article	Purpose: to examine the impact of physical aggression on changes in wives personal and marital well being.	N= 543 newlywed couples	Locke-Wallace Marital Adjustment Test, Family Assessment Measure, Conflict Tactics Scale, Perceived Stress Scale, Average daily volume of alcohol use.	Qualitative	Results suggest that in a general population, the frequency of marital aggression may be associated with lower levels of marital and individual functioning. Further, marital aggression was longitudinally predictive of changes in marital satisfaction and perceived stress. Premarital aggression was predictive of increased alcohol consumption. Women may engage in increased episodes of heavy drinking as a means of coping with aggression.	Husband to wife physical aggression plays a distinctive role in marital satisfaction above other variables such as initial relationship satisfaction, verbal aggression, and demographic variables. Further, physical aggression appears to have a negative impact on wives psychological well being.
III Additional Pertinent Couples Therapy Research							
Allgood & Crane (1991). Predicting marital therapy dropouts.	Journal article	Purpose: to examine predictors of therapy drop out utilizing intake measures	N=474 marital therapy seeking couples	Marital Adjustment Test, Marital Status Inventory, Symptom Check List	Quantitative	72 couples met dropout criteria. Three variables, including having less than two children, having a male intake clinician, and a presenting problem relating only to one spouse, were significant predictors of drop out.	These three predictor variables provide insight into possible reasons people may find it easier to drop out of therapy. The following are examples. 82% of the couples who dropped out of therapy had

						<p>Additionally, 82% of couples who dropped out of therapy had a presenting problem relating to parenting issues. Further, it was noted that of the 82% husbands presented with high levels of anxiety.</p>	<p>male intake clinicians. This may be due to the fact that several clinicians had been doing therapy for less than a year. Also, having more children would suggest a longer length of time being married, which may contribute to commitment to marriage and therapy. Finally, marital therapy is focused on a systemic view of problems, making problems seem manageable if focused on the couple as a team, making the couple less likely to drop out of therapy.</p>
Baucom, Epstein, LaTaillade, & Kirby (2008). Cognitive-behavioral couple therapy.	Book chapter	N/A	N/A	N/A	N/A	N/A	<p>In this book chapter the authors provide background theory and current ideology of cognitive-behavioral couple therapy (CBCT). An overview of interventions and methods for conducting this treatment modality are provided: CBCT's basic principles include an understanding that emotional and behavioral responses to relational events are</p>

							influenced by cognitive processing errors. Therapy aims to help couples reevaluate their interpretation of relational stimuli to improve the cognitions, behaviors, and emotions that contribute to perceived relationship adjustment.
Bourgeois, Sabourin, & Wright (1990). Predictive validity of therapeutic alliance in group marital therapy.	Journal article	Purpose: to determine if couple distress is a stable predictor of therapeutic alliance and to assess if alliance quality is a precursor of outcome in marital group therapy.	N=63 couples in a group marital skills training program.	The Couples Survival Program (CSP) as the treatment intervention; Instruments include the Couple Alliance Scale, Therapist Alliance Scale, Dyadic Adjustment Scale, Potential Problem Checklist, Marital Happiness Scale, Problem Solving Inventory	Quantitative	Perceptual change occurred over the course of the treatment program; DAS scores were not consistent predictors of therapeutic alliance. However, alliance was a precursor of treatment outcome.	Surprising results indicate that development and maintenance of therapeutic alliance is predictive of positive outcome. Additionally, alliance strength was a more powerful determinant of therapeutic success for men.
Christensen, Atkins, Baucom, & Yi (2010). Marital status and satisfaction five years following a randomized clinical trial comparing traditional versus integrative behavioral couple therapy.	Journal article	Purpose: to examine the outcome of couples that engaged in a study comparing TBCT and IBCT, five years after treatment ended.	N=134 chronically and seriously distressed couples	(IV) :Couples therapy (TBCT or IBCT) (DV):Marital satisfaction Dyadic Adjustment Scale (marital satisfaction) Marital Status Inventory (steps towards divorce) Two subscales from the Marital Satisfaction Inventory – Revised (problem-solving	Experimental	Five years post-treatment, IBCT couples reported an average of 96.2 on the DAS, whereas TBCT couples reported average DAS scores of 96.6. For both IBCT and TBCT, approximately one third of couples were classified as recovered, one third	Approximately half of IBCT and TBCT couples demonstrated clinically significant improvement at the five year follow-up, with no significant differences between treatments. These results compare favorably with other randomized clinical trials of couple

						classified as deteriorated, and one third classified either were noted as unchanged or improved at five- years post-treatment.	therapy, although the divorce rate within this clinical trial was markedly lower than that reported in other clinical trials (26.8% in this study, compared to 38-43.6% in other studies). The trajectory of change for IBCT and TBCT couples involved marked improvement in satisfaction over the course of therapy, slight decreases immediately after therapy termination, with gradual improvements continuing over the course of five years.
Conger, Rueter, & Elder, (1999). Couple resilience to economic pressure.	Journal article	Purpose: to investigate the impact of economic pressure on marital relations.	N= 400 couples in a three year prospective study	Questionnaire asking couples to identify if they had enough money to meet their expenses, had difficulty making monthly bills, had money left over at the end of the month. SL-90, observational ratings.	Empirical study	High amounts of marital support minimized the association among emotional distress and economic pressure.	Economic pressure increases the risk for distress, leading to subsequent marital distress and increased marital conflict. Couple problem solving reduces the unfavorable influence of conflict on marital distress.
Davis & Piercy (2007). What clients of couple therapy model developers and their former	Journal article	Purpose: to investigate common factors in couple	N=3 different MFT model developers, 2 former students of the MFT	30-60 minutes open-ended audio taped telephone interview (generally using the same questions for therapists	Qualitative	Common factors fall into the following five categories: client variables, therapist variables, therapeutic	A conceptual framework outlines how these common factors may interact to produce change.

students say about change, part II: Model-independent common factors and an integrative framework.		therapy	model developers, and 3 couples and 2 individuals working on relationship issues who were clients of the model developers or former students	and clients)		alliance, therapeutic process, and expectancy and motivational factors.	
Dew (2008). Debt change and marital satisfaction change in recently married couples.	Journal article	Purpose: to evaluate how debt changes relate to changes in marital satisfaction	N= 1,078 couples from the national survey of families and households	National survey of families and households	Quantitative/Qualitative	Consumer debt changes predicted changes in marital satisfaction among recently married couples.	Changes in debt positively predicted conflict over money and negatively predicted couples time together leading to declines in marital satisfaction.
Dew (2011). Financial issues and relationship outcomes among cohabiting individuals.	Journal article	Purpose: to examine how financial relationship issues impact the risk for relationship dissolution among cohabiting couples.	N= 483 cohabiting data from the national survey of families and households	National survey of families and households	Quantitative/Qualitative	It is clear that relationship problems associated with finances can impact couples and their decision to remain together. Continued research on financial concerns given the current economic climate and their impact on relationship outcome proves beneficial.	In comparison to other factors such as disagreements concerning sex, house work, and spending time together, financial disagreements and perceived unfairness related to finances predicted union dissolution.
Fincham & Beach (2010). Of memes and marriage: Toward a positive relationship science.	Journal article	Purpose: to identify and describe areas that might invigorate the study of relationships.	N/A	N/A	Review study	N/A	The authors discuss the emphasis of current literature on the negative aspects of relationships. However, the authors argue that a central area for investigation and intervention remains the positive

							affect. Additionally the authors suggest this is the study of positive psychology could help foster change when working with distressed relationships.
Gable & LaGuardia, 2007. Positive process of close relationships across time, partners, and context.	Book chapter	Purpose: to challenge the field to conceptualize and implement research that considers individual differences while attending to within-person variations across time, partners, and context.	N/A	N/A	N/A	N/A	The authors examine the critical role of relationships and encourage research to focus on within person variations and between person perspectives into the conceptualization of relationship process and research design. The authors additionally discuss questions that arise from the investigations of the positive process in close relationships, while noting the importance of continued research in this field.
Gattis, Berns, Simpson, & Christensen (2004). Birds of a feather or strange birds? Ties among personality dimensions, similarity, and marital quality.	Journal article	Purpose: to examine the relationship between six personality dimensions (Big Five personality factors and positive expressivity) and marital	N=132 distressed, treatment-seeking couples and 48 non-distressed couples	The Marital Adjustment Test, The Marital Satisfaction Inventory—Revised (including The Global Distress Scale), The Dyadic Adjustment Scale, NEO Five-Factor Inventory, NEO Personality Inventory, Personal Attributes Questionnaire	Quantitative	Higher neuroticism, lower agreeableness, lower conscientiousness, and less positive expressivity are tied to marital dissatisfaction. Partner similarity did not predict relationship satisfaction.	Results suggest that non-pathological variations in these personality dimensions do not contribute to marital satisfaction. Further, similarity between partners' personalities may not be directly connected to marital satisfaction.

Gottman, Croan, & Swanson (1998). Predicting marital happiness and stability from newlywed interactions.	Book chapter	satisfaction Purpose: to discuss predictors of divorce and of marital stability.	N/A	N/A	N/A	N/A	Clients of marital therapy have a high relapse rate and consumers of therapy rated marital therapy lower than any other form of treatment. The authors note that this might due to the notion that marital therapy "is not based on a process model derived from longitudinal studies of what real couples do that predicts if their marriages will wind up happy, stable, unhappy and stable, or end in divorce." Additionally, there are two models of affect: Anger as a destructive Emotion vs. the "Four Horseman": criticism, contempt, defensiveness, and stonewalling (variables that predict divorce). No support was found for the model of anger. Instead, contempt, belligerence, and defensiveness were the destructive patterns during conflict resolution. Finally, happy stable couples displayed softened
--	--------------	---	-----	-----	-----	-----	--

							start-up by the wife, husbands de-escalated low-intensity negative affect, wives used humor to soothe partner, husband's were more likely to use positive affect and de-escalation to soothe themselves.
Gottman & Silver (1999). The seven principles for making marriage work.	Book	Purpose: to highlight predictors of divorce and marital dysfunction	N/A	N/A	N/A	N/A	According to the authors, several key variables can help determine relationship dysfunction and potential relationship disintegration. In examining the way couples dispute Gottman insists that one can predict if the couple will remain together in the future. The authors describe key factors that can lead to a break up, these include: "harsh start up", the use of the four horsemen- criticism, contempt, stonewalling, and defensiveness, flooding, body language, failed repair attempts, and bad memories. When these categories are noted among couples the likelihood of

							divorce/break up increases.
Gottman & Levenson (2000). The timing of divorce: Predicting when a couple will divorce over a 14-year period.	Journal article	Purpose: to investigate the predictability of divorce in a long term longitudinal study.	N= 79 married couples	Couples 15 min. conversations were analyzed these conversations included the following topics: events of the day , conflict resolution, and a mutually agreed upon pleasant topic. A Specific Affect Coding System was utilized in the analysis of the conversations.	Qualitative and Quantitative	Results indicate that divorce prediction is in fact possible. Further, couples that exhibit marital dissatisfaction, thoughts of marital disillusion, and engage in wife demand husband withdraw patterns of behavior can predict divorce over marital stability.	Different variable sets predicted early divorce vs. later divorce in the marriage. Negative affect during disagreement was a predictor of early divorce and lack of positive affect in daily interactions and in disagreements was predictor of later divorce. By including marital satisfaction, thoughts of divorce, and affective interaction, marital dissolution can be predicted. In this study divorce was accurately predicted with 93% accuracy.
Jenkins, Stanley, Bailey & Markman, (2002). You paid how much for that? How to win at money without losing at love.	Book	Purpose: To provide a resource for couples to better understand how culture, gender, and upbringing can influence approaches to finances and provide problem solving strategies for couples	N/A	N/A	N/A	N/A	The authors argue that at the root of financial conflict lies relationship issues which can be exacerbated if couples don't begin to understand the various factors that impact our approaches to money. Further, the authors believe that buy having a better understanding of our values and concerns an open dialogue can be utilized to help

		struggling with issues related to money matters.					couples grow together and have a prosperous future.
Johnson, (2008). Emotionally focused couple therapy.	Book chapter	N/A	N/A	N/A	N/A	N/A	An overview of emotionally focused couple therapy is provided with a: description of the theoretical, attachment-based conceptualization of couple distress and interventions utilized to assist couples in the development of secure attachment bonds.
Kazdin, (2003). Methodological issues and strategies in clinical research.	Book	N/A	N/A	N/A	N/A	N/A	This book provides a thorough summary of quantitative, qualitative, and mixed-methods research methodologies. As well as a discussion on reliability and validity issues.
Kelly & Iwamasa (2005). Enhancing behavioral couple therapy: Addressing the therapeutic alliance, hope, and diversity.	Journal article	Purpose: to provide practical ways to enhance the ability of Behavioral Couples Therapy to address the therapeutic alliance, hope, and diversity	N=1 case example	N/A	Qualitative	N/A	Current behaviorally based approaches are enhanced by the use of integration in addressing the therapeutic alliance, hope, and diversity.

		throughout treatment					
Poduska & Allred (1990). Family finances: the missing link to MFT training.	Journal article	Purpose: to address the lack of family finance training in training programs for therapists.	N=25	N/A	N/A	N/A	In a review of 25 training programs for marriage and family therapy, the authors only discovered one program to require the integration of finances among their curriculum. The authors suggest that given the impact of finances can have on relationships, training programs should take steps to help provide more education on how to address these issue with clients.
Shapiro (2007). Money: A therapeutic tool for couples therapy.	Journal article	Purpose: to address the importance of discussing finances and money issues at every stage of a couple's relationship.	N/A	Family financial Questionnaire is introduced as a tool for couples therapy.	N/A	N/A	The author presents the argument that often discussion on finances and money is overlooked in treatment. However, by developing an open conversation around ideals, concerns, feelings, and behaviors surrounding money, couple therapist can help limit conflict in various stages of a couple's relationship.
Spanier (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage	Journal article	Purpose: To describe findings related to the development of a marital	N=218 Caucasian married and 90 divorced individuals in Pennsylvania.	Dyadic adjustment scale [DAS]	Psychometric	Factor analysis resulted in four factors thought to be indicators of marital satisfaction, including dyadic satisfaction, dyadic	DAS appears to be a valid and reliable measure for assessing marital satisfaction.

and similar dyads		satisfaction assessment measure.				cohesion, dyadic consensus, and dyadic differences, resulting in a 32-item scale. Items were evaluated by experts in order to establish content validity. Criterion-related validity was established through significant correlations found between total score and marital status. Construct validity was established through a high correlation between the DAS and the Locke-Wallace Marital Adjustment Scale. Reliability was established through Cronbach's Coefficient Alpha's for the DAS and each subscale, all of which were over .70.	
Srivastava, McGonigal, Richards, Butler, & Gross (2006). Optimism in close relationships: How seeing things in a positive light makes them so.	Journal article	Purpose: to investigate the association between optimism and happier and longer lasting relationships.	N=108 couples	Part I. The Life Orientation Test, Maintenance Questionnaire, Couple Satisfaction Scale, Investment Scale, Big Five Inventory; Part II. Couple Problem Inventory, Couple Satisfaction Scale, report of positive engagement in conflict, rating of conflict resolution	Quantitative	Part I. Couples who are optimistic reported greater relationship satisfaction. Further, they perceived greater support from their partners. Part II. Similarly, optimistic couples reported disagreements as somewhat less intense. However, couples who saw disagreements as intense reported poorer	Part I. The effects of an individual's optimism on the individual's relationship satisfaction and on the partner's satisfaction could be explained by the optimist's perceived support. Optimists and partners experienced great overall relationship satisfaction. This could be as a result of

						<p>conflict resolution. Those couples with high levels of perceived support saw themselves as engaging more positively in the conflict. Consequently, those couples who positively engaged in conflict conversation reported better conflict resolution one week later.</p>	<p>positive illusions about their relationships; Part II. Both optimists and partners agree that conflicts had reached a more satisfactory resolution one week later. Optimists and partners saw themselves and each other as engaging more positively in conflict and as reaching a better resolution. This could be attributed to the positive illusions that optimists hold about their relationship which may drive them to practice and elicit better conflict-related behavior.</p>
IV. Future of Couples Therapy							
<p>Christensen, Baucom, Vu, & Stanton (2005). Methodologically sound, cost-effective research on the outcome of couple therapy.</p>	<p>Journal article</p>	<p>Purpose: to provide guidelines on conducting outcome research of marital therapy</p>	<p>N/A</p>	<p>Treatment efficacy, control and comparison groups, and statistical analyses were some of the topics addressed</p>	<p>Literature review</p>	<p>N/A</p>	<p>Single-case designs, analysis of treatment components, and open clinical trials of couples can provide valuable information to the field. The authors challenge practitioners and researchers to join efforts on methodologically sound treatment development, efficacy, and effectiveness</p>

							studies for distressed couples.
Jacobson (1991). Toward enhancing the efficacy of marital therapy and marital therapy research.	Journal article	Purpose: to suggest directions for future research in marital therapy and marital therapy research	N/A	N/A	Discussion article	N/A	Research strategies most likely to advance the theory, research, and practice of marital therapy include: assessment of therapist competence, intramodel comparisons, matching studies, and intensive analyses of the therapy process.
Jacobson & Addis (1993). Research on couples and couple therapy: What do we know? Where are we going?	Journal article	Purpose: to discuss the outcome and process research on couple therapy. Which treatments work, how do they work, and what factors predict outcome?	N/A	Questions: Which treatments work? When do they work and why? What methods have proved useful in studying couple therapy?	Qualitative	N/A	According to the authors, therapy for distressed couples as well as brief intervention programs revealed that it may be easier to prevent relationship distress than to treat the distress once it emerges. Further major findings reveal that younger couples respond better to treatment; more severely distressed couples are less likely to be "happily married" at end of treatment. A negative prognostic indicator was emotional disengagement. More successful couples display more acceptance, less hostility/coercion and

							more emotional involvement. Finally, the authors recommend that future research focus on domestic violence and gender issues.
Johnson, & Greenberg (1991). There are more things in heaven and earth than are dreamed of in BMT: A response to Jacobson.	Journal article	Purpose: to address points of agreement and disagreement with Jacobson's (1991) article and then give an alternative perspective on enhancing the efficacy of marital therapy	N/A	N/A	Response article	N/A	The authors suggest that future marital therapy research should limit the attention on therapist competence and instead examine the process of change in relationships. Additionally, the importance of acceptance is highlighted. Further, manuscripts should include additional factors rather than simply therapist behaviors. Additionally the authors are in agreement with previous findings (e.g. Jacobson, 1991) that highlight the need to match client to treatment and identify the active components of therapy using task analysis.
Snyder, Castallini, & Whisman (2006). Current status and future direction in couple therapy.	Journal article	Purpose: to evaluate the effectiveness of couple-based	N/A	N/A	Review study	Authors indicate that a considerable percentage of individuals do not show significant improvement at post-	The article highlights training and research implications. Couple therapy is effective at reducing distress, but

		interventions, review approaches for evaluating processes of change and predictors of outcome, and to provide recommendations for future research				treatment. Further, the authors recognize that even more individuals deteriorate in gains at follow up.	studies on the processes of change are needed. Suggestions for future research are noted, including research that identifies individual, relationship, and treatment factors that contribute to relapse and means of reducing or eliminating these effects; examines integrative approaches; explores specific individual and relationship problems for intermediate and long-term effectiveness; focuses on the generalizability of research findings across potential moderators such as age, family life stage, gender, culture and ethnicity, and nontraditional relationships; assesses the costs, benefits, and cost-effectiveness of couple-based interventions; researches change processes; and incorporates research on emotion regulation processes.
--	--	---	--	--	--	---	---

REFERENCES

- Allgood, S. M., & Crane, D. R. (1991). Predicting marital therapy dropouts. *Journal of Marital and Family Therapy, 17*(1), 73-79.
doi: 10.1111/j.1752-0606.1991.tb00866.x
- Atkins, D. C., Baucom, D. H., & Jacobson, N. S. (2001). Understanding infidelity: Correlates in a national random sample. *Journal of Family Psychology, 15*, 735-749. doi: 10.1037/0893-3200.15.4.735
- Atkins, D. C., Berns, S. B., George, W. H., Doss, B. D., Gattis, K., & Christensen, A. (2005). Prediction of response to treatment in a randomized clinical trial of marital therapy. *Journal of Counseling and Clinical Psychology, 73*(5), 893-903. doi: 10.1037/0022-006X.73.5.893
- Atkins, D. C., Eldridge, K. A., Baucom, D. H., & Christensen, A. (2005). Infidelity and behavioral couple therapy: Optimism in the face of betrayal. *Journal of Consulting and Clinical Psychology, 73*(1), 144-150. doi: 10.1037/0022-006X.73.1.144
- Atkins, D. C., Marin, R. A., Lo, T.T.Y., Klann, N., & Hahlweg, K. (2010). Outcomes of couples with infidelity in a community-based sample of couple therapy. *Journal of Family Psychology, 24*(2), 212-216. doi: 10.1037/a0018789
- Atkins, D. C., Yi, J., George, W. H., Baucom, D.H., & Christensen, A. (2005). Infidelity in couples seeking marital therapy. *Journal of Family Psychology, 19*(3), 470-473. doi: 10.1037/0893-3200.19.3.470

- Babcock, J. C., & La Taillade, J. J. (2000). Evaluating the interventions for men who batter: In J.P. Vincent & E.N. Jouriles (Eds.), *Domestic violence: Guidelines for research-informed practice* (pp. 37-77). London, England: Jessica Kingsely.
- Bach, D. (2001). *Smart Couples Finish Rich*. New York: Broadway Books.
- Baucom, B. R., Atkins, D. C., Eldridge, K., McFarland, P., Sevier, M., & Christensen, A. (2011). The Language of Demand-withdraw: Verbal and vocal expressions in dyadic interactions. *The Journal of Family Psychology*, 25(4), 570-580. doi: 10.1037/a0024064
- Baucom, B. R., Atkins, D. C., Simpson, L. E., & Christensen, A. (2009). Prediction of response to treatment in a randomized clinical trial of couple therapy: A 2-year follow-up. *Journal of Consulting and Clinical Psychology*, 77(1), 160-173. doi: 10.1037/a0014405
- Baucom, B. R., McFarland, P. T., & Christensen, A. (2010). Gender, topic, and time in observed demand-withdraw interaction in cross- and same-sex couples. *Journal of Family Psychology*, 24(3), 233-242. doi: 10.1037/a0014405
- Baucom, D. H., Epstein, N. B., LaTaillade, J. J., & Kirby, J. S. (2008). Cognitive behavioral couple therapy. In A. S. Gurman (Ed.), *Clinical handbook of couple therapy* (4th ed., pp. 31-72). New York, NY: The Guilford Press.

- Baucom, D. H., Shoham, V., Mueser, K. T., Daiuto, A. D., & Stickle, T. R. (1998). Empirically supported couple and family interventions for marital distress and adult mental health problems. *Journal of Consulting and Clinical Psychology, 66*(1), 53-88. doi: 10.1037/0022-006X.66.1.53
- Bertoni, A., & Bodenmann, G. (2010). Satisfied and dissatisfied couples: Positive and negative dimensions, conflict styles, and relationships with family of origin. *European Psychologist, 15* (3), 175-184. doi: 10.1027/1016-9040/a000015
- Bourgeois, L., Sabourin, S., & Wright, J. (1990). Predictive validity of therapeutic alliance in group marital therapy. *Journal of Consulting and Clinical Psychology, 58* (5), 608-613. doi: 10.1037/0022-006X.58.5.608
- Butzer, B., & Kuiper, N. A. (2008). Humor use in romantic relationships: The effects of relationship satisfaction and pleasant versus conflict situations. *The Journal of Psychology, 142*(3), 245-260. doi: 10.3200/JRLP.142.3.245-260
- Caughlin, J. P. (2002). The demand/withdraw pattern of communication as a predictor of marital satisfaction over time: Unresolved issues and future directions. *Human Communication Research, 29*, 49-85. doi: 10.1111/j.1468-2958.2002.tb00798.x
- Caughlin, J. P. & Huston, T. L. (2002), A contextual analysis of the association between demand/withdraw and marital satisfaction. *Personal Relationships, 9*, 95-119. doi: 10.1111/1475-6811.00007

- Caughlin, J. P., & Scott, A. M. (2010). Toward a communication theory of the demand/withdraw pattern of interaction in interpersonal relationships. In S. W. Smith & S. R. Wilson (Eds.), *New directions in interpersonal communication research* (pp. 180-200). Thousand Oaks, CA: SAGE.
- Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology, 66*, 7-18. doi: 10.1037/0022-006X.66.1.7
- Christensen, A., Atkins, D. C., Baucom, B., & Yi, J. (2010). Marital status and satisfaction five years following a randomized clinical trial comparing traditional versus integrative behavioral couple therapy. *Journal of Consulting and Clinical Psychology, 78*(2), 225-235. doi: 10.1037/a0018132
- Christensen, A., Atkins, D. C., Berns, S., Wheeler, J., Baucom, D. H., & Simpson, L. E. (2004). Traditional versus integrative behavioral couple therapy for significantly and chronically distressed married couples. *Journal of Consulting and Clinical Psychology, 72*(2), 176-191. doi: 10.1037/0022-006X.72.2.176
- Christensen, A., Atkins, D. C., Yi, J., Baucom, D. H., & George, W. H. (2006). Couple and individual adjustment for two years following a randomized clinical trial comparing traditional versus integrative behavioral couple therapy. *Journal of Consulting and Clinical Psychology, 74*(6), 1180-1191. doi: 10.1037/0022-006X.74.6.1180

- Christensen, A., Baucom, D. H., Vu, C. T., & Stanton, S. (2005). Methodologically sound, cost-effective research on the outcome of couple therapy. *Journal of Family Psychology, 19*(1), 6-17. doi: 10.1037/0893-3200.19.1.6
- Christensen, A., & Shenk, J. L. (1991). Communication, conflict, and psychological distance in nondistressed, clinic, and divorcing couples. *Journal of Consulting and Clinical Psychology, 59*, 458-463. doi: 10.1037/0022-006X.59.3.458
- Conger, R. D., Rueter, M. A., & Elder, G. H., Jr. (1999). Couple resilience to economic pressure. *Journal of Personality and Social Psychology, 76*, 54-71. doi: 10.1037/0022-3514.76.1.54
- Cordova, J. V., Jacobson, N. S., & Christensen, A. (1998). Acceptance versus change interventions in behavioral couple therapy: Impact on couples' in-session communication. *Journal of Marital and Family Therapy, 24*(4), 437-455. doi: 10.1111/j.1752-0606.1998.tb01099.x
- Davidson, G. N. S., & Horvath, A. O. (1997). Three sessions of brief couples therapy: A clinical trial. *Journal of Family Psychology, 11*(4), 422-435. doi: 10.1037/0893-3200.11.4.422-435
- Davis, S. D., & Piercy, F. P. (2007). What clients of couple therapy model developers and their former students say about change, part II: Model-independent common factors and an integrative framework. *Journal of Marital and Family Therapy, 33*(3), 344-363. doi: 10.1111/j.1752-0606.2007.00031.x

- Dew, J. P. (2008). The relationship between debt change and marital satisfaction change in recently married couples. *Family Relations*, 57, 60-71. doi: 10.1111/j.1741-3729.2007.00483.x
- Dew, J. P. (2011). Financial issues and relationship outcomes among cohabiting individuals. *Family Relations*, 60(2), 178-190. doi: 10.1111/j.1741-3729.2010.00641.x
- Doss, B. D. (2004). Changing the way we study change in psychotherapy. *Clinical Psychology: Science and Practice*, 11(4), 368-386. doi: 10.1093/clipsy/bph094
- Doss, B.D., Simpson, L.E., & Christensen, A. (2004). Why do couples seek marital therapy? *Professional Psychology*, 35(6), 608-614. doi: 10.1037/0735-7028.35.6.608
- Doss, B. D., Thum, Y. M., Sevier, M., Atkins, D. C., & Christensen, A. (2005). Improving relationships: Mechanisms of change in couple therapy. *Journal of Consulting and Clinical Psychology*, 73(4), 624-633. doi: 10.1037/0022-006X.73.4.624
- Dunn, R. L., & Schwebel, A. I. (1995). Meta-analytic review of marital therapy outcome research. *Journal of Family Psychology*, 9, 58-68. doi: 10.1037/0893-3200.9.1.58
- Eldridge, K. A., & Christensen, A. (2002). Demand-withdraw communication during couple conflict: A review and analysis. In P. Noller & J.A. Feeney (Eds.), *Understanding Marriage: Developments in the study of couple interaction* (pp. 289-322). New York, NY: Cambridge University Press.

- Eldridge, K. A., Sevier, M., Jones, J. T., Atkins, D. C., & Christensen, A. (2007). Demand-withdraw communication in severely distressed, moderately distressed, and non-distressed couples: Rigidity and polarity during relationship and personal problem discussions. *Journal of Family Psychology, 21*(2), 218-226. doi: 10.1037/0893-3200.21.2.218
- Fincham, F. D., & Beach, S. R. H. (2010). Of memes and marriage: Toward a positive relationship science. *Journal of Family Theory and Review, 2*, 4-24. doi: 10.1111/j.1756-2589.2010.00033.x
- Follette, Revenstorf, Baucom, Hahlweg, & Margolin (1984). Variability in outcome and clinical significance of behavioral marital therapy: A reanalysis of outcome data. *Journal of Consulting and Clinical Psychology, 52*(4), 497-504. doi: 10.1037/0022-006X.52.4.497
- Gattis, K. S., Berns, S., Simpson, L. E., & Christensen, A. (2004). Birds of a feather or strange birds? Ties among personality dimensions, similarity, and marital quality. *Journal of Family 18* (4), 564-574. doi: 10.1037/0893-3200.18.4.564
- Gable, S. L., & La Guardia, J. G. (2007). Positive process in close relationships across time, partners, and context. In A.D. Ong & M.H.M .Van Dulmen, [Eds], *Oxford handbook of methods in positive psychology* (pp.576-590). Oxford, NY: Oxford University Press.
- Geiss, S. K., & O'Leary, K.D. (1981). Therapist ratings of frequency and severity of marital problems: Implications for research. *Journal of Marital and Family Therapy, 7*, 515-520. doi: 10.1111/j.1752-0606.1981.tb01407.x

- Glass, S.P., & Wright, T.L. (1988). Clinical implications of research on extramarital involvement. In R.A. Brown & J.R. Field (Eds.), *Treatment of sexual problems in individual and couples therapy* (pp. 301-346). New York, NY: PMA.
- Goldman, A., & Greenberg, L. (1992). Comparison of integrated systemic and emotionally focused approaches to couples therapy. *Journal of Consulting and Clinical Psychology*, 60(6), 962-969. doi: 10.1037/0022-006X.60.6.962
- Gordon, K. C., Baucom, D. H., & Snyder, D. K. (2004). An integrative intervention for promotion recovery from extramarital affairs. *Journal of Marital and Family Therapy*, 30 (2), 213-231. doi: 10.1111/j.1752-0606.2004.tb01235.x
- Gottman, J.M. (1993). The role of conflict engagement, escalation, and avoidance in marital interaction: A longitudinal view of five types of couples. *Journal of Consulting and Clinical Psychology*, 6, 6-15. doi: 10.1037/0022-006X.61.1.6
- Gottman, J. M., Coan, J., Carrere, S., & Swanson C. (1998). Predicting marital happiness and stability from newlywed interactions. *Journal of Marriage and the Family*, 60, 5-20. doi: 10.2307/353438
- Gottman, J. M., & Levenson, R. W. (2000). The timing of divorce: Predicting when a couple will divorce over a 14-year period. *Journal of Marriage and the Family*, 62, 737-745. doi: 10.1111/j.1741-3737.2000.00737.x

- Gottman, J. M., & Silver, N. (1999). *The seven principles for making marriage work*. New York, New York: Three Rivers Press.
- Greenberg, L. S., Ford, C. L., Alden, L. S., & Johnson, S. M. (1993). In-session change in emotionally focused therapy. *Journal of Consulting and Clinical Psychology*, 61(1), 78-84. doi: 10.1037/0022-006X.61.1.78
- Gross, J. J., & Levenson, R. W. (1997). Hiding feelings: The acute effects of inhibiting negative and positive emotion. *Journal of Abnormal Psychology*, 106, 95-103. doi: 10.1037/0021-843X.106.1.95
- Harway, M., Hansen, M., & Cervantes, N. N. (1997). Therapist awareness of appropriate intervention in treatment of domestic violence. *Journal of Aggression, Maltreatment, and Trauma*, 1, 27-40. doi: 10.1300/J146v01n01_2
- Heavey, C. L., Christensen, A., & Malamuth, N. M. (1995). The longitudinal impact of demand and withdrawal during marital conflict. *Journal of Consulting and Clinical Psychology*, 65, 15–23. doi: 10.1037/0022-006X.63.5.797
- Holtzworth-Munroe, A., Meehan, J. C., Rehman, U., & Marshall, A. D. (2002). Intimate partner violence: An introduction for couple therapists. In N.S. Jacobson & A.S. Gurman (Eds.), *Clinical handbook of marital therapy* (3rd ed., pp. 441- 465). New York, NY: The Guilford Press.
- Jacobson, N. S. (1991). Toward enhancing the efficacy of marital therapy and marital therapy research. *Journal of Family Psychology*, 4(4), 373-393. doi: 10.1037/0022-006X.59.1.12

- Jacobson, N. S., & Addis, M. E. (1993). Research on couples and couple therapy: What do we know? Where are we going? *Journal of Consulting and Clinical Psychology*, 61(1), 85-93. doi: 10.1037/0022-006X.61.1.85
- Jacobson N. S., & Christensen, A. (1998). *Acceptance and change in couple therapy: A therapist's guide to transforming relationships*. New York, NY: W. W. Norton & Company.
- Jacobson, N. S., Christensen, A., Prince, S. E., Cordova, J., & Eldridge, K. (2000). Integrative behavioral couple therapy: An acceptance-based, promising new treatment for couple discord. *Journal of Consulting and Clinical Psychology*, 68(2), 351-355. doi: 10.1037/0022-006X.68.2.351
- Jacobson, N. S., & Margolin, G. (1979). *Marital therapy: Strategies based on social learning and behavior exchange principles*. New York, NY: Brunner/Mazel.
- Jenkins, N. H, Stanley, S. M., Bailey, W. C., & Markman, H. J. (2002). *You paid how much for that? How to win at money without losing at love*. San Francisco, CA: Jossey-Bass.
- Johnson, M.P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, 57(2), 283-294. doi: 10.2307/353683
- Johnson, M.P. (2000). Conflict and control: Images of symmetry and asymmetry in domestic violence. In A. Booth, A.C., Crouter, & M. Clements (Eds.), *Couples in conflict* (pp. 95-105). Hillsdale, NJ: Earlbaum.

- Johnson, M.P. (2006). Conflict and control gender symmetry and asymmetry in domestic violence. *Violence Against Women*, 12(11), 1003-1018. doi: 10.1177/1077801206293328
- Johnson, S. M. (2008). Emotionally focused couple therapy. In A. S. Gurman (Ed.), *Clinical handbook of couple therapy* (4th ed., pp. 107-137). New York, NY: The Guilford Press.
- Johnson, M.P., & Ferraro, K.J. (2000). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and the Family*, 62, 948-963. doi: 10.1111/j.1741-3737.2000.00948.x
- Johnson, S. M., & Greenberg, L. S. (1991). There are more things in heaven and earth than are dreamed of in BMT: A response to Jacobson. *Journal of Family Psychology*, 4(4), 407-415. doi: 10.1111/j.1752-0606.1988.tb00733.x
- Kazdin, A. E. (Ed.). (2003). *Methodological issues and strategies in clinical research* (3rd ed.). Washington, DC: American Psychological Association.
- Kelly, S., & Iwamasa, G. Y. (2005). Enhancing behavioral couple therapy: Addressing the therapeutic alliance, hope, and diversity. *Cognitive and Behavioral Practice*, 12(1), 102-112. Retrieved from [http://dx.doi.org/10.1016/S1077-7229\(05\)80045-8](http://dx.doi.org/10.1016/S1077-7229(05)80045-8)
- Klinetob, N. A., & Smith, D. A. (1996). Demand-Withdraw communication in marital interaction: Tests of interspousal contingency and gender roles hypotheses. *Journal of Marriage and the Family*, 58(4), 945-957. doi: 10.2307/353982

- Langhinrichsen-Rohling, J., Schlee, K. A., Monson, C. M., Ehrensaft, M., Heyman, R. (1998). What's love got to do with it?: Perceptions of marital positivity in H-to-W aggressive, distressed, and happy marriages. *Journal of Family Violence, 13*, 197-212. doi: 10.1023/A:1022897708296
- Laurent, H. K., Kim, H. K., & Capaldi, D. M. (2008). Interaction and relationship development in stable young couples: Effects of positive engagement, psychological aggression, and withdrawal. *Journal of Adolescence, 31*(6), 815-835. doi: 10.1016/j.adolescence.2007.11.001
- Lawrence, E., & Bradbury, T. N. (2001). Physical aggression and marital dysfunction: A longitudinal analysis. *Journal of Family Psychology, 15*, 135-154. doi: 10.1037/0893-3200.15.1.135
- Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy, 38*(1), 145-168. doi: 10.1111/j.1752-0606.2011.00249.x
- McCollum, E. E., & Stith, S. M. (2007). Conjoint couples treatment for intimate partner violence: Controversy and promise. *Journal of Couple and Relationship Therapy, 6* (1-2), 71-82. doi: 10.1300/J398v06n01_07
- O'Leary, K. D., Vivian, D., & Malone, J. (1992). Assessment of physical aggression against women in marriage: The need for multimodal assessment. *Behavioral Assessment, 14*, 5-14. Retrieved from <http://psycnet.apa.org/psycinfo/1993-00094-001>

- Pinsof, W. M., Wynne, L. C. & Hambright, A. B. (1996). The outcomes of couple and family therapy: Findings, conclusions, and recommendations. *Journal of Marital and Family Therapy*, 26(1), 1-8. doi: 10.1037/0033-3204.33.2.321
- Poduska, B. E., & Allred, G. H. (1990). Family finances: the missing link in MFT training. *The American Journal of Family Therapy*, 18(2), 161-168. doi: 10.1080/01926189008250800
- Roloff, M. E., & Ifert, D. E. (2000). Conflict management through avoidance: Withholding complaints, suppressing arguments, and declaring topics taboo. In S. Petronio (Ed.), *Balancing the secrets of private disclosures* (pp. 151-179). Mahwah, NJ: Erlbaum.
- Ross, S. A., & Estrada, A.U. (1997). An empirically-driven marital therapy intervention. *Journal of Family Psychotherapy*, 8 (4), 39-45. doi: 10.1300/J085V08N04_03
- Sevier M., Eldridge, K., Jones, J., Doss, B. D., & Christensen, A. (2008). Observed communication and associations with satisfaction during traditional and integrative behavioral couple therapy. *Behavior Therapy*, 39(2), 137-150. doi: 10.1016/j.beth.2007.06.001
- Shadish, W. R., & Baldwin, S. A. (2003). Meta-analyses of MFT interventions. *Journal of Marital and Family Therapy*, 29(4), 547-570. doi: 10.1111/j.1752-0606.2003.tb01694.x

- Shadish, W. R., & Baldwin, S. A. (2005). Effects of behavioral marital therapy: A meta- analysis of randomized controlled trials. *Journal of Consulting and Clinical Psychology, 73*(1), 6-14. doi 10.1037/0022-006X.73.1.6
- Shapiro, M. (2007). Money: A therapeutic tool for couples therapy. *Family Process, 46*(3), 279-291. doi: 10.1111/j.1545-5300.2007.00211.x
- Simpson, L. E., Atkins, D. C., Gattis, K. S., & Christensen, A. (2008). Low-level relationship aggression and couple therapy outcome. *Journal of Family Psychology, 22* (1), 102-111. doi: 10.1037/0893-3200.22.1.102
- Simpson, L. E., Doss, B. D., Wheeler, J., & Christensen, A. (2007). Relationship violence among couples seeking therapy: Common couple violence or battering? *Journal of Marital and Family Therapy, 33*, 268-281. doi: 10.1111/j.1752-0606.2007.00021.
- Snyder, D. K., Castellani, A. M., & Whisman, M. A. (2006). Current status and future directions in couple therapy. *Annual Review of Psychology, 57*, 317-344. doi: 10.1146/annurev.psych.56.091103.070154
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family, 38*(1), 15-28. doi: 10.2307/350547
- Srivastava, S., McGonigal, K. M., Richards, J. M., Butler, E. A., & Gross, J. J. (2006). Optimism in close relationships: How seeing things in a positive light makes them so. *Journal of Personality and Social Psychology, 91*(1), 143-153. doi: 10.1037/0022-3514.91.1.143

- Stith, S. M., Rosen, K. H. and McCollum, E. E. (2003), Effectiveness of couples treatment for spouse abuse. *Journal of Marital and Family Therapy*, 29: 407–426. doi: 10.1111/j.1752-0606.2003.tb01215.x
- Testa, M., & Leonard, K. E. (2001). The impact of marital aggression on women's psychological and marital functioning in a newlywed sample. *Journal of Family Violence*, 16(2), 115-130. doi: 10.1023/A:1011154818394
- Weger, H., Jr. (2005). Disconfirming communication in marriage: Associations among the demand/withdraw interaction pattern, feeling understood, and marital satisfaction. *Journal of Social and Personal Relationships*, 22, 19-31. doi: 10.1177/0265407505047835
- Whisman, M. A., Dixon, A. E., & Johnson, B. (1997). Therapists' perspectives of couple problems and treatment issues in couple therapy. *Journal of Family Psychology*, 11(3), 361-366. doi: 10.1037/0893-3200.11.3.361
- Worthington, E. L., McCullough, M. E., Shortz, J. L., Mindes, E. J., Sandage, S. J., & Chartrand, J. M. (1995). Can couples assessment and feedback improve relationships? Assessment as a brief relationship enrichment procedure. *Journal of Counseling Psychology*, 42(4), 466-475. doi: 10.1037/0022-0167.42.4.466

APPENDIX B

Copy of Permission of Use Data

APPENDIX B

Copy of Permission to Use Data

Date of Request 9/12/07

Request for Use of Data from the Study "Acceptance and Change in Marital Therapy"

1. Name and degree Diana Olarte, M.S. (PsyD Doctoral Student)
2. Professional affiliation Pepperdine University
3. Address 6100 Center Dr., Los Angeles, CA 90045
4. E-mail and phone number [REDACTED]
5. Advisor (if a student) [REDACTED]
6. Advisor's contact information Kathleen.Eldridge@pepperdine.edu 310-506-8559
7. Type of Project (Students only)
 - a. ☒ Dissertation
 - b. ☐ Master's Thesis
 - c. ☐ Undergraduate Honor's Thesis
 - d. ☐ Other (describe)

8. Brief Description of Research Project

Title: Couples in Therapy: Problem Areas, Communication Patterns, and Outcome

The current study proposes to examine the central problems of couples entering treatment, communication styles among couples in therapy, as well as the responsiveness of these issues and patterns to treatment. Using the original data from the Christensen et al. (2004) study, therapists' summaries of treatment (IBCT or TBCT) will be analyzed qualitatively and quantitatively.

The primary research questions that guide the study are as follows:

- 1) a. What are the major issues that create problems for couples who are in therapy?
b. How are these major issues related to outcome?
- 2) a. What are the specific communication patterns of couples in therapy?
b. How are these communication patterns related to treatment outcome?
- 3) a. To what extent is past or current infidelity problematic to couples who are in therapy?
b. How is infidelity related to outcome?
c. To what extent are current or past affairs revealed during therapy?
d. How are these revelations related to outcome?

Date of Request 9/12/07

- 4) a. To what extent does physical violence occur during therapy?
b. How is physical violence that occurs during therapy related to outcome?

9. Description of Data Needed for Research Project

Therapist and Consultant Post Treatment Questionnaire-
Therapists' written responses to open ended questions:

- "Briefly describe the major issue or theme that created problems for this couple"
- "Briefly describe the major pattern of interaction around the major theme identified above. If the pattern has shifted over the course of therapy, describe the pattern as it existed early on in treatment"

Therapists' ratings on the Likert scales assessing:

- major themes in therapy (#'s 2,3,4,5,6,7)
- major patterns of interaction (#'s 1,2,3,4)
- major events in therapy (#'s 1-17).

10. Approximate Time Line for Research Project

October 2007: Dissertation preliminary exam

November 2007: Data coding and analysis begins

July 2008: Dissertation final oral exam

11. Proposed authorship

Dissertation: sole author Diana Olarte

If published: Eldridge, Olarte and Christensen

Decision

☒

Request Approved

☐

Request Denied Because

*Contingent on approval from
Pepperdine IRB*

Signature

Andrew Christensen
Andrew Christensen, PI

Date

10/12/07

APPENDIX C

Copies of Measures: TCPTQ

APPENDIX C

Copies of Measures: TCPTQ

ID _____

Date _____

Therapist and Consultant Post Treatment Questionnaire

Therapist / Consultant (circle one) # Total Sessions: _____

of Sessions observed: _____
(Consultant Only)

Major Themes in Therapy

1. Briefly describe the major issue or theme that created problems for this couple.

Please rate the extent to which each of the common themes below was a problem for this couple:

2. Closeness/independence (issues about the amount of closeness, contact, connection, and intimacy on the one hand and amount of autonomy, freedom, and independence on the other)

Not an Issue									Major
Issue									
1	2	3	4	5	6	7	8	9	10

Husband / Wife wanted more closeness.

3. Trust, Jealousy, Boundaries (issues about what kind of contact is okay with other men and women, flirtatiousness)

Not an Issue									Major
Issue									
1	2	3	4	5	6	7	8	9	10

Husband / Wife was jealous or did not trust the other partner

4. Infidelity, Affairs (either past or current affair/s, sexual or emotional)

Not an Issue									Major
Issue									
1	2	3	4	5	6	7	8	9	10

Husband / Wife had past or current affair. (Note: may circle both. If both, Husband's / Wife's affairs are more problematic for the relationship.)

5. Responsibility and control (issues about who should be in charge of what areas in the relationship, who should have control, who should take responsibility, etc.)

Not an Issue									Major
Issue									
1	2	3	4	5	6	7	8	9	10

Select One: Husband / Wife wanted other spouse to be more responsible

Husband / Wife wanted more control in the relationship

6. Emotionality (issues about whether one is under- or overreacting emotionally)

Not an Issue									Major
Issue									
1	2	3	4	5	6	7	8	9	10

Husband / Wife wanted other partner to be more / less emotional

7. Sex (issues about desired frequency, desired activities)

Not an Issue									Major
Issue									
1	2	3	4	5	6	7	8	9	10

Husband / Wife wanted more frequent or involved sexual activity

Major Patterns of Interaction

1. Briefly describe the major pattern of interaction around the major theme identified above. If the pattern has shifted over the course of therapy, describe the pattern as it existed early on in treatment.

Please rate the extent to which the following patterns below characterized the interaction around the major theme you identified above:

1. Man demand / woman withdraw interaction

Not a pattern								Central	
Pattern									
1	2	3	4	5	6	7	8	9	10

2. Woman demand / man withdraw interaction

Not a pattern								Central	
Pattern									
1	2	3	4	5	6	7	8	9	10

3. Both partners are blaming, critical, and accusatory

Not a pattern								Central	
Pattern									
1	2	3	4	5	6	7	8	9	10

4. Both partners are avoidant, withdrawn, and rarely discuss their issues directly

Not a pattern								Central	
Pattern									
1	2	3	4	5	6	7	8	9	10

Major Events in Therapy

During the time the couple was in therapy, did any of the following happen?

No Yes

- ___ ___ 1. There was physical violence. Please describe (how often, level of violence, circumstances, perpetrator):
- ___ ___ 2. Husband revealed he was currently having (or just ended) an affair. (indicate type) sexual or emotional
- ___ ___ 3. Wife revealed she was currently having (or just ended) an affair. (indicate type) sexual or emotional
- ___ ___ 4. Husband revealed a past affair/s.(indicate type) single or multiple ; sexual or emotional. How long ago was most recent affair
_____ .
- ___ ___ 5. Wife revealed a past affair/s.(indicate type) single or multiple; sexual or emotional. How long ago was most recent affair
_____ .
- ___ ___ 6. Husband brought up the possibility of separation or divorce.
- ___ ___ 7. Wife brought up the possibility of separation or divorce.
- ___ ___ 8. Husband left home for one or more nights because of the relationship.
- ___ ___ 9. Wife left home for one or more nights because of the relationship.
- ___ ___ 10. Couple began having sexual contact (or regular sexual contact) after a period of little or no sex before therapy and early in therapy.
- ___ ___ 11. Wife became significantly more powerful relative to husband.
- ___ ___ 12. Husband became significantly more powerful relative to wife.
- ___ ___ 13. Husband had individual sessions after feedback session (how many?).
- ___ ___ 14. Wife had individual sessions after feedback session (how many?).
- ___ ___ 15. Therapist made reference to consultation group as an intervention.
- ___ ___ 16. There was a significant “crisis” in the case (something which required extra intervention, such as telephone intervention, an emergency meeting). Please describe.

____ 17. There was a significant breakthrough in the case (an event or intervention which turned the case around). Please describe (what happened, how did it affect them, etc.):

Additional Interventions

____ 1. Number of sessions devoted to sex therapy.

____ 2. Number of sessions devoted to parent training (not sessions dealing with conflict about the children but sessions devoted explicitly to teaching parenting skills).

Miscellaneous

1. Indicate which spouse is now more powerful in influencing events in the relationship.

Wife more powerful			Equal Level of Power				Husband more powerful	
1	2	3	4	5	6	7	8	9
10								

2. How likely is this couple to be together by 2 year follow-up?

Unlikely to be together						Likely to be together			
1	2	3	4	5	6	7	8	9	10

3. How likely is this couple to be in the normal range of happiness by 2 year follow-up?

Unlikely to be happy						Likely to be happy			
1	2	3	4	5	6	7	8	9	10

4. To what extent were stressful circumstances affecting the couple? These stressful circumstances were:

Not at all affecting them					Affecting them to a great extent				
1	2	3	4	5	6	7	8	9	10

5. How connected was the wife to the therapist?

Not at all connected								Very	
connected									
1	2	3	4	5	6	7	8	9	10

6. How connected was the husband to the therapist?

Not at all connected								Very	
connected									
1	2	3	4	5	6	7	8	9	10