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# Integrative behavioral couple therapy: a case study focusing on change processes, change mechanisms, and cultural considerations

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# INTEGRATIVE BEHAVIORAL COUPLE THERAPY: A CASE STUDY FOCUSING ON CHANGE PROCESSES, CHANGE MECHANISMS, AND CULTURAL CONSIDERATIONS

A clinical dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Psychology

by

Hengameh Mahgerefteh, M.A.

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Kathleen Eldridge, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Hengameh Mahgerefteh

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

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It's very hard to believe that I am in Miami, writing my acknowledgments section, at this very moment. My dissertation has been developing for the past three and a half years. These past years have been filled with much effort, enthusiasm, hard-work, love, and growth. The completion of my dissertation, in addition to my personal and professional growth throughout my graduate studies, would not be possible without the individuals who have been guiding me since I began my journey at Pepperdine University. Firstly, I would like to thank Dr. Kathleen Eldridge, my extraordinary dissertation chair. Working alongside you has been such a pleasure. I appreciate your effort, patience, kindness, guidance, and encouragement throughout this process. I would like to thank my committee, Dr. Shelly Harrell and Dr. Laura Wiedeman, for their effort and dedication to this study. Many thanks to Dr. Andrew Christensen for allowing me to utilize data from his original study. My study would not be possible without your graciousness.

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I would like to thank Dr. Paul Cernin, an amazing supervisor and friend. I am so thankful for

having had the opportunity to work with you. You have been so kind, supportive, and knowledgeable. Thank you for providing me with so much guidance throughout the dissertation process and my internship year. To Dr. James Morrison, my "super supervisor," thank you for being so genuine, gracious, and supportive these past three years. Thank you for always believing in me and for never failing to put a smile on my face. I would like to thank Dr. Fred Barnes for sharing his wisdom and appreciation. Dr. Alia Fons-Scheyd, thank you for coordinating a wonderful internship experience and for your continued support. Dr. George Shepeard, Dr. Matthew Woodfork, and Dr. Liane Dornheim, thank you for being so caring and invested in my professional growth. To my dearest supervisor, Dr. Priya Kirpalani: I would like to thank you for challenging me and encouraging me throughout my internship year. You have touched my life in a very special way and helped me blossom, both personally and professionally. Dr. Anett Abrahamian, you have impacted my life greatly and I appreciate you. I would like to thank everyone at Pepperdine and at FIU for their support.

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# VITA

## HENGAMEH MAHGEREFTEH

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**EDUCATION**

Pepperdine University, Graduate School of Education and Psychology, Malibu, CA
**Doctor of Psychology in Clinical Psychology** May 2015

Pepperdine University, Graduate School of Education and Psychology, Malibu, CA
**Master of Arts in Clinical Psychology with an emphasis in Marriage & Family Therapy** May 2011

University of California, Los Angeles, CA
**Bachelor of Arts in Psychology** June 2009

**CLINICAL EXPERIENCE**

Florida International University, Miami, FL
APA Accredited Internship
Setting: University Counseling
Population: Student Outpatient
**Doctoral Intern** August 2014-Present

- Provide individual and couple therapy to diverse and multicultural undergraduate and graduate students in a university counseling center
- Co-facilitate process oriented therapy groups for the student population in order to promote interpersonal growth; co-facilitate a psychoeducational group on mindfulness-meditation
- Serve as an "on call" therapist in order to assist with crisis intervention, safety planning, hospitalization, reduction of symptoms, and stress management, in addition to goal setting and providing appropriate referral sources
- Conduct, score, interpret, and provide feedback regarding full neuropsychological and psychodiagnostic assessment batteries; write neuropsychological and psychodiagnostic reports
- Formulate accurate and appropriate diagnoses, according to the DSM-V; formulate appropriate treatment plans
- Provide biofeedback training in order to decrease physical and psychological symptoms of stress/anxiety
- Provide on-campus outreach by coordinating and facilitating workshops regarding various mental health topics for college students
- Provide treatment to students who participate in the Body Acceptance Program (BAP), a treatment program which focuses on disordered eating and body image issues
- Collaborate with various medical, mental health, and academic professionals in a multi-disciplinary environment
- Work closely with athletic teams in order to promote team-building, communication, performance, mental health, and well-being

University of California, Los Angeles, CA; *Division of Geriatric Psychiatry*
Setting: Hospital
Population: Geriatric Outpatient
**Therapist and Group Co-Facilitator** September 2013-June 2014

- Provided individual therapeutic services, by utilizing Cognitive-Behavioral Therapy, to the geriatric population in order to decrease psychological symptoms, increase quality of life, and address end-stages of life
- Co-facilitated therapeutic, psychoeducational groups, which targeted affective functioning, specific to the geriatric population
- Formulated accurate and appropriate diagnoses, according to the DSM-IV-TR
- Conducted, scored, and interpreted various brief neuropsychological and psychodiagnostic assessments
- Wrote intake and/or assessment reports based on clinical interview and/or administered measures

Otis College of Art and Design, Los Angeles, CA
Setting: College Counseling
Population: Student Outpatient
**Therapist** September 2013-June 2014

- Provided individual and couple therapy to students in a college counseling center; provided services while "on call"
- Created various therapeutic, psychoeducational groups, for the student population
- Assisted in goal setting, crisis intervention, reduction of symptoms, and stress management
- Formulated accurate and appropriate diagnoses, according to the DSM-IV-TR
- Conducted, scored, interpreted, and provided feedback regarding various brief psychodiagnostic assessments
- Provided outreach by coordinating and facilitating workshops regarding various mental health topics for college students
- Presented a lecture regarding mood disorders on Depression Screening Day, Eating Disorder Awareness Day, Self-Care/Love Yourself Day, and other student counseling center events

Ventura Youth Correctional Facility, Camarillo, CA
Setting: Prison/Correctional Facility
Population: Incarcerated Adolescents and Young Adults
**Therapist and Group Co-Facilitator** August 2012- July 2013

- Provided individual therapeutic services to incarcerated males and females, ages 15-24, in a correctional facility
- Conducted, scored, and interpreted various psychological assessments; wrote assessment reports
- Formulated accurate and appropriate diagnoses, according to the DSM-IV-TR
- Assisted in goal setting, crisis intervention, case management, reduction of symptoms, cognitive restructuring, processing of commitment offense, psychoeducation regarding substance use and parenting skills
- Co-facilitated and created curriculum for therapeutic groups such as anger management, substance abuse/relapse prevention, criminal thinking, victim awareness/commitment offense, and life skills
- Collaborated with various professionals, such as psychologists, teachers, social workers, psychiatrists, and officers

Pepperdine Community Counseling Center, Encino, CA
Setting: Community Counseling
Population: Adult, Adolescent, Couple

**Therapist** September 2011- June 2014

- Conduct and prepare thorough intake assessments for new clients
- Formulate accurate and appropriate diagnoses, according to the DSM-IV-TR
- Implement various interventions and treatments to children, adolescents, couples, and adults in a community mental health setting
- Assist in goal setting, crisis intervention, reduction of symptoms, augmentation of client strengths, promotion of healthy emotional expression, facilitation of communication and other positive behaviors
- Administer, score, interpret, and give feedback regarding outcome and therapeutic alliance
- Provide therapeutic services to high-risk students at a school based program at Canoga Park High School and Children of the Night, a residential program for sexually exploited children
- Participate as "on call" therapist during clinic closures in order to attend to client crises

Center for Autism and Related Disorders, Tarzana, CA
Setting: Outpatient/Home-based therapy
Population: Autism Spectrum

**Therapist** August 2008-March 2011

- Implemented one-on-one behavioral intervention programs to children in their homes
- Assisted in the design and implementation of various programs; worked closely with families to become aware of and target areas of concern
- Served as an instructional shadow in school settings to assist in social skill development and proper peer interactions
- Trained in Applied Behavior Analysis, social skills development, data collection techniques, discrete trial teaching techniques, and management of maladaptive behaviors applicable to client population
- Collected data for various research studies taking place in our facilities, such as examining working memory in children diagnosed with Autism, and examining reliability of assessment tools with this population

Valley Trauma Center, Van Nuys, CA
Setting: Non-Profit Organization (Outpatient)
Population: Adult, Couple, Family

**Counselor, Case Manager, and Group Co-Facilitator** January 2010-March 2011

- Provided In-Home Counseling to families in the Family Preservation program using theoretical models such as Cognitive-Behavioral Therapy and Family Systems
- Implemented treatment plans and set goals such as improving communication, learning anger management techniques, overcoming domestic violence, and understanding sexual abuse
- Served as a Case Manager to families in the Family Preservation program to ensure best course of treatment and provide families with various adjunctive services
- Worked directly with the Department of Child and Family Services (DCFS) on Family Preservation cases
- Co-Facilitated a psychoeducational parenting group for parents receiving services at Valley Trauma Center and for those who were mandated by court or DCFS to attend the group

**GRADUATE RESEARCH EXPERIENCE**

Pepperdine University, Malibu, CA August 2011-June 2014

**Research Assistant**

- Complete literature reviews on the topic of child and adolescent therapy for Dr. Drew Erhardt
- Assist in various tasks, such as reviewing and editing, pertaining to ADHD manuscript and presentations

Pepperdine University, Malibu, CA April 2011-August 2011

**Research Assistant**

- Assisted in the editing of Dr. Tomas Martinez's Cross Cultural Mental Health book, which presents information regarding culturally sensitive therapy and various cultures
- Reviewed and selected articles, data, and quotes relevant to the book

Pepperdine University, Malibu, CA

**Research Assistant/RPT** January 2010-April 2011

- Completed and submitted paperwork to the Internal Review Board for approval of study associated with student led group, Research and Practice Team, under the supervision of Dr. Susan Hall, Ph.D., J.D.
- Recruited subjects to participate in the study on student attitudes towards research
- Recorded data from sessions with subjects and transcribed data for review to examine student attitudes towards research

Dr. Joshua Poore, Ph.D.

**Research Assistant** September 2009-April 2011

- Designed and programmed questionnaires for study examining attachment behaviors between students and advisors
- Reviewed and selected archival data related attachment behaviors

**UNDERGRADUATE RESEARCH EXPERIENCE**

University of California, Los Angeles, CA

**Research Assistant** January 2009-September 2009

- Initiated a research study examining attachment behaviors between students and their advisors, with doctoral candidate, Joshua Poore, under the supervision of Dr. Matthew Leiberman, Ph.D.
- Recruited subjects to participate in various experiments conducted by the department of social psychology at UCLA

**GRADUATE TEACHING EXPERIENCE**

Pepperdine University, Malibu, CA

**Teaching Assistant for Dr. Drew Erhardt, Ph.D.** August 2011-June 2014

- Assist in grading of exams to evaluate mastery of course material for Clinical Interventions with Children and Adolescents courses
- Organize paperwork, articles, and various class materials
- Assist in printing, posting documents on class website, and other various tasks as needed

Pepperdine University, Malibu, CA

**Teaching Assistant for Dr. Tomas Martinez, Ph.D.** August 2010-April 2013

- Create PowerPoint slides for Abnormal Psychology, Cross Cultural Psychology, Social Psychology, and Industrial/Organizational Psychology class lectures

- Design, proctor, and assist in grading of exams to measure mastery of course material
- Present lectures for test reviews and provide students with handouts to assist in exam reviews
- Contact and collaborate with volunteer sites for experiential student assignment
- Assist students by explaining answers to questions regarding class material through e-mail and personal office meetings

Pepperdine University, Malibu, CA
**Teaching Assistant for Dr. Charlene Underhill-Miller, Ph.D.** August 2011-December 2011

- Reviewed videos of student assignment where students had therapy sessions with other students
- Provided feedback to each student after review of his or her video
- Prepared a written document for the professor, which included the strengths and weaknesses of each student's performance in his or her video

**UNDERGRADUATE TEACHING EXPERIENCE**
University of California, Los Angeles, CA
**Teaching Assistant for Dr. Alyssa Epstein, Ph.D.** June 2008-August 2008

- Presented lectures and designed PowerPoint slides for exam reviews in Abnormal Psychology
- Designed practice exams to prepare students for midterms and finals
- Held weekly office hours for students who need assistance in understanding class material
- Assisted professor during lectures and proctored exams
- Explained answers to questions on class website using Blackboard

**ADDITIONAL/VOLUNTEER EXPERIENCE**
Pepperdine University, Malibu, CA
**Note Taker** September 2009-April 2011

- Worked directly with disability services in order to accommodate academic/educational needs of disabled students
- Actively listen, create structured outlines of class discussions, and take detailed lecture notes for disabled students

Pepperdine University, Malibu, CA
**Graduate Assistant** May 2010-August 2010

- Spoke with new and/or prospective students about the clinical psychology program
- Assisted program administrator, Andrea Venkat, with clerical duties, such as compiling materials for students, answering phones, and organizing paperwork

Taft High School, Woodland Hills, CA
**Choreographer** September 2009-February 2010

- Facilitated communication between students on the cheerleading team to strengthen cooperation and team work
- Taught routines and performance techniques during team practice days
- Choreographed routines for the varsity and junior varsity cheer teams

The Center at Park West, Reseda, CA
**Volunteer** June 2007-August 2007

- Entertained and socialized with the elderly residents to promote their emotional well being
- Participated in games and recreational activities, such as arts and crafts, with the elderly to promote mental stimulation

Social Services, Los Angeles, CA
**Caretaker** March 2006- March 2007

- Worked to maintain independent living of elderly by providing personalized home based care
- Offered companionship and engaged in recreational activities with elderly to promote socialization

Los Angeles Pierce College, Woodland Hills, CA
**Mentor** October 2006

- Counseled an orphan child to improve her self-esteem and educate her regarding the transition into adolescence
- Established rapport with child to build a trusting relationship

Various Elderly Homes, Los Angeles, CA
**Soprano Vocalist** Winters 2003-2005

- Visited elderly homes during the holidays to entertain residents
- Performed Christmas carols and Hanukkah songs with a vocal group
- Led soprano section in practice and performance

**GUEST LECTURER/SPEAKER EXPERIENCE**
Florida International University, Miami, FL

- Conducted training regarding crisis intervention in students who reside on-campus July 2015
  **Workshop presented to graduate students*
- Conducted workshop on the topic of mental health awareness May 2015
  **Workshop presented to undergraduate students*
- Conducted workshop on the topic of stress management
  **Workshop presented to high school students*
- Conducted workshop on the topic of body image and eating disorders February 2015
  **Workshop presented to student athletes*
- Conducted workshop on the topic of communication in college October 2014
  and provided information regarding assertive, aggressive, and passive-aggressive styles of communication.
  **Workshop presented to undergraduate students*

Lanai Road Elementary School, Encino, CA January 2012

- Conducted workshop on the topic of bullying and provided developmentally appropriate activities to facilitate learning of said topic
  **Workshop presented to 3$^{rd}$, 4$^{th}$, and 5$^{th}$ grade students*

Pepperdine University, Malibu, CA

- Facilitated and led discussion regarding practicum opportunities, clinical cases, and legal/ethical issues in clinical psychology — February 2013
  **Lecture presented in "Clinical Practicum" graduate course, taught by Dr. Michelle Margules, Psy.D.*

- Presented lecture on the diagnosis and treatment of Mood Disorders — June 2011
  **Lecture presented in "Abnormal Psychology" undergraduate course, taught by Dr. Tomas Martinez, Ph.D.*

- Presented lecture on laws and ethics in clinical psychology — June 2011
  **Lecture presented in "Abnormal Psychology" undergraduate course, taught by Dr. Tomas Martinez, Ph.D.*

- Presented lecture on cultural issues and clinical work — November 2010
  **Lecture presented in "Individual and Family Development" graduate course, taught by Dr. Michelle Margules, Psy.D.*

- Presented lecture on Autistic Spectrum Disorder diagnosis and treatment — October 2010
  **Lecture presented in "Abnormal Psychology" undergraduate course, taught by Dr. Tomas Martinez, Ph.D.*

- Represented GSEP and delivered speech encouraging new graduate students to become involved in their programs — September 2010
  **Speech delivered at President Andrew Benton's new graduate student reception*

**PROFESSIONAL WRITING/PRESENTATIONS**

University of California, Los Angeles, CA — October 2013

- Prepared psychoeducational presentation, under the supervision of Dr. Paul Cernin, Ph.D.
  **Presentation reviewed various communication and assertiveness skills*

**DOCTORAL DISSERTATION**

*Integrative Behavioral Couple Therapy: A Case Study Focusing on Change Processes, Change Mechanisms, and Cultural Considerations*

**PROFESSIONAL ASSOCIATIONS**

Psi Chi, *Lifetime Member* — 2009-Present
Forensic Psychology Association, Pepperdine University, *Member* — 2013-Present
American Psychological Association, *Student Affiliate* — 2009-2011, 2013-2014
Research and Practice Team, Pepperdine University, *Co-President* — 2010-2011
Research and Practice Team, Pepperdine University, *Member* — 2009-2010

**FOREIGN LANGUAGES**

Fluent and able to conduct therapy in Farsi

ABSTRACT

This qualitative discovery-oriented case study sought to examine and describe change processes and change mechanisms related to successful treatment with Integrative Behavioral Couple Therapy. The model of psychotherapy change by Brian Doss (2004) was utilized as a framework for this study, which included one couple who experienced marital distress at the outset of therapy and was categorized as "recovered" at the end of treatment. Cultural considerations were also emphasized in this study. Processes of change included, but were not limited to, vulnerability, unified detachment, and empathic joining. Some notable change mechanisms included increases in acceptance and decreases in negative behaviors. Ideas for future psychotherapy change research are provided.

## Introduction

Although most couples enter marriage with the desire to have a strong, happy, and long-lasting relationship, many couples do not live the remainder of their lives with one another. According to the American Psychological Association (APA, 2014), 40 to 50% of marriages end in divorce in the United States. When contemplating how to assist in saving a marriage, one approach that has been effective is couple therapy. Traditional behavioral couple therapy (TBCT; Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998), emotionally focused couple therapy (EFCT; Johnson, 2004), and integrative behavioral couple therapy (IBCT; Christensen et al., 2004) are three treatment approaches that have significant empirical support (Lebow, Chambers, Christensen, & Johnson, 2012).

IBCT focuses on changing some behaviors of each partner, in addition to fostering acceptance of the partner's behaviors or personality traits.

> IBCT assumes that there are genuine incompatibilities in all couples that are not amenable to change, that partners' emotional reactions to each other's behavior are at least as problematic as the behavior itself, and that a focus on change can often lead to a resistance to change. Therefore, emotional acceptance between partners is as much or more a goal of intervention as is active change in the partner's behavior. (Christensen et al., 2004, p. 177)

The aspect that makes IBCT unique is the incorporation of acceptance. "Emotional acceptance is demonstrated when a partner tolerates or even embraces previously upsetting partner behavior because of a deep understanding of the self, the partner, and the larger context of their relationship" (Sevier, Eldridge, Jones, Doss, & Christensen, 2008, p. 139).

This focus on acceptance may be particularly well-suited for couples in conflict over differences in personality traits, cultures, beliefs, or values. Therefore, this study will explore the process of change in IBCT when there are conflicts over differences in personality, culture, and beliefs between partners. According to Sevier and Yi (2009), culture has received little attention in the academic literature regarding couple therapy. Similarly, Stanik and Bryant (2012) agreed that the study of ethnic minority groups can advance our knowledge by helping us understand the cultural differences in relationships.

Case study methodology is utilized in order to illustrate the unique and intricate processes that take place between the couple and therapist in treatment, which ultimately lead to a successful therapeutic outcome. The couple selected for this case study experiences conflict over differences in personality (one partner wanting spontaneous and carefree lives, the other focused on responsibilities and stability) and differences in culture and religion (one partner identifies as Jewish, the other does not). The selected couple also experiences differences in gender role beliefs (one partner holding more egalitarian beliefs, the other holding more traditional beliefs). Therefore, this study fills multiple gaps in the literature by using qualitative case study methodology to examine IBCT psychotherapy change processes with a specific couple struggling to maintain their marriage despite challenging differences.

**Integrative Behavioral Couple Therapy**

Many studies on IBCT investigate treatment outcomes. The original outcome study, a randomized, controlled clinical trial, compared IBCT and TBCT in order to discover which therapeutic modality will lead to greater improvement in the couple (Christensen et al., 2004). In the study, couples who received TBCT improved at a faster rate, but improvements were not maintained. In contrast, IBCT participants experienced a slower rate of progress, but continued to make improvements at a steady pace over time.

In order to monitor the long-term outcomes of these therapeutic modalities, Christensen, Atkins, Yi, Baucom, and George (2006) conducted a follow up study two years post-treatment. In this study, the effects of IBCT and TBCT were compared by determining the overall marital satisfaction of the couples who participated. Two years post-treatment, 69% of the couples who received IBCT maintained their improvement. In contrast, 60% of the couples who received TBCT maintained their improvement. "Couples in the two behavioral treatments compared in this study are largely similar in outcome, although a number of findings give an edge to IBCT" (Christensen et al., 2006, p. 1190). Couples in both treatment conditions experienced an initial decrease in their marital satisfaction when treatment ended. Surprisingly, only those couples who received IBCT experienced a stable increase in satisfaction thereafter (Christensen et al., 2006).

Continuing to monitor the long-term effects of these two treatment modalities, Christensen, Atkins, Baucom, and Yi (2010) conducted a 5-year follow up study. This study was the first to examine long-term trajectories of change in marital satisfaction after couple therapy. Five years after their final therapy session, half of the couples in this follow up study experienced clinically significant improvement compared to their pre-treatment assessment. According to Christensen et al. (2010), both treatment modalities were effective in maintaining relationship satisfaction.

In addition to short-term and long-term outcome studies, other studies have been conducted in order to examine aspects of IBCT and capture the uniqueness of its approach. Doss, Thum, Sevier, Atkins, and Christensen (2005) conducted a study in order to examine mechanisms of change in couple therapy. Their findings concluded that IBCT was more effective at increasing acceptance in relationships and that TBCT was more effective in changing target behaviors. It was found that increases in the frequency of behavior change and acceptance were

related to greater marital satisfaction during the first half of therapy (Doss et al., 2005). The amount of change in the frequency of the partner's behaviors was not as significant for marital satisfaction during the second half of therapy; however, acceptance did remain critical in relation to increasing marital satisfaction.

The importance of acceptance of one's partner and his or her behavior is at the forefront of IBCT. Although this characteristic is crucial to the success of this treatment modality, other aspects of IBCT assist in its effectiveness. According to Sevier et al. (2008), IBCT is also successful due to its promotion of positive communication between partners. They found that couples who demonstrated increases in positive communication and problem solving techniques, as a result of their treatment, experienced an increase in their marital satisfaction.

In a recent meta-analysis, IBCT was identified as one of the most effective forms of treatment (Lebow et al., 2012). According to these authors, Emotion Focused Therapy was also found to be a promising treatment modality for reducing distress in couples. Additionally, Lebow et al. (2012) found that these treatment modalities are effective in treating both seriously and chronically distressed couples.

The aforementioned studies demonstrate the effectiveness of IBCT. This form of couple therapy continues to provide couples with gains well after the conclusion of therapy. It can be concluded that IBCT is as effective as TBCT and other forms of couple therapy. However, IBCT combines what other therapeutic modalities offer, such as communication techniques, problem solving, and behavior change, with emotional acceptance. Therefore, IBCT has something extra to offer to couples who are experiencing marital or relational distress.

**Current Need for Qualitative Research on Psychotherapy Change Processes**

As noted by Christensen (2010), "We know little about how most of our evidence-based treatments work" (p. 34). IBCT is considered a relatively new treatment modality in the field of psychology along with other third-wave behavioral approaches. Although there have been several studies which illustrate the efficacy of IBCT to date, there is still much research to be done to contribute to the growing pool of knowledge regarding this treatment modality. According to Lebow et al. (2012),

> …it is a rich time for marital therapy investigation, a time in which it may be that research impacts more on practice. The science-practice gap in the field is narrowing as research comes to focus on the kinds of therapies and issues of most interest to clinicians. It remains to build channels between clinicians and researchers to narrow this gap. (p. 160)

Currently, there is a need for more qualitative research that focuses on cultural dimensions, mechanisms of change, and therapeutic processes in the field of couple therapy (Heatherington, Friedlander, & Greenberg, 2005; Lebow et al., 2012).

> Qualitative strategies offer rich contextualized information, thick description, and a method for interrogating multiple realities that cannot be addressed through typical quantitative methods. More specifically, qualitative inquiry allows researchers to highlight diverse voices that have often been omitted from psychology and to explore a more nuanced understanding of ethnocultural perspectives. (Nagata, Kohn-Wood, & Suzuki, 2012, p. 15)

Qualitative research methods are beneficial in many ways, especially in studies that seek to explore change processes in therapeutic treatment (Doss, 2004). According to Doss (2004),

there are certain components of change in psychotherapy. He describes three different components that lead to the final and ultimate therapeutic outcome (see Figure 1). The first component of this model refers to change processes, which are the features of therapy that happen inside of session, leading to successful or unsuccessful outcomes. Therapy change processes, such as specific interventions, and client change processes, such as the clients' behaviors in therapy, consistently interact with each other in order to create this change or progress. The second component of this model, change mechanisms, assists in leading to the final therapeutic outcome. Change mechanisms are transitional changes in a client's characteristics that may result in positive outcomes while partaking in therapy. The integration of change processes and change mechanisms leads to the third component, which is the ultimate outcome of therapy.

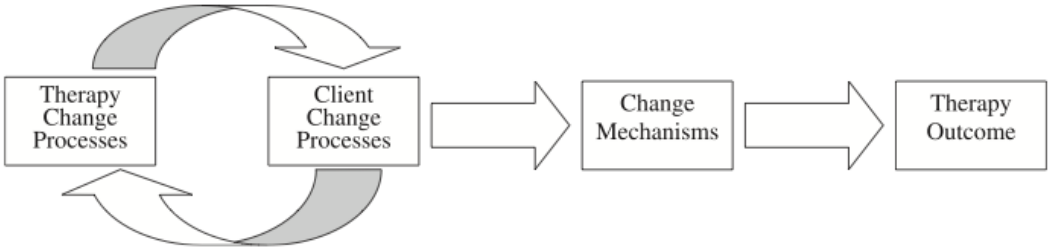


*Figure 1*. Components of Change in Psychotherapy
*Note:* From "Changing the Way We Study Change in Psychotherapy," by B. D. Doss, 2004, *Clinical Psychology: Science and Practice*, *11*(4), p. 369. Copyright 2004 by Brian D. Doss. Reprinted with permission by author.

Doss (2004) illustrates this framework for studying change in psychotherapy using examples from behavioral couple therapy. The therapy change process in the context of behavioral couple therapy consists of the therapist teaching the couple communication skills and problem solving techniques. The client change process in this approach consists of the couple appropriately utilizing these newly learned skills in therapy. As a result of these two processes,

the couple's daily positive interactions increase and their negative interactions decrease, demonstrating a change mechanism (Doss, 2004). Ultimately, the interaction of all of these processes leads to an increase in martial satisfaction.

This framework (Doss, 2004), which displays the change processes in therapy, can be applied to the change processes in IBCT. For example, the change processes that may be present in a session that utilizes IBCT can be the use of empathic joining (therapy change processes) and the expression of empathy in place of blame (client change processes). A change mechanism that may be present could be an increase in emotional acceptance. Finally, a therapy outcome that may result from the combination of these change processes and change mechanisms may be an increase in marital satisfaction.

Clearly, this model of exploring change processes in therapy can be applied in the context of IBCT. In order to apply the model presented by Doss (2004) to research that examines therapeutic processes, four phases of research should be addressed. These phases include forming a basis to study mechanisms of change, understanding change mechanisms, understanding change processes, and application of the understanding of change (Doss, 2004). In the area of IBCT, researchers have been successful in forming a basis to study mechanisms of change (phase one) by demonstrating the effectiveness of IBCT in the outcome studies summarized above. Understanding the change mechanisms associated with this treatment modality (phase two) was the purpose of an article by Doss et al. (2005), which demonstrated that emotional acceptance was the underlying mechanism of change that led to increased marital satisfaction in IBCT. Three studies thus far have examined client change processes (phase three) in IBCT (Cordova, Jacobson, & Christensen, 1998; Sevier, 2005; Wiedeman, 2012). Cordova et al. (1998) found that couples who received IBCT utilized soft emotions and described their

problems in a non-blaming manner. Similarly, Sevier (2005) found that couples in IBCT engaged in acceptance promotion behaviors more often than those couples who participated in TBCT. Finally, Wiedeman (2012) detailed the dyadic interactions that couples in IBCT demonstrate, including interactions that promote acceptance (partner one vulnerability + partner two validation) or hinder it (partner one vulnerability + partner two criticism).

Currently, there is a need to further understand the change processes in IBCT (phase three), particularly since therapy change processes have not been examined, nor the relationship between client and therapy change processes, or their connection to the change mechanism and therapy outcome. The importance of understanding change processes has also recently been emphasized by Christensen (2010), who proposed a unified protocol for couple therapy that focuses on understanding change mechanisms and treatment applications instead of comparing different treatment types, as knowledge regarding change processes are currently limited in the field of psychology.

**A Process-Oriented Case Study**

Although there are many research methods one can utilize when conducting a process oriented study, developing a case study would be a superior method because it allows the researcher to fully examine minute details in the data (McLeod, 2010). Yin (2009) defines a case study as "…an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" (p. 18). This type of study analyzes an individual, couple, group, or family through exploration of clinical case material or therapy sessions and facilitates an understanding of the client, presenting problem, treatment, and therapy process (Carlson, Ross, & Stark, 2012).

Case studies are helpful because they can address many issues, unlike quantitative studies, which focus on one or two issues (Stiles, 2007).

According to Stiles (2007), case study research provides us with rich observations that help us to understand therapeutic theories and techniques. As a result of these new understandings, future therapeutic practices improve and greater skills are developed (Stiles, 2007). As stated in Doss (2004), "Mapping the specifics of change in our current forms of psychotherapy is essential to further revisions of these treatments" (p. 368). In addition to discovering the general process of change in couple therapy, systematic processes, intrapersonal processes, interpersonal processes, and differences in the processes of diverse couples are areas of potential exploration (Heatherington et al., 2005).

According to McLeod and Cooper (2011), greater contributions in the form of case study research need to be made and these contributions can begin with doctoral dissertations. In addition to contributing to the gap of knowledge in our field regarding conducting therapy and understanding how it works, the areas that need to be addressed in IBCT, such as mechanisms of change, culture, and the therapeutic process, can be addressed through conducting a case study. Carlson et al. (2012) agree that case studies should be a focus of future research in order to further gains made in the literature, as case studies are underutilized in the field of couple therapy. Although IBCT is efficacious, it is still a developing treatment modality for which mechanisms of change need to be understood (Heatherington et al., 2005). In other words, we know that IBCT works but we do not yet completely understand the nuances of how it works. Therefore, conducting a case study that focuses on understanding the processes in IBCT would be ideal, as it would greatly contribute to the growing field of couple therapy.

## Role Orientation

**Gender roles in marriage.** In a marriage, each individual has a belief system regarding the roles of men and women in marriage. Some beliefs regarding role orientation include egalitarianism and traditionalism. Egalitarian ideology includes the belief that each individual in the relationship should have an equal role in regards to household chores, the raising of children, earning finances, and other tasks (Amato & Booth, 1995). On the other hand, traditional ideology includes the belief that each individual in the relationship should have different roles and responsibilities in regard to the tasks named above. For example, in a marriage where beliefs include traditionalism, the wife may envision herself attending to household chores and raising children; the husband may expect to work and be the "breadwinner" in the relationship. In addition to having certain beliefs or ideologies regarding gender roles in a marriage, behaviors specific to gender roles are also present. Ideologies in traditionalism and egalitarianism are also expressed through certain behaviors, such as the actual division of household chores in the manner described above.

**Gender roles and cultural influences.** These gender role beliefs or values may be influenced by each individual's culture, religion, ethnicity, geographical location, or other factors. In the United States, egalitarian roles in marriage have been evident and increased since 1977 (Cotter, Hermsen, & Vanneman, 2011). Furthermore, some couples share household chores and financially contribute to the household in the United States, as women are encouraged to pursue independence (Yu, 2011). According to Wang, Parker, and Taylor (2013), 68% of women and 79% of men are in the labor force. Recent trends have shown that in some cases women are the sole or primary source of income for 40% of all American households with children under the age of 18 (Wang et al., 2013). However, in other countries, such as China and India, the woman

is solely responsible for being a home-maker, while the man is solely responsible for providing for his family (Rao, 2012; Yu, 2011).

Gender role beliefs may be associated with levels of marital satisfaction, and this association may be unique across cultures. For example, among American couples, Guilbert, Vacc, and Pasley (2000) found that females who held egalitarian gender role beliefs experienced greater marital instability, in addition to higher levels of negativity, when compared to females who held traditional gender role beliefs. In Israel, some married couples are currently somewhat modern in their lifestyle, as they hold dual earner households (Kulik & Rayyan, 2006). Among these women, it was found that egalitarian roles, in regards to household and outside tasks, were related to greater marital satisfaction. However, equality in some tasks, such as technical tasks, lowered their marital satisfaction (Kulik & Rayyan, 2006). According to Rakwena (2010), Botswanian couples experienced greater marital satisfaction when both spouses displayed higher levels of spousal support and egalitarian gender role values. In Hindu Bengali couples, higher quality of marriage is associated with more traditional sex specific gender roles, such as femininity for women and masculinity for men (Dasgupta & Basu, 2011). In a study by Stanik and Bryant (2012), it was found that African-American couples reported lower marital satisfaction when traditional gender role beliefs were upheld by the husband. Additionally, when couples engaged in traditional gender role behaviors, such as traditional division of household labor, marital satisfaction was found to be decreased in husbands (Stanik & Bryant, 2012). Stanik and Bryant's findings (2012) seem to be in contrast with the findings by Guilbert et al. (2000), which state that females who hold egalitarian gender role beliefs experience greater marital instability. Additionally, it should be noted that Stanik and Bryant's findings (2012) were concerned with husbands, whereas Guilbert et al.'s findings (2000) were concerned with wives.

**Gender roles and life transitions.** In addition, life transitions can lead to changes in gender role beliefs or behaviors, which can be associated with changes in marital satisfaction. In an article that studied the effects of gender roles in Chinese couples who moved to the United States in order to further the education of the husband, it was found that 40% of the wives agreed with traditional Chinese roles, where the husband took the role of the breadwinner (Zhang, Smith, Swisher, Fu, & Fogarty, 2011). The results included a decrease in marital satisfaction when gender role disruption, which includes gender ideology and gender roles conflicting with one another, was present. Although the results of this study included a decrease in marital satisfaction, the effect was indirect and may have been due to a combination of gender role disruption with other variables (Zhang, et al., 2011). Nevertheless, changes in gender roles and strain in marital relationships are evident in other cultures, such as Iranian-Americans, when immigrating to the United States. According to Rashidian, Hussain, and Minichiello (2013), the marital relationship is affected in Iranian-Americans during this transition of immigrating to the United States, as the husband's role as primary breadwinner may change which takes a toll on the husband's pride as a man. Additionally, feelings such as guilt, shame, and fear, were experienced by Iranian-American wives during this transition and the associated cultural clash between their own culture and American culture (Rashidian, Hussain, & Minichiello, 2013).

Another life transition that tends to bring about changes in gender role behaviors is the transition to parenthood (Sanchez & Thomson, 1997). In the beginning stages of parenthood, many couples shift from their egalitarian gender roles to more traditional gender roles (Singley & Hines, 2005). For men, time spent working, in order to contribute as "breadwinner" stays the same or increases during this stage (Kaufman & Uhlenberg, 2000). However, the change during early stages of parenthood is somewhat different for women (Bianchi, Milkie, Sayer, &

Robinson, 2000). About 80% of women in the United States are employed, mostly part-time, before the birth of their first child; only about one-third return to work six months after the birth of their child (Bianchi et al., 2000). In addition to changes in gender role behaviors during parenthood, changes in marital satisfaction also appear to be present (Lawrence, Rothman, Cobb, Rothman, & Bradbury, 2008). According to Lawrence et al. (2008), marital satisfaction often decreases during parenthood. Furthermore, Frajerman (2001) found that there are significant relationships between certain gender roles, division of household chores, and marital satisfaction. For example, a decline in marital satisfaction was found when either husbands or wives had engaged in more traditionally feminine housework than their spouse (Frajerman, 2001). These results suggest that shifts in gender roles and behaviors may be associated with shifts in marital satisfaction.

**Gender roles and marital satisfaction.** Additional literature evaluates marital satisfaction when spouses hold different gender role beliefs. Expectations regarding division of household labor and childcare are often present in marital relationships (Hackel & Ruble, 1992). According to Hackel and Ruble (1992) when such expectations are violated between a husband and wife, marital satisfaction decreases. Interestingly, Mickelson, Claffey, and Williams (2006) found that "Emotional spousal support predicted better marital satisfaction and less conflict for traditional women and egalitarian men, whereas both instrumental and emotional spousal support predicted better marital satisfaction for egalitarian women and traditional men" (p. 73). Therefore, it seems that although differences in gender roles in a marriage may be associated with marital dissatisfaction, specific types of support in a marital relationship serve as somewhat of a buffer, decreasing or eliminating conflict, when there are disagreements regarding gender roles (Hackel & Ruble, 1992; Michelson et al., 2006).

Due to the need for case study research that contributes to our understanding of various dimensions of culture, the current study will examine and describe how role orientation beliefs shift across the course of therapy as the selected couple experiences life transitions.

**The Jewish Culture & Roles**

Judaism is a beautiful and unique culture that combines both religion and ethnicity (Rosen & Weltman, 2005). Jewish traditions and family values, including marriage, high holidays, academic achievements, and raising children, are important aspects of this culture (Rosen & Weltman, 2005). Different synagogue denominations include Orthodox (most observant and ritualistic), Conservative and Reconstructionist (somewhat observant), and Reform (least ritualistically observant). Additionally, Jews who have migrated from different countries have unique designations and may have specific traditions. For example, those who migrated from Spain, Portugal, and the Middle East are referred to as Sephardic Jews; those who migrated from Russia, Poland, or the East of Europe are referred to as Ashkenazi Jews (Rosen & Weltman, 2005). Currently, there are about six and a half million Jewish individuals, consisting of both Ashkenazi and Sephardic Jews, in the United States (U.S. Census Bureau, 2012).

As society changes, many Jewish values and traditions remain. However, pressures to change or acculturate are present and some changes to Jewish values or traditions, such as intermarriage, have been made (Rosen & Weltman, 2005). The gender roles in a Jewish marriage are often traditional, where the Jewish mother primarily raises the children and completes household responsibilities, and the Jewish father is primarily the breadwinner (Ringel, 2007; Rosen & Weltman, 2005). Jewish women have traditionally been encouraged to find a life partner capable of supporting them financially (Ringel, 2007; Rosen & Weltman, 2005). However, many Jewish women in today's society prioritize other things, such as educational

achievement, which is also important in the Jewish culture (Ringel, 2007; Rosen & Weltman, 2005). The roles in Jewish marriages have been changing and are varied in the current generation (Ringel, 2007).

The Orthodox community, specifically, has changed, as more women now work outside the home; however, the roles of husband and wife remain the same in regards to religious rituals, prayers, and interpersonal behaviors (Ringel, 2007). According to Rosen and Weltman (2005), a growing number of Jewish women have recently sought the prerequisites of a professional career, only to decide to stop working after marriage or the birth of children and to look to their husbands to bear the family's financial burden. Furthermore, Orthodox Jewish women who have prestigious careers such as doctors or program directors, reported that they view themselves as mothers and wives, first and foremost (Ringel, 2007). Consequently, many Jewish couples struggle to balance new societal expectations toward egalitarianism and the pull toward traditional roles (Rosen & Weltman, 2005).

Upon exploring the current body of research regarding IBCT and couple therapy in general, it was found that research specific to the Jewish culture was lacking, despite the emphasis that the Jewish culture places on marriage and family (Rockman, 1994). Therefore, conducting a study that involves an under-represented culture, such as Judaism, will contribute to psychological literature.

**Current Study**

The current research study will focus on exploring the therapeutic processes that result in an effective and successful outcome in IBCT. By analyzing a course of treatment in detail through the means of a single case study, the IBCT change processes, change mechanisms, and treatment outcome are richly illustrated. In addition, this study satisfies the current need for

couple therapy research that includes a focus on specific dimensions of culture (Lebow et al., 2012), as the selection strategy for this case study prioritized selecting a couple in which a minority culture is represented.

The research questions explored in this study will parallel the Doss (2004) framework for studying change in psychotherapy described above, examining and describing in detail each component of the change process. The selected couple received IBCT and experienced marital distress regarding differences in personality and culture, while also experiencing shifts in gender role beliefs.

Research Question #1: What is the treatment progress and outcome for the selected couple?

Research Question #2: What are the change mechanisms experienced by the couple?

Research Question #3a: What are the therapy change processes over time?

Research Question #3b: What are the client change processes over time?

Research Question #4a: What are the therapy change processes utilized by the therapist during moments of impressive change?

Research Question #4b: What are the client change processes displayed by the couple during moments of impressive change?

Research Question #5: What is the interaction between therapy change process, client change process, change mechanisms, and treatment outcome?

Research Question #6: How do aspects of culture, such as Judaism and role orientation, interact with psychotherapy change processes, change mechanisms, and outcome?

In total, this study examines and describes the various processes that took place throughout the treatment of a couple, who experienced chronic marital distress pre-treatment and experienced an increase in marital satisfaction and emotional acceptance as a result of IBCT.

## Methodology and Procedures

### Participants

The data that was utilized in this study was obtained from the original clinical trial of IBCT and TBCT which took place at UCLA and University of Washington (Christensen et al., 2004). In this study, 134 married couples who experienced moderate to severe marital distress participated as volunteers who were randomly assigned to either IBCT or TBCT. Of these couples, 71 were from Los Angeles and 63 were from Seattle. All volunteers were married couples who were cohabiting and seeking marital therapy. Both partners had earned a high school diploma or their General Education Development (GED), were fluent in English, and were between the ages of 18-65. Couples who had instances of domestic violence that met criteria for battering were not included in this study. Individuals who had Axis I disorders, including bipolar disorder, schizophrenia, or current alcohol/drug abuse or dependence, or Axis II diagnoses, including schizotypal, borderline, or antisocial personality disorder, were excluded from this study. Additionally, individuals who were currently receiving other forms of therapy were excluded from the original study.

The husbands who participated in this study had a mean age of 43.49 years (SD = 8.74) and the wives who participated in this study had a mean age of 41. 62 years (SD = 8.59). The average amount of education was 17.03 years for husbands (SD = 3.17) and 16.97 years for wives (SD = 3.23). The individuals' ethnicities varied as some were Latino (female: 5.2 %; male: 5.2%), African American (female: 8.2 %; male: 6.7%), Asian or Pacific Islander (female: 4.5 %; male: 6.0%), and Native American or Alaskan Native (male; 0.7%). However, most of the individuals identified as Caucasian (female, 76.1%; male 79.1%). Couples were married for a mean of 10 years (SD = 7.60) and had a mean of 1.10 children (SD = 1.03).

A total of seven licensed therapists (with 7 to 15 years of experience) participated in the original study and each therapist provided both forms of therapy to the couples who participated. All of the therapists were required to read treatment manuals and attend a workshop led by Andrew Christensen or Neil Jacobson. Therapists also received training and weekly consultation by experts in the therapeutic approach. Four of the therapists were located in Los Angeles, while the other three were located in Seattle.

In the current study, one couple who met pre-determined criteria was selected from the 134 couples in the original study. Permission to conduct the current study was obtained from Pepperdine University's Institutional Review Board and the principal investigator of the original study prior to couple selection. The couple selected was randomly assigned to the IBCT group and completed treatment. They demonstrated a significant increase in their marital satisfaction and acceptance of their partner from pre- to post-treatment (pre-treatment T-score $\geq$ 50 on the Global Distress Scale of the Marital Satisfaction Inventory-Revised; Snyder, 1997). In addition, the couple selected reported a substantial difference between spouses in scores on the Role Orientation Scale of the Marital Satisfaction Inventory-Revised (Snyder, 1997), which decreased from pre- to post-treatment. The couple was classified as "recovered" in regards to the clinical significance criteria used in the outcome study (Christensen et al., 2004; Jacobson & Truax, 1991). Differences in at least one cultural identity between husband and wife was preferred, so that the study could examine and describe how IBCT helps couples navigate cultural differences. In the selected couple, the wife identifies as Jewish in culture and religion, while the husband does not. Specific details about the selected couple are presented in the Results section.

## Procedures

In the original study, 68 couples were randomly assigned to TBCT and 66 couples were assigned to IBCT after completing screening procedures. These free therapeutic sessions were videotaped in both conditions. Couples were allotted up to a total of 26 sessions. The mean number of sessions that the couples were present for was 22.9 (SD = 5.35). Treatment was considered complete if the couple attended at least ten full sessions. Therapists adhered to the treatment modalities and delivered them competently (Christensen et al., 2004). Additionally, each therapist completed a short questionnaire after each session. In addition to pre-treatment screening procedures, the couples were assessed using various methods 13 weeks after pre-treatment, 26 weeks after pre-treatment, at the last therapy session, as well as post-treatment follow-ups. The couples were assessed in several different domains including marital satisfaction, communication, acceptance, and conflict, among many others. After the final session with each couple, therapists completed treatment summaries regarding the treatment provided.

The couple discussed in this case study attended a total of 25 couple therapy sessions throughout their course of treatment. By week 13 they had completed seven sessions and by week 26 they had completed an additional nine sessions, totaling to 16 sessions by week 26. Additionally, they attended nine more couple therapy sessions before terminating therapy at their final session.

**IBCT.** In the IBCT condition, treatment began with an assessment phase. After a conjoint session and one individual session with each spouse, feedback was provided to the couple regarding their relational problems and patterns, and plans for the course of therapy, including the importance of communication and acceptance. After these initial assessment and feedback sessions, formal treatment began. The IBCT manual (Jacobson & Christensen, 1998)

was utilized in this treatment condition. The self-help book, *Reconcilable Differences* (Christensen, Doss, & Jacobson, 2014; Christensen & Jacobson, 2002), was also given to the couples as bibliotherapy. The IBCT therapist utilized techniques such as tolerance building, empathic joining, and unified detachment in order to assist the couple in accepting one another's differences.

**Discovery oriented research.** This study utilizes a method of research called discovery-oriented research (Mahrer & Boulet, 1999). According to Greenberg (1991), "Our goal for the next decade is to establish how change occurs…" or discovering what leads to change (p. 3). The purpose of conducting this type of research is to provide a closer and more comprehensive look at "psychotherapeutic phenomena," aiming to understand it, while discovering the relationship between psychotherapy and its consequences, conditions, and operations (Mahrer, 1988). Discovery-oriented research includes selecting specific couples and therapy sessions, while integrating multiple data sources, such as videotapes and questionnaires (Greenberg, 1991; Mahrer & Boulet, 1999). In this way, an area of interest, such as IBCT, is observed and analyzed, in order to understand how it works and why it is effective (Mahrer & Boulet, 1999). Although the researcher approaches the data analysis with openness and flexibility, there are planned processes to guide how the researcher proceeds with this study. For example, examining DVDs to note impressive changes and flagging where in the video they occur, describing what the impressive changes are, and exploring what the therapist and/or couple say or do that leads to impressive change in the session, are some of the steps recommended in order to conduct discovery-oriented research (Mahrer & Boulet, 1999). In this way, we are able to learn the secret of how therapy modalities work, including IBCT, and why it works (Mahrer, 1988).

Using the archival data set and inclusion/exclusion criteria noted above, one couple was chosen for analysis. All written data from the selected couple and their therapist, such as questionnaires and assessment measures were examined from pre-treatment, 13 week, 26 week, last session and follow-up assessments. In addition, all video data from therapy sessions were viewed. The researcher reviewed these materials regarding the chosen couple, in order to orient to and understand the case, to provide a description of the couple and their relationship, and to select specific moments which demonstrated examples of change processes and/or were particularly effective. The researcher then used these observations, and often reviewed data several more times along with the selected coding systems, to complete each research question.

## Measures

**Measures of treatment outcome.** ***Global distress scale (GDS) of the marital satisfaction inventory-revised*** (MSI-R; Appendix B; Snyder, 1997). The MSI-R is a widely-used self-report measure that examines marital distress and contains ten subscales that are significant to marital satisfaction. This measure includes 150 true-false questions. The GDS, a 43-item scale that measures the overall dissatisfaction with the relationship, was used as a screening and outcome measure in the original outcome study. On the GDS, sample items include "I get pretty discouraged about our relationship sometimes," "There are many things about our relationship that please me," and "My partner and I are happier than most of the couples I know." The GDS has strong reliability, with a Cronbach's Alpha of .93 (Snyder, 1997). Additionally, the GDS has high discriminant validity when comparing couples in therapy to non-distressed couples ($p < .001$) (Snyder, 1997). This measure was administered upon intake, 13 weeks, 26 weeks, and final session. The GDS is utilized to understand treatment outcome and changes in marital satisfaction across treatment (Research Question #1).

***Dyadic adjustment scale*** (DAS; Appendix C; Spanier, 1976). The DAS is another widely used self-report measure of marital satisfaction that includes 34 questions. This measure contains four subscales (Affective Expression, Dyadic Satisfaction, Dyadic Cohesion, & Dyadic Consensus) and was administered upon intake, 13 weeks, 26 weeks, and final session. Examples of items on this measure are "How often do you or your mate leave the house after a fight?" and "Do you kiss your mate?" The reliability is .90 and validity is .86-.88 (Spanier, 1976). This scale is used to measure marital satisfaction and treatment outcome for the selected couple (Research Question #1).

***Role orientation scale (ROR) of the marital satisfaction inventory-revised*** (MSI-R; Appendix B; Snyder, 1997). This subscale of the MSI-R contains 12 items and assesses for beliefs in regards to traditional vs. non-traditional gender roles in marriage. On the ROR, item examples include "Such things as laundry, cleaning, and child care are primarily a woman's responsibility," "The man should be the head of the family," and "There should be more daycare centers and nursery schools so that more mothers of young children could work." The ROR has strong reliability, with a Cronbach's alpha of .83 (Snyder, 1997). Additionally, the ROR has high discriminant validity when comparing couples in therapy to non-distressed couples ($p < .001$) (Snyder, 1997). This scale is used to explore the pre-existing role orientations of each partner in the selected couple, and the changes in role orientation throughout treatment (Research Question #1).

**Measure of change mechanisms.** ***Frequency and acceptability of partner behavior inventory*** (FAPBI; Appendix D; Christensen & Jacobson, 1997). The FAPBI was developed for the original outcome study to measure the change mechanisms of TBCT (behavior change) and IBCT (acceptance and behavior change). The FAPBI is a measure that assesses the frequency of

positive and negative behaviors displayed by one's partner, and acceptability of each behavior, through 20 questions. Examples of items on this measure are "In the past month, my partner confided in me (e.g., shared with me what he/she felt, confided in me his/her successes and failures)" and "How acceptable is it to you that your partner confided in you at this frequency in the past month?." The FAPBI is both valid and reliable as a measure, having high internal consistency and criterion validity (Doss et al., 2005). The Cronbach's alphas for the acceptability and frequency of positive behaviors between partners were high (Acceptability: husband $\alpha = .85$; wife $\alpha = .79$) (Frequency: husband $\alpha = .83$; wife $\alpha = .80$) (Doss et al., 2005). However, Cronbach's alphas for the acceptance and frequency of negative behaviors were lower (Acceptability: husband $\alpha = .65$; wife $\alpha = .69$) (Frequency: husband $\alpha = .73$; wife $\alpha = .71$) (Doss et al., 2005). The FAPBI is utilized in the current study to examine change mechanisms of emotional acceptance and behavior change for the selected couple (Research Question #2).

**Measures of change processes.** ***Behavioral couple therapy rating manual*** (Jacobson, Christensen, Prince, Cordova, & Eldridge, 2000; Appendix E). This coding system was developed in the original outcome study to examine therapist adherence to both forms of couple therapy delivered. It allowed the examiner to code the therapist's interventions and behaviors during couple therapy sessions to represent the therapy change processes. For example, the therapist's reformulation of problems and their etiology is considered a technique and is included as an item in the coding system. The Behavioral Couple Therapy Rating Manual includes a total of 28 codes on a 5-point rating scale (not at all [1] to extensively [5]). In order to rate the interventions, the observer watches the whole therapy session, then rates the extent to which each of the 28 therapist behaviors transpired in the session. This researcher uses this coding system as a lens to observe and illustrate the therapist change processes (Research Question #3a and #4a).

***Therapist post session questionnaire*** (Appendix F). The therapist completed this questionnaire after sessions in order to rate the session, including subjective thoughts regarding effectiveness and treatment procedures used in session. Examples of items on this questionnaire are "I was adherent to the treatment procedures (IBCT or TBCT)" and "How beneficial do you believe this treatment session was to the couple?" This measure was utilized in the original outcome study in order to gain information regarding the therapist's brief description of each treatment session. It is used in the current study as therapist-report information about therapy change processes used during sessions. (Research Question #3a)

***Acceptance promoting and interfering interaction rating system*** (Wiedeman, 2012; Appendix G). This coding system was developed to examine the dyadic interactions of couples during therapy that either encourage or hinder acceptance. It helps the researcher observe and illustrate the client change processes, such as vulnerability of one partner eliciting a response of acceptance and validation by the other partner. The categories of client change processes include validation, vulnerability, and intellectual problem discussion, combined with partner responses to those behaviors that are coded as positive, negative, or no response. These couple behaviors are rated on a scale of none [1] to a lot [9] after observing the therapy session while using a notational system. This rating system is used to observe and describe client change processes (Research Question #3b & #4b).

**Other measures and materials.** ***Therapist and consultant post-treatment questionnaire*** (Appendix H). The therapist completed this questionnaire at the end of treatment to summarize marital issues, patterns, and themes for each couple. Examples of items on this questionnaire are "How likely is this couple to be together by 2 year follow-up?" and "Briefly describe the major issue or theme that created problems for this couple." Additionally, a rating scale is utilized in

this questionnaire (not at all [1] to major issue [10]). In the current study, this measure is utilized to examine the therapist's and consultant's perspectives regarding the couple and their course of therapy.

***Client post-feedback questionnaire*** (Appendix I). Couples completed this questionnaire after the feedback session described above to assess therapeutic alliance and the couple's thoughts about the feedback session. Examples of items on this questionnaire include ratings of therapist's friendliness/warmth, optimism, and accuracy of the therapist's feedback to the couple. This measure is utilized in the current study in order to explore the client's experience of the therapeutic alliance, and the assessment and feedback phases in IBCT.

***Therapist post-feedback questionnaire*** (Appendix J). The therapist completed this questionnaire after the feedback session described above to assess the therapist's thoughts about the couple and their treatment. Examples of items on this questionnaire are "To what extent will the husband change his behavior to accommodate his wife's desires?" and "To what extent will the wife come to accept her husband's problematic behaviors?" This measure is utilized in the current study to explore the therapist's thoughts and expectations regarding the couple and their treatment.

***Client post-therapy questionnaire*** (Appendix K). The client completed this questionnaire at the end of treatment in order to provide feedback regarding the therapeutic process, its outcomes, and effectiveness. Examples of items on this questionnaire are "To what extent has our program met your needs?" and "Have the services you received helped you to deal more effectively with your problems?" This measure is utilized in the current study to explore the couple's thoughts and experience regarding IBCT therapy.

***Video data***. Video recordings of each therapy session were viewed at a confidential location

## Results

### Participants

The selected participants were a male and female in their late 20's and early 30's who had been married for five years. The couple had been together for two years previous to their marriage. Additionally, they had two children together, a preschooler and toddler. The couple reported that they learned of the clinical trial from a friend/relative.

**Wife.** The wife of the selected couple identifies her own and her parents' ethnicity as Jewish. She reported that she is a native English speaker and identified Jewish as her religion. She reported that her parents were divorced. The wife is the first born of two children. She reported that this was her first marriage; however, she stated that she had previously been engaged. She had a total of 18 years of education and a Bachelor's degree. The wife reported that she is currently unemployed, however, this changed throughout the course of treatment, as she began working part-time, then full-time.

**Husband.** The husband of the selected couple identifies as Caucasian. He reported that he is a native English speaker and identified Protestant as his religion. He reported that both his mother and father were Caucasian and that his parents were still married. The husband is the fourth born of five children. He reported that this was his first marriage and first long-term relationship. He had a total of 17 years of education and a Bachelor's degree. The husband reported that he is currently employed as a business manager, however, this changed throughout the course of treatment, as he lost his job and was unemployed during the majority of treatment. He found a new position towards the end of treatment.

**IBCT Conceptualization**

The couple initially reported presenting problems such as stress, conflict, financial issues, conflicts due to personality differences, and other various issues. The husband reported that he is dissatisfied with his marriage, as his wife is critical, controlling, and complains often. The wife stated that she is dissatisfied with her husband's occupation, as he travels often for work. Furthermore, the wife stated that she is dissatisfied with her marriage, as her husband does not follow through with plans and is "not the person" she married. An IBCT conceptualization of these problems understands them in the context of differences between the partners that lead to the conflicts, external stressors that exacerbate conflicts, emotional sensitivities, and patterns of interaction. The main differences between these partners related to their conflicts are communication differences (husband is reserved and wife is assertive) and personality differences (husband is serious and responsible while wife is free-spirited). According to the couple, these differences seemed to cause difficulty in the relationship because their personalities were more similar at the beginning of their relationship. According to their interactions regarding these differences, the wife is most affected by her husband's shift in personality from free-spirited to serious and responsible. The wife reported that she finds this change emotionally difficult to cope with due to her own insecurities regarding her personality. The wife described feeling that other people in her life have always "tolerated" her free-spirited nature instead of enjoying the core elements of her personality. She felt that her husband was the only one who truly loved her free-spirited personality, but has felt that he too is now simply "tolerating" her personality. It is possible that some of the conflict experience in regards to these personality differences are related to the wife's feelings about herself, her husband, and others, as the husband does not report feeling tension due to his wife's free-spirited nature. However, he did

report experiencing conflict with his wife when she is critical towards him. This seems to be especially difficult for the husband, as he was raised in a family that was mostly non-critical. Therefore, his wife's criticisms are both unfamiliar and uncomfortable for him. In addition to the difficulties described above, the husband and wife seemed to be working through various stressors that were not present in the beginning of their relationship. Certain external stressors, such as occupational and financial stressors, seemed to be affecting the conflict and distress experienced in this relationship. Furthermore, the pattern of interaction between this couple seemed to be a significant issue, as they demonstrated the wife demand ←→ husband withdraw pattern. In these interactions, the wife was usually criticizing and demanding, while the husband usually responded with withdrawing or defending himself. For example, the husband discussed trying to find a new job when he lost his previous job. In response, the wife began criticizing the husband's method of finding a job, as he did not have a clear "plan." The husband tended to withdraw and/or defend himself in response to this criticism. This pattern played out consistently regarding various topics, disagreements, and arguments.

**Research Question #1: What is the treatment progress and outcome for the selected couple?**

In order to assess the treatment progress and outcome for the selected couple, measures of marital distress and marital satisfaction, including the Global Distress Scale (GDS) and Dyadic Adjustment Scale (DAS), were examined from pre-treatment, 13-week, 26-week, and final session assessments of marital satisfaction. Additionally, the Role Orientation Scale (ROR) scale was utilized as a measure of gender role orientation and included questions concerning marital role beliefs and behaviors in a traditional or egalitarian direction. The ROR scale was

examined as it may also indicate marital distress when differences in role beliefs and behaviors are present between husband and wife.

**Wife.** The wife's completion of pre-treatment measures indicated marital distress (GDS pre-treatment T = 67). At 13-weeks, some reduction of marital distress was evident in her scores (GDS 13 weeks T = 63). Scores of marital distress continued to decrease at 26 weeks and at the conclusion of treatment (GDS 26 weeks T = 58; GDS final T = 52; see Figure 2). Marital satisfaction, measured by the Dyadic Adjustment Scale, steadily increased throughout the course of treatment (DAS pre-treatment = 72, 13 weeks = 112, 26 weeks = 116, final = 131; see Figure 3). The Role Orientation scale indicated that the wife held more traditional beliefs regarding marital roles and behaviors than her husband pre-treatment (ROR pre-treatment T = 57). However, slight change in a more egalitarian direction is evident at 13 weeks (ROR 13 weeks T = 54). At 26 weeks, no further changes were indicated in the wife's scores regarding role orientation (ROR 26 weeks T = 54; see Figure 4). Unlike the DAS and GDS, the ROR was not completed at the final session.

**Husband.** The husband's completion of pre-treatment measures indicated marital distress (GDS pre-treatment T = 72). His reported level of distress remained the same at 13 weeks (GDS 13 weeks T = 72), decreased by one point at 26 weeks (GDS 26 weeks T= 71), then declined further by the end of treatment (GDS final session T = 66; see Figure 2). Marital satisfaction steadily increased until the final session, where a decrease in marital satisfaction was evident (DAS pre-treatment = 70; 13 weeks = 78; 26 weeks = 92; final = 86; see Figure 3). The husband's Role Orientation scale indicated more egalitarian marital role beliefs and behaviors than his wife at pre-treatment (ROR pre-treatment T = 64), but seemed to shift in the traditional direction at 13 weeks (ROR 13 weeks T = 56). The husband's score slightly shifted back towards

the egalitarian direction at 26 weeks (ROR 26 weeks T = 59; see Figure 4), however, his score at 26 weeks suggested more traditional beliefs or behaviors than his score at pre-treatment.

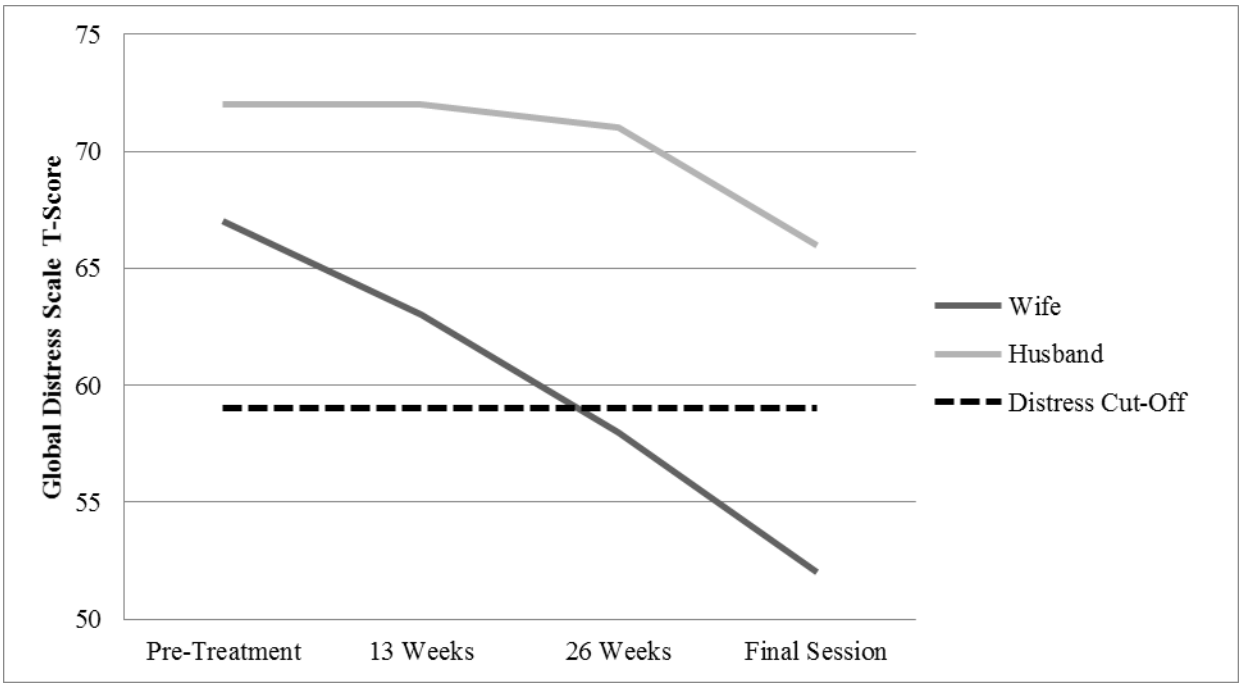


*Figure 2.* Global Distress Scale T-scores over time

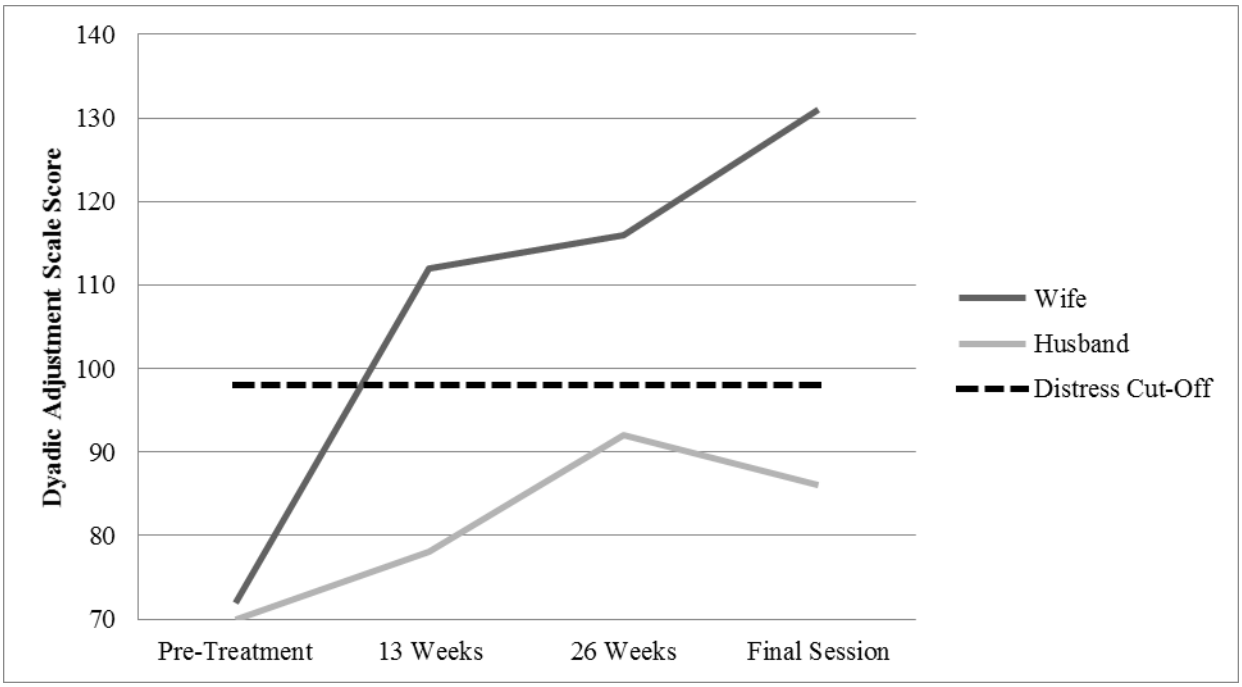


*Figure 3.* Dyadic Adjustment Scale scores over time

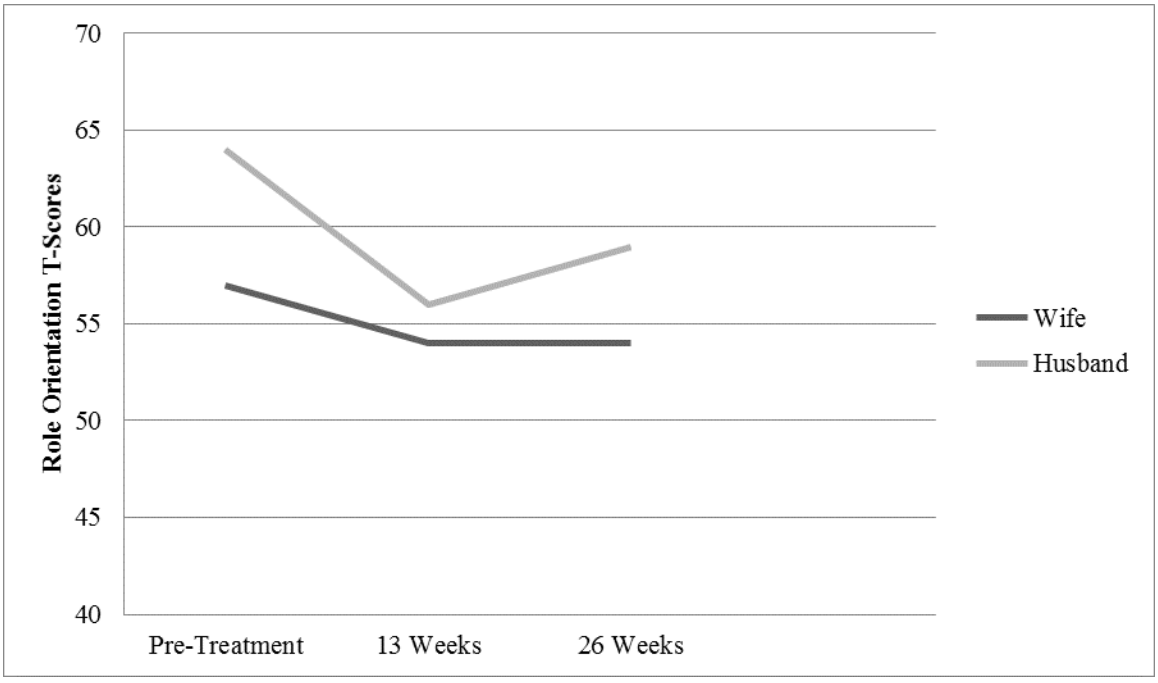


*Figure 4.* Role Orientation T-scores over time. Please note that higher scores refer to more egalitarian role beliefs and behaviors; lower scores refer to more traditional role beliefs and behaviors.

**Clinical interpretation of scores.** According to Christensen et al. (2004), clinical levels of marital distress are indicated when a T-score of 59 or greater is reported on the GDS. Furthermore, a DAS raw score of <98, which is one or more standard deviations below the mean, is also considered to indicate clinically significant distress (Christensen et al., 2004).

***Wife.*** The wife's GDS score pre-treatment indicated a clinical level of marital distress. However, once treatment commenced, these scores seemed to decrease, indicating alleviation of the wife's experience of marital distress and scores in the non-distressed range by 26 weeks. These scores continued to decrease throughout treatment, until termination, which indicates significant improvements, especially when comparing this final score to the wife's initial GDS score. Similarly, her DAS score pre-treatment indicated a low level of marital satisfaction, which was in the clinically distressed range. However, a significant increase in her marital satisfaction seemed to take place by 13 weeks, as she no longer scored in a clinically distressed range. Ultimately, her marital satisfaction continued to increase through treatment completion.

***Husband.*** According to the husband's scores on the GDS, he was initially experiencing clinical levels of marital distress, which remained at 13 and 26 weeks. A larger decrease was evident by the termination session, when compared to previous weeks, although he still scored within the clinically distressed range at termination. Similar to his scores on the GDS, his DAS scores indicate that his marital satisfaction did improve, however, his scores never rose above the distressed cut-off. He was still experiencing a level of clinical, marital dissatisfaction, at the end of treatment.

**Role orientation differences.** Throughout treatment, the husband's scores consistently indicate more egalitarian views than his wife's. At 13 weeks, there seemed to be a change in the beliefs and/or behaviors regarding role orientation, as their scores moved closer together. This

change was mainly due to a shift in the husband's scores, towards a more traditional role orientation. After week 13, the husband's scores shifted back towards a more egalitarian direction, while the wife's scores remained the same.

**Research Question #2: What were the change mechanisms experienced by the selected couple?**

Change mechanisms experienced by the couple, including behavioral change and emotional acceptance, are described by examining responses and scores on the Frequency and Acceptability of Partner Behavior Inventory (FAPBI) questionnaire at pre-treatment, 13 weeks, and 26 weeks. This questionnaire measures the frequency and acceptability of behaviors such as affection, which can be described as verbal or physical affection; closeness, such as time spent together and supportiveness; violation, which can be described as affairs or dishonesty; and demand, which can be described as verbal abuse or being critical of one's partner (Doss & Christensen, 2006).

**Wife.** The wife completed the FAPBI at pre-treatment, 13 weeks, and 26 weeks. Her scores suggested an increase in the acceptance of her husband's behavior, including affection, closeness, violation, and demand, between pre-treatment and 13 weeks; there was no change in her level of acceptance between 13 and 26 weeks (Total Acceptance pre-treatment = 22.25; 13 weeks = 27.75, 26 week = 27.75; see Figure 5). Behaviorally, she reported an increase in the frequency of her husband's positive behaviors, such as affection and closeness, over the course of treatment. Of note, however, this increase was not steady (Frequency of positive behaviors pre-treatment = 45.12; 13 weeks = 120.47; 26 weeks = 64.12; see Figure 6). Although she did report an overall increase in the frequency of positive behaviors, this frequency seemed to

dramatically increase at 13 weeks before decreasing at 26 weeks. In a similar manner, her report indicated that the frequency of her husband's negative behaviors, such as violation and demand, seemed to dramatically increase at 13 weeks, before decreasing at 26 weeks (Frequency of negative behaviors pre-treatment = 6.6; 13 weeks = 40.83; 26 weeks = 2.33; see Figure 7). Overall, however, there seemed to be a decrease as the frequency of negative behaviors at 26 weeks is less than the score received at pre-treatment.

**Husband.** The husband completed the FAPBI at pre-treatment, 13 weeks, and 26 weeks. His scores suggested an increase in his acceptance of his wife's behavior, including affection, closeness, violation, and demand (Total Acceptance pre-treatment = 21.72, 13 weeks = 21.8, 26 week = 27.83; see Figure 5). Behaviorally, he reported an initial increase, followed by a decrease in the frequency of his wife's positive behaviors, such as affection and closeness, between 13 and 26 weeks (Frequency of positive behaviors pre-treatment = 17.9, 13 weeks = 54.39; 26 weeks = 29.45; see Figure 6). However, it should be noted that overall, his wife's positive behaviors seemed to increase, as the scores at 26 weeks were greater than the scores at pre-treatment. In contrast, the frequency of his wife's negative behaviors, such as violation and demand, seemed to decrease only slightly in the first 13 weeks of treatment, and dramatically decrease at 26 weeks (Frequency of negative behaviors pre-treatment = 100.17, 13 weeks = 98.6; 26 weeks = 12.35; see Figure 7).


*Figure 5.* Total acceptance scores over time

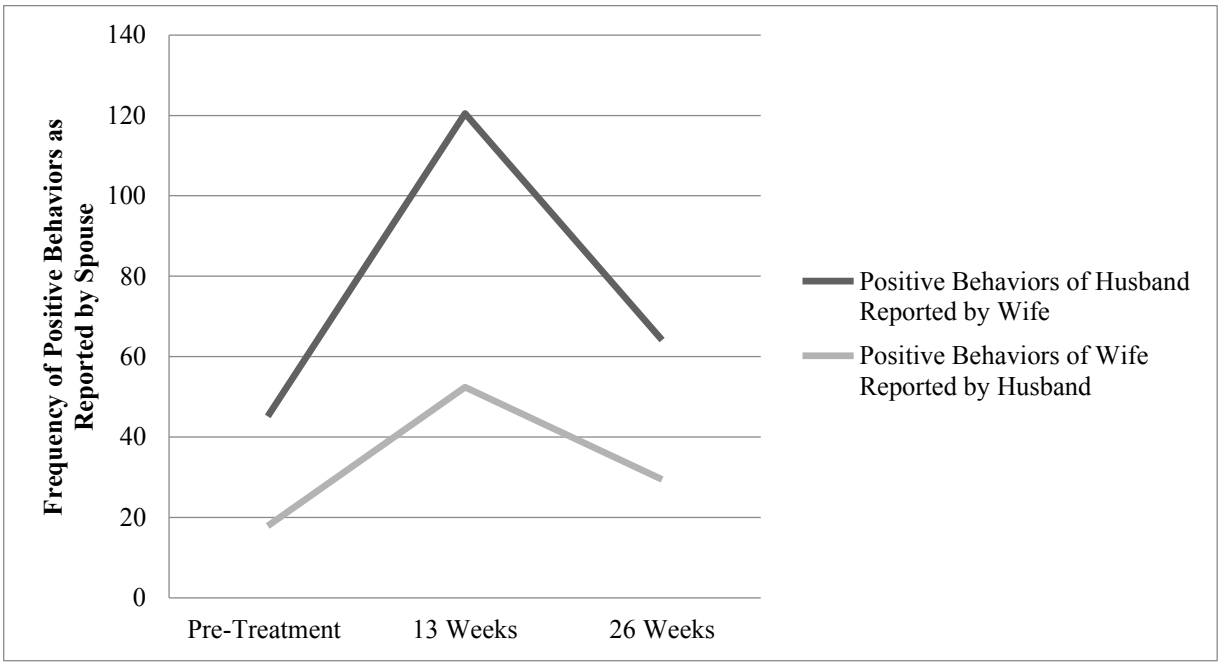


*Figure 6.* Frequency of positive behaviors over time

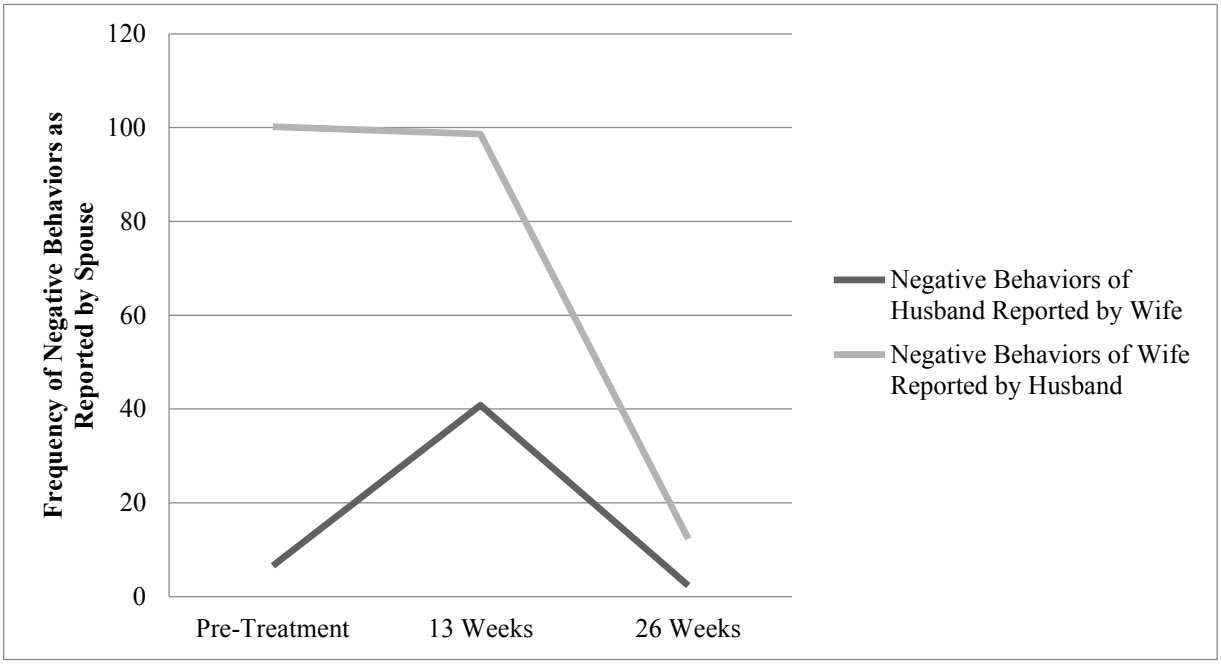


*Figure 7.* Frequency of negative behaviors over time

**Clinical interpretation of scores.** ***Patterns of acceptance growth.*** Interestingly, these partners' acceptance of each other's behaviors were almost identical at pre-treatment and 26 weeks, although their trajectories between these time points were different, demonstrating unique pacing in this change mechanism. As evident in Figure 5, acceptance of the spouse's behaviors seems to increase between pre-treatment and 13 weeks for the wife and between 13 and 26 weeks for the husband. The husband demonstrated longer lag times in experiencing both acceptance growth and decline in distress.

Overall acceptance increased, marital distress decreased, and marital satisfaction increased in both husband and wife over the course of therapy. These associations are consistent with Doss's framework regarding the components of change in psychotherapy (2004), and with findings about the mechanisms of change in IBCT (Doss et al., 2005).

***Patterns of behavior change.*** As displayed in Figures 6 and 7, changes in frequency of negative and positive behaviors were evident for both husband and wife. Figure 6 shows a

dramatic increase in the frequency of positive behaviors displayed by both individuals at week 13. Their scores continued to mirror one another, as a decrease in scores was displayed at week 26. This apparent relapse in positive behavior changes is a known limitation of couple treatments focused solely on behavior change (Christensen et al., 2004). Fortunately, despite this apparent relapse in positive behaviors, both individuals' scores demonstrated a clear increase in frequency of positive behaviors overall, while their marital satisfaction increased and their marital distress decreased. Perhaps the integration of acceptance and behavior change in IBCT helped protect this couple from declines in satisfaction when favorable behavior changes were not maintained.

An overall decrease was evident in frequency of negative behaviors, as shown in Figure 7. However, this couple had difficulty initiating this decrease. The husband did not report a reduction in his wife's negative behavior until week 26, which coincides with his late reduction in distress between week 26 and the final session. The wife reported an initial increase in negative behaviors of her husband between pre-treatment and 13 weeks, although her marital satisfaction surprisingly increased and similarly, her martial distress decreased.

***Relationships between change mechanisms of acceptance growth and behavior change.*** The relationship between the change mechanisms of acceptance growth and behavior change in this case study is very important to consider, as IBCT maintains that acceptance in a relationship and behavior change go hand in hand (Jacobson & Christensen, 1998), with each one facilitating the other. This statement reflects the wife's scores; while the wife reported an increase in her husband's negative and positive behaviors, her acceptance dramatically increased, reaching a peak in her acceptance scores. It is possible that the increase in her husband's positive behaviors during this time outweighed the negative behaviors that were increasing, and that for the wife, favorable changes in positive behavior were more effective in facilitating increased acceptance

than reductions in negative behavior. It is also noteworthy that her acceptance was then maintained between 13 and 26 weeks despite the relapse in positive behaviors of her husband. Interestingly, this maintenance of the acceptance of her husband is also associated with her husband's eventual reduction in negative behaviors, which had initially increased. In contrast, the husband's acceptance did not grow alongside increases in his wife's positive behavior, but instead began to rise with the decrease of his wife's negative behavior, despite concurrent decreases in her positive behavior.

***Differences in amount of acceptance and behavior change.*** When examining Figures 5, 6, and 7, clear differences can be noted between the scores of husband and wife. For example, the husband's reports of his wife's negative behavior were consistently greater, especially at pre-treatment, than her reports of his negative behavior, which were minimal with the exception of her rating at 13 weeks. Consistent with this difference, the husband's reports of his wife's positive behavior were less than her reports of his positive behavior. Therefore, one can understand why the shift in his acceptance of his wife's behaviors took a greater amount of time than the shift in his wife's acceptance of his behaviors. Nevertheless, despite differences in the amount of behavior change between each other, both husband and wife demonstrated the same amounts of acceptance at 26 weeks.

***FAPBI subscale score comparisons.*** In the original study of the FAPBI, Doss and Christensen (2006) provided the mean subscale scores for the acceptance of partner behaviors among both distressed women and men and non-distressed women and men. As previously described, the FAPBI subscales focus on four types of behaviors, including affection, closeness, demand, and violation (Doss & Christensen, 2006). In order to thoroughly understand the scores of this particular couple, it is essential to be familiar with the mean subscale scores in the original

FAPBI study. Therefore, the scores in this case study will be compared with mean scores from the original FAPBI study in Figures 8 and 9.

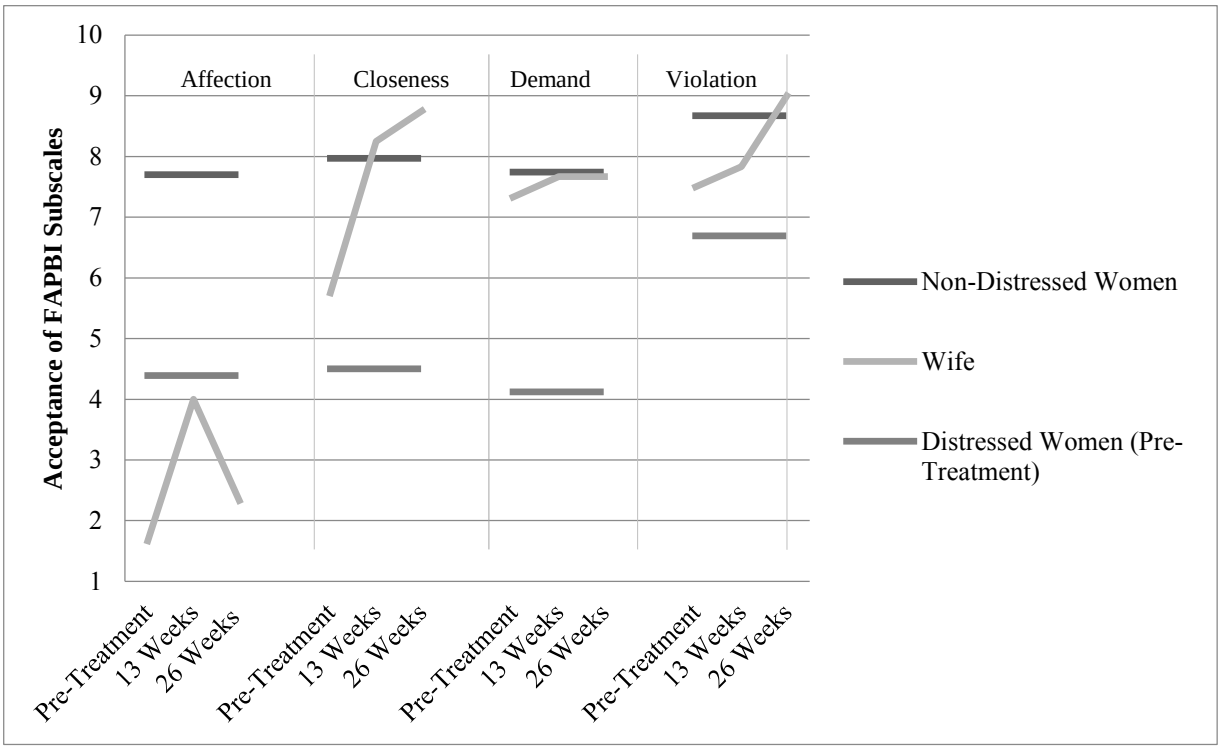


*Figure 8.* Comparison of wife's FAPBI subscale scores to distressed (pre-treatment) and non-distressed women

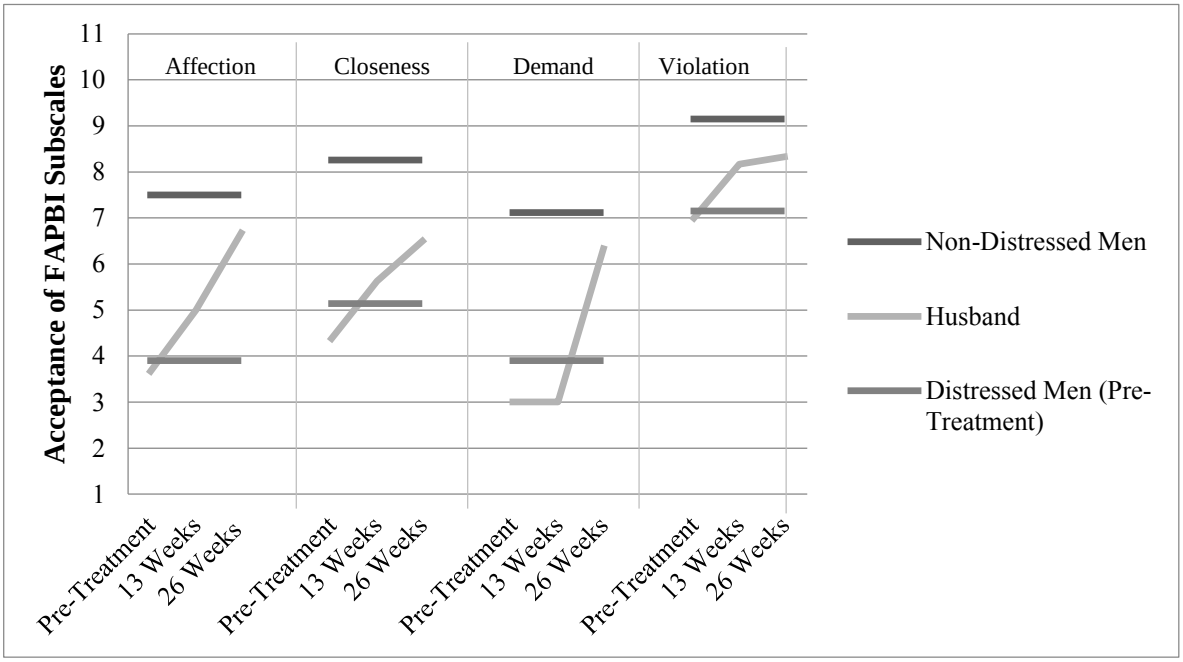


*Figure 9.* Comparison of husband's FAPBI subscale scores to distressed (pre-treatment) and non-distressed men

It should be noted that the area of greatest distress throughout therapy for the wife was her acceptance of her husband's level of affection behaviors, such as sexual activity, verbal affection, and physical affection with her husband. Interestingly, her acceptance of her husband's level of affection behaviors mirrors her reports of increase in his positive behaviors. Her closeness and violation scores began mid-way between distressed and non-distressed wives, then surpassed that of the non-distressed wives, indicating improvement at 13 weeks and 26 weeks. Additionally, her demand scores were initially closer to the non-distressed mean and remained in that range throughout treatment. In contrast, the husband was initially at or below the distressed-level mean in all four domains; however, he experienced improvement evidenced by a shift towards the non-distressed mean in all four domains by week 26.

**Research Question #3a: What were the therapy change processes over time?**

After reviewing the DVDs of all therapy sessions and examining the post-session questionnaires completed by the therapist who provided treatment, several therapy change processes seemed evident. A total of six post-session questionnaires were not completed (sessions 10, 12, 13, 18, 21, and 23). According to the 19 post-session questionnaires completed, the IBCT therapy change process that was reported most frequently was unified detachment, which was utilized in 14 out of the 19 sessions. Empathic joining was also frequently utilized, occurring in of 13 out of the 19 sessions where questionnaires were completed. Finally, the therapist indicated that tolerance interventions were utilized in two sessions.

**Acceptance based interventions.** ***Unified detachment.*** In most sessions, the therapist summarized and reframed a specific conflict described by the couple, validating the experience of each individual and highlighting the differences between them in a non-blaming manner. In one session, the therapist suggested that the couple use an empty chair technique to "talk to their problems" together, as a team, instead of to each other. The therapist utilized unified detachment in regards to several different conflicts described by the couple. However, the most frequent conflict that unified detachment was applied to was their communication styles or the way that the couple argued with each other. The therapist did this by exploring the conflicts, validating each individual, and highlighting the differences in the way that they communicated. Specifically, he highlighted that although their "styles" were different, each individual usually wanted the same thing, such as feeling heard and understood by their partner. It should be noted that it took several sessions for the wife to agree with and understand the therapists' conceptualization of their difficulties. A specific moment of change that illustrates this process will be described in detail in research question four.

One of the initial topics of discussion where the therapist utilized unified detachment concerned the way that each individual organized and/or completed various household chores. The therapist fostered unified detachment by emphasizing the differences between each individual's organizational style in a non-blaming manner, highlighting that there is no right or wrong way to do chores and that is "okay" to do things differently. Furthermore, like the example above, he noted that each individual has different "styles" in regards to organization. Unlike the example above where unified detachment regarding communication styles was the focus of many sessions, the topic of organization and/or completing household chores was not brought up as frequently.

***Empathic joining.*** The therapist also utilized empathic joining in most sessions, reframing conflicts to softer, emotionally significant experiences. For example, the couple discussed experiencing conflicts regarding critical statements said to each other in several sessions. After exploring the issues at hand, the therapist encouraged each individual to understand and communicate the emotions experienced behind the critical statements made. He assisted the couple in reframing the hurtful statements and supported them in making softer, emotion based statements. He then explored how the new statements were perceived. Additionally, the therapist utilized empathic joining in instances where the husband and wife argued about their communication styles. The therapist encouraged each individual to validate each other's feelings and discuss where they are coming from based solely on emotions in the present moment, instead of trying to "problem solve" or get stuck in a "he said, she said" argument. The therapist often guided the couple by asking them to "talk about what you are feeling without the issue at hand." As a result, the couple was less defensive and was able to attend to the root emotions behind the conflicts that had escalated resulting in hurtful comments.

***Tolerance.*** Although not utilized as frequently as unified detachment and empathic joining, tolerance focused interventions were also applied in a couple of the therapy sessions. In using this intervention, the therapist suggested an "experiment" to the couple where they practice the undesired behavior or "do it more" instead of attempting to change the behavior. He suggested that they increase the undesired behaviors in a non-spontaneous moment and observe reactions of his or her partner, then disclose that it was not a "real moment" and that it was only part of the assignment after a few minutes. In this way, each partner will become more acquainted to how certain behaviors or statements impact his or her partner. In the session that followed, the therapist followed up with the couple about their "faking it" homework assignment. Examples of tolerance interventions practiced at home by the husband and wife were reviewed. The husband noted that he had become more aware of his own misperceptions in arguments as a result of these tolerance interventions.

**Behavior change focused interventions.** ***Homework.*** In addition to the homework assignments such as tolerance interventions, other various homework tasks were assigned. Homework was used to compliment techniques that were highlighted in therapy. For example, in one session, the therapist instructed the couple to be aware of when they are "nay-saying" to each other's interests and when they are "putting a damper" on special moments or activities. The therapist encouraged the couple to be open to each other's interests and to try experiencing those interests outside of sessions. Additionally, the therapist encouraged the couple to engage in "compromising" when at home, on several occasions.

***Communication training.*** Although communication training was not endorsed in the post session questionnaire and most difficulties with communication were primarily address through unified detachment, some communication training techniques were lightly woven into a few

therapy sessions. For example, the wife would often engage in "mindreading," which was found to escalate arguments. To address this, the therapist briefly provided psychoeducation citing mindreading harmful to effective communication. The therapist would also encourage the couple to openly communicate with each other outside of sessions, especially by focusing on their emotions and not the problem at hand.

***Psychoeducation.*** The therapist would often share his theories or perceptions regarding the couple, such as their "dance" when arguing or communicating. For example, on occasion the therapist discussed the couple's issue of control, specifically, independence vs. conformity. Furthermore, bibliotherapy was a part of therapy, as the therapist checked in with the couple regarding the progress made in their assigned reading of *Reconcilable Differences* (Christensen & Jacobson, 2002) in several sessions.

***Brainstorming.*** On one occasion the therapist engaged the couple in brainstorming affordable date activities given their report that they refrain from various activities for financial reasons.

**Non-specific therapy factors.** Ordinary conversation was also used throughout the course of therapy and seemed to play a role in building and maintaining rapport between the couple and therapist. It seemed as though the wife would join with the therapist by discussing different research projects and supporting the current research project in which she and her husband were participating. In several sessions, she disclosed that her family member was also a researcher and she highlighted the importance of research. Ordinary conversation was usually evident in the beginning of most sessions and towards the end of some sessions, as the therapist and couple were walking out of the therapy room. Other non-specific therapy factors included

encouragement, instilment of hope, psychoeducation, reflecting and clarifying feelings and summarization of themes.

**Research Question #3b: What were the client change processes over time?**

In addition to the therapy change processes, client change processes were also examined after reviewing DVDs of all therapy sessions. Below, patterns of couple interactions that promote or hinder acceptance of each partner's quirks and/or undesirable behaviors are described.

**Acceptance hindering interactions.** Therapy sessions included descriptions of conflicts that had taken place, both inside and outside of session, throughout the course of therapy. However, it seemed that the nature of the conflicts changed as therapy progressed. For example, the conflicts discussed in the early stages of therapy usually included one partner pressuring the other to change and defensiveness by the other. During these conflicts, the pressure to change was almost exclusively expressed by the wife and directed at the husband (aversive husband behavior ←→ wife pressure to change). The husband's "new personality," which included being more responsible and conservative in his thoughts and behaviors, was particularly aversive to the wife, as she wished that he was more open minded and free spirited as he was when they first met. In response, the husband would often explain his reasons why he is no longer as free spirited as he once was (wife criticism ←→ husband defensiveness). For example, he would explain that he was more open-minded because they met while in college and is more conservative now because he wishes to be a responsible parent and husband.

**Acceptance promoting interactions.** As therapy progresses, the conflicts discussed became more vulnerable and emotion-driven, with the goal of the discussion being understanding one another instead of pressuring each other to change. On a couple of occasions, the wife's stance changed and she expressed vulnerability as she described feeling as though she

no longer understands her husband and that he will never understand her. After the wife's expression of vulnerability, her husband often expressed vulnerability and his own emotions regarding an argument or their marriage. During these moments of vulnerability the wife would cry on occasion and it seemed that she was wishing for a closer connection with her husband. In particular, she appeared to desire a connection with her husband that was reminiscent of the early stages of their relationship. Although the husband attempted to be open and vulnerable before and after these moments, the wife seemed to have difficulty understanding or perceiving his words or actions as kind or vulnerable. The therapist often prompted or encouraged the couple to be vulnerable with each other and to disclose their soft emotions to one another regarding conflicts or their relationship in general (husband vulnerability ←→ therapist response; wife vulnerability ←→ therapist response; husband or wife vulnerability ←→ reciprocal vulnerability).

Towards the end of therapy, there was a shift in which the couple seemed to begin to express themselves in a more vulnerable fashion, without the assistance of the therapist, which supported their ability to discuss their conflicts or disagreements without arguing. For example, in the final session, the husband and wife had a discussion regarding parenting and their son, who may have had a developmental disability. Instead of arguing, criticizing, blaming each other, or trying to get the other individual to change, the couple seemed to accept and respect each other's different views, while trying to work together as a team (non-blaming, intellectual problem discussion ←→ positive responses from husband, wife, and therapist). The husband was able to recognize that his wife was not the "problem" in this instance, but that the 'problem was the problem' and that they need to face it together. The therapist had even noted that the husband and wife were previously "polarized" when attempting to discuss topics or disagreements, and

now seemed to be "joining together." He described this "joining" process as working *together* instead of *against* each other. Supporting the notion that these changes began to generalize outside the therapy session to their daily lives and thus become change mechanisms, the couple noted that their friends and family have observed the changes described above and witnessed positive changes in their relationship while spending time together.

**Behavior change.** Behavior change was apparent from the middle of treatment to the end of treatment. In addition to the couple's descriptions of less conflict and more affection, compromising, and acceptance of each other's quirks, likes, and dislikes, the couple demonstrated more affection in the therapy room. For example, the couple seemed to turn to each other more often, smile at each other, touch each other, and laugh more often in therapy sessions. They also reported that they spent more time together. Specifically, the couple mentioned that they had been going on dates at least once a week or every other week.

**Research Question #4a & 4b: (a) What were the IBCT therapy change processes utilized by the therapist during moments of impressive change? (b) What were the client change processes displayed by the couple during moments of impressive change?**

The researcher had initially planned to explain the findings for research question 4 as two separate questions (4a and 4b). However, after reviewing the impressive moments of change, it was discovered that the client and therapy change processes are closely woven together. Therefore, in order to capture the true nature of the impressive moments of change, the therapy and client change processes are described together instead of separately. Before describing the specific impressive moments of change, the approach to selecting these moments will be briefly discussed.

In addition to reviewing DVDs of the entire course of therapy, the researcher also reviewed the Therapist and Consultant Post-Treatment Questionnaire, and Post-Session Questionnaires, in order to determine which sessions may have had important moments to review. Further, the researcher relied on Mahrer and Boulet's (1999) description of impressive moments, indicating that an impressive moment of change is a special moment of change that impacts or speaks to the researcher. After choosing the most significant moments, the researcher reviewed each one in greater detail. Furthermore, the Behavioral Couple Therapy Rating Manual (Jacobson et al., 2000) and The Acceptance Promoting and Interfering Interaction Rating System (APIIRS; Wiedeman, 2012) were utilized as additional tools in the examination and description of the change processes. In sum, the selection and description of impressive moments of change for this couple occurred in three phases: (a) written data and videotapes were reviewed in order to determine if impressive moments of change were present in session; (b) the exact locations where impressive moments of change began and ended were discovered; (c) the impressive moments of change were closely analyzed in order to describe the therapeutic process in detail (Maher & Boulet, 1999).

**Impressive moment 1.** The first impressive moment of change that the researcher was drawn to was in session nine. The moment concerns an argument that took place outside of session where the husband was watching a football game during mealtime and the wife became upset with him, as she felt he was not attending to his family. In the session, the couple seemed to be caught in a cycle of arguments regarding who is right and who is wrong. However, there was a shift in this session where the couple moves from bickering to discussing this scenario in a kind, calm, and non-argumentative manner.

**Client and therapist change processes.**

***Client and therapist change processes prior the shift.***

*Couple change processes.*

- Reciprocal defensiveness
- Wife criticism ←→ Husband defensiveness
- Husband criticism←→ Wife defensiveness

*Therapist change processes.*

- Unified detachment
- Non-specific therapy factors (e.g. encouragement, reflecting and clarifying feelings)

***Summary***. Prior to the shift, the wife and husband argued back and forth, with the wife criticizing her husband for watching television during dinnertime instead of paying attention to the family. The husband shared that he was feeling annoyed for being accused of neglecting his kids, and defended himself by criticizing the wife for also reading during dinnertime. As they are recounting and re-engaging in the argument, the therapist reflected feelings. Specifically, he reflects that the husband was feeling accused of being a bad father, to which the husband agreed. The therapist also clarified feelings. For example, he asked the wife what caused her to feel "horrible." She responded with an explanation detailing that her husband telling her what her problems are makes her feel that she does everything wrong. In response to the wife's self-blame and expressed desire to discontinue the conversation, the therapist encouraged them to continue their discussion because of their deep feelings. He also utilizes unified detachment, stating that this is not the wife's problem but their problem as a couple.

***Client and therapist change processes during the shift.***

*Couple change processes.*

- Wife validation ←→ Husband positive response

*Therapist change processes.*

- Empathic joining
- Positive reinforcement
- Unified detachment

***Summary.*** The therapist attempts to use a non-blaming reformulation of the situation to create empathic joining. He says, "[Husband] you're feeling attacked. I don't think she's attacking you, but you're defending yourself by saying 'Yes, but you do this'…even when it doesn't really bother you. And that seems to put [wife] on the defense because she feels then it's my problem or a problem about wife." The wife agreed with the therapist and disclosed what actions she takes when she feels blamed. The therapist then continued with his reformulation, emphasizing how the husband and wife both end up feeling bad about themselves when blaming each other in arguments. He also used positive reinforcement by complimenting their parenting, and then used unified detachment by emphasizing their mutual good intent. "I think…from what I hear, I think the two of you are tremendous parents. You're working hard to be good partners and when there's the criticism, either way you end up feeling really lousy about yourselves…" In response, the wife softened. She complimented her husband's parenting, expressing regret for criticizing him, and showing compassion toward his feelings. "He is a great father, he really is. And I tell him that all the time…I say, I wouldn't be as good a mother if [husband] wasn't such a good father. And I tell you that all that time." The husband responded by smiling and nodding.

The wife then continued stating that she "didn't mean to criticize him" and that she had "no idea" how he was feeling.

***Client and therapist change processes after the shift.***

*Couple change processes.*

- Mutual non-blaming intellectual problem discussion

*Therapist change processes.*

- Unified detachment
- Tolerance

***Summary.*** After the shift, the wife communicated her needs/wishes, which led to a non-blaming discussion with her husband regarding their processes, feelings, and needs. As a result, the husband disclosed why he usually "avoids" having conversations with his wife, as it leads to arguments most of the time. The wife agreed with her husband and together they explain how their conversations turn into arguments and both agree that they have a negative pattern of communication. The therapist utilized unified detachment in order to elicit understanding and acceptance from the couple regarding the cultural differences that may be influencing their different communication styles, as the wife seems to be more assertive, critical, and direct in her speech, while her husband seems to communicate in the opposite manner. The wife states that she "knows no other way" to communicate. The therapist normalizes their differences and attempts to help the husband and wife understand that they are both coming from different places and that is okay! He also assigned a tolerance-building homework activity, instructing them to fake negative behaviors (instead of attempting to change behavior), observe reactions, and discuss them with each other.

**Impressive moment 2.** Another impressive moment of change that caught the attention of the researcher regarded a fundamental issue between the couple that had been discussed in multiple sessions. Specifically, this session included a discussion regarding the husband's changes in personality, as described by the wife. In session 12, the wife began discussing her issues with her husband's new personality and wondered how to "move forward in a happily married way" with these changes. There is a shift in this session where the couple became more vulnerable in their disclosures and demonstrated body language which indicated closeness or intimacy.

***Client and therapist change processes prior to the shift.***

*Couple change processes.*

- Wife aversive behavior ←→Husband withdrawal or defensiveness

*Therapist change processes.*

- Unified detachment

***Summary.*** Prior to the shift, the wife criticized her husband's personality in adulthood and continued to do so, while the husband either withdrew or defended himself. The therapist utilized unified detachment, highlighting that both husband and wife have different ideas regarding adulthood, but that neither is right nor wrong.

***Client and therapist change processes during the shift.***

*Couple change processes.*

- Wife vulnerability ←→ Therapist response
- Reciprocal affection
- Reciprocal validation
- Reciprocal non-blaming discussion

*Therapist change processes*.

- Unified detachment
- Communication training
- Non-specific therapy factors (e.g. encouragement, instilment of hope, psychoeducation, and summarization of themes)

***Summary.*** After this intervention, the couple discussed their parents as their models for adulthood, and the wife made a vulnerable statement about feeling confused, not angry regarding the changes in her husband's personality. Again, the therapist utilized unified detachment, while summarizing themes in therapy, encouraging the couple, and utilizing other non-specific therapy factors. He described how these differences were related to the prior session's discussion, helping the couple see the connection. The wife then said, "Yes!" agreeing with the therapist. The husband and wife responded by looking at each other, smiling and giggling. After the therapist's summary, the energy in the room seemed lighter; there was less anger, more laughter, and more eye contact between the spouses. Furthermore, the wife began to touch her husband affectionately. The therapist then asked, ""How do you accommodate each other's differences?" After the therapist helps them practice validation with one another, the wife continues by making a vulnerable disclosure, stating that people have always only "tolerated" but never embraced her free-spirited nature. She acknowledged that she felt good about herself for the first time when she met her husband, especially because he was the first person who accepted that part of her.

***Client and therapist change processes after the shift.***

*Couple change processes*.

- Husband vulnerability ←→ Wife positive response

- Wife vulnerability ←→ Husband positive response or therapist-facilitated husband positive response

*Therapist change processes.*

- Unified detachment
- Empathic joining

***Summary.*** After the wife's disclosure, the therapist validated her desire to understand how to accommodate partner differences and highlighted the emotion behind her disclosure. He also incorporated unified detachment to prompt acceptance of each other's differences in personality, mentioning that he sees each of them as different from one another and neither of their personalities are "wrong." This led to the husband's positive and vulnerable statements to his wife. The husband said, "What I love about [ my wife] isn't, I mean, one of the things I love about her is the fact that she wants to go live in a teepee…whatever is part of her that makes her want to do that is what I love about her..." The wife interceded at this point, wondering if her husband loves or "just tolerates" her personality. The therapist summarized the husband's response, describing how the husband loves his wife's free spirited nature, the part of her personality which she felt most insecure about in the session. Although the session does not end here, the wife seems satisfied and the session remains less tense, as the couple continues to be vulnerable with each other.

**Impressive moment 3.** A third impressive moment of change that caught the attention of the researcher was in session 23 regarding an argument that took place outside of session where the husband attempted to apply skills leaned in therapy and the wife misunderstood his attempt. Due to this misunderstanding, the argument escalated and continued to escalate when discussed

in session. However, there is a shift in this session where the couple ceases their argument and seems to understand each other for a moment.

***Client and therapist change processes prior to the shift.***

*Couple change processes*.

- Wife criticism ←→ Husband defensiveness
- Wife criticism ←→ Husband no response
- Husband vulnerability ←→ Wife no response
- Therapist non-blaming question ←→ Wife no response
- Reciprocal defensiveness

*Therapist change processes.*

- Unified detachment
- Empathic joining

***Summary.*** Prior to the shift, the husband and wife continuously disagree about an argument that they had had outside of the session. The wife continued to respond to her husband negatively and defensively, blaming him, yelling, and escalating the argument, while her husband withdrew and occasionally defended himself. This cycle continued despite therapist attempts to interject and clarify points in the argument. Eventually, the husband responded by mentioning that he does apologize often for his mistakes, but feels like his efforts go unnoticed.

Although the wife does not respond to this statement, the therapist does. He used empathic joining, reflecting the soft feelings that they have in common, such as feeling misunderstood and invalidated, and used unified detachment, emphasizing the good intent they each have even if they both end up feeling misunderstood by the other

***Client and therapist change processes during the shift.***

*Couple change processes.*

- Reciprocal vulnerability

*Therapist change processes.*

- Therapist non-blaming discussion
- Non-specific therapy factors (e.g. prompting)

***Summary.*** After the therapist's interventions (empathic joining and unified detachment), both husband and wife became more vulnerable. The wife began to cry, and with prompting from the therapist, expressed her needs, while the husband reciprocated her vulnerability by offering a non-blaming description of the problem. At that moment, the couple looked at each other, and began to giggle. The tension in the room seemed to disappear and things appeared lighter between the couple. The wife continued to express her needs in a non-blaming and vulnerable manner. For example, she stated, "…all I needed was a hug and an apology." The therapist attempted to clarify what exactly the wife needed and the wife explained that she needed the husband to touch her. This inspired the wife to reach out and touch her husband in the session.

***Client and therapist change processes after the shift.***

*Couple change processes.*

- Reciprocal non-blaming discussion
- Husband vulnerability ←→ Therapist intervention
- Husband disclosure ←→ Wife validation
- Reciprocal positive exchange

*Therapist change processes.*

- Behavior change intervention
- Empathic joining
- Unified detachment
- Homework assignment

***Summary.*** After the shift, the husband engaged in non-blaming discussion with the wife, who responds in a non-blaming manner. This led to the husband opening up about his own behaviors, discussing what makes him pull away from the wife at times. The therapist suggested that maybe the husband can say something like "I can't stand this tension" and then follow it up by touching his wife. He continued by asking them both "How do you each know what you need?" The therapist's suggestions and interventions led to the husband displaying vulnerability, which was followed by validation from his wife. At this moment, the remaining tension in the room seemed to completely disappear. The couple's bodies were more turned to each other, and they spoke to each other less critically, while smiling. The therapist facilitated this shift by utilizing empathic joining and unified detachment. After this moment, the husband and wife engaged in reciprocal positive exchanges, complementing each other and acknowledging each other's strengths. The session continued in the positive direction described above and ended with a homework assignment.

**Research Question #5: What was the interaction between therapy change process, client change process, change mechanisms, and treatment outcome?**

Two clear and comprehensive examples of the psychotherapy change process represented by the Doss (2004) framework (Figure 1) are illustrated through descriptions of specific moments when therapy and client change processes interact with one another, along with examination of how

those moments relate to scores on the FABPI (change mechanisms) and scores on the GDS, DAS, and ROR (treatment outcomes).

**Example 1.** In research question four, impressive moment two (session 12), a shift in the session occurred where the couple became more vulnerable with each other, indicating closeness and greater understanding. In this session, the wife consistently criticized her husband because she felt that his personality had changed and he was not the same person whom she married, as he is more responsible and less free-spirited. After the therapist utilized unified detachment and summarized a theme he had noticed (therapist/IBCT change process), there seemed to be a shift in the session. The couple then incorporated vulnerability and non-blaming discussion into the session, while being affectionate towards each other (client change process).

Session 12 took place about mid-way between week 13 and week 26 assessments. The client and therapist change processes that occurred during this moment were among those that may have been associated with shifts in the change mechanisms of behavior change and acceptance that occurred between these two assessments. For example, it should be noted that the FAPBI scores indicated that the negative behaviors of both husband and wife continued to decrease between these assessments. Furthermore, the husband's acceptance shifted in a positive direction during this time frame, which is significant, as his acceptance scores did not change between pre-treatment and 13 weeks. It is also possible that shifts in behavior and acceptance that occurred earlier in treatment, between pre-treatment and 13-week FAPBI scores, contributed to the couple and therapist engaging in the change processes that occurred in session 12. For example, during the earlier portion of treatment, prior to this impressive moment in session 12, there were increases in the husband and wife's positive behaviors and increases in the wife's acceptance of her husband.

As these change processes and change mechanisms were shifting, the treatment outcome variables of marital distress and satisfaction were changing as well. Between 13-week and 26-week assessments, the wife's distress scores continued to decrease while both the husband and wife's marital satisfaction scores increased.

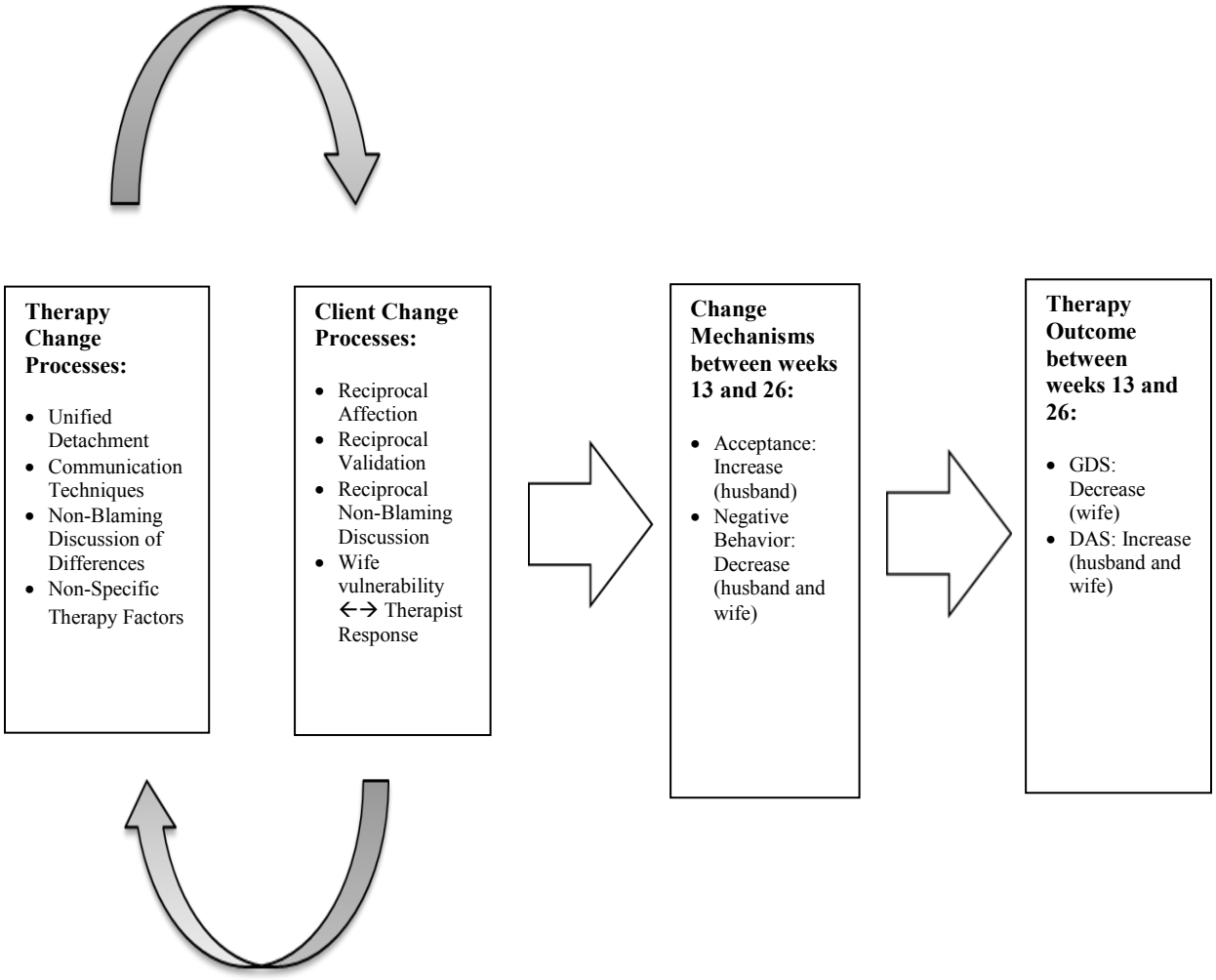


*Figure 10.* Change process in example one; applying the Doss model.

**Example 2.** In research question four, impressive moment three (session 23), we see a shift in the session when the couple understands and validates one another, in addition to being vulnerable in the session. Before this moment, the husband and wife argued about a scenario that took place outside of session, where the husband was attempting to diffuse the situation by

applying skills learned in therapy. The argument escalated in the session, as the wife continued to respond negatively to her husband, while the husband alternated between withdrawing and defending himself. After the therapist utilized unified detachment and empathic joining (therapist/IBCT change process), the wife became more vulnerable in the session and there is a gradual shift towards reciprocal vulnerability and other acceptance-promoting client change processes.

Session 23 took place about mid-way between week 26 and final session assessments. Unfortunately, the FABPI was not administered at the final session. Therefore, shifts in change mechanisms between week 26 and the final week (where session 23 took place) could not be examined. However, FABPI scores from the middle third of therapy between week 13 and 26 indicated that the negative behaviors of both husband and wife decreased. Interestingly, the positive behaviors of both husband and wife also decreased. The husband's acceptance shifted in a positive direction during this time frame, which is significant, as his acceptance scores did not change between pre-treatment and 13 weeks. However, the wife's acceptance scores remained consistent between 13 and 26 weeks. It is possible that the change processes observed in session 23 were made possible, in part, by these shifts in change mechanisms leading up to the final session.

As these change processes and change mechanisms were shifting, the treatment outcome variables of marital distress and satisfaction were changing as well. Between 26-week and final session assessments, husband and wife's distress scores seemed to decrease, indicating a lower level of marital distress. Furthermore, both of their marital satisfaction scores increased at week 26, however, the husband's marital satisfaction scores decreased at the final session.

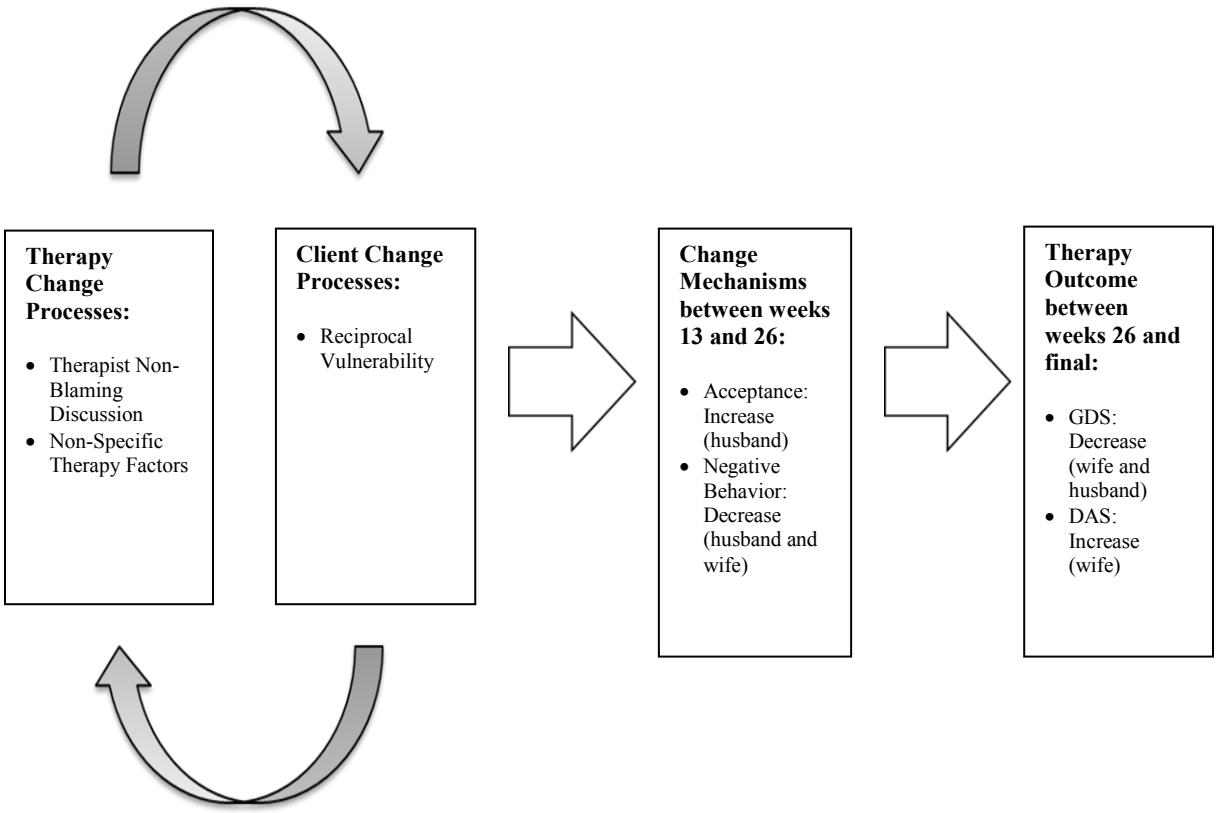


*Figure 11.* Change process in example two; applying the Doss model.

**Research Question #6: How did aspects of culture, such as Judaism and role orientation, interact with psychotherapy change processes, change mechanisms, and outcome?**

Special attention was given to examining how cultural dimensions arose and were integrated throughout the therapeutic process. This research question illustrates how they appeared to relate to change processes, change mechanisms, and outcomes.

Although shifts in gender role beliefs were an anticipated aspect of culture in this case study, these shifts did not appear to be related to the couple's conflicts and instead may have been related to the changing employment status they experienced.

The difference between collectivism and individualism was briefly discussed in one session, as the wife's culture seemed more collectivistic and the husband's culture seemed more individualistic. These differences led to tension between the husband and wife. For example, in one session, the wife expressed frustration with her husband's family, as they do not communicate with each other and tend to be more private than her family. She described her own family as close and open with each other. She gave an example stating that if something tragic happened in her family, everyone would call each other to inform and comfort each other, emphasizing the importance of the family over the individual. However, she stated that if the same situation happened in her husband's family, people would not be aware of the tragedy and family members would not make an effort to reach out to each other. All in all, the wife described her own family as closer together than her husband's family. In order to attend to these issues, the therapist utilized unified detachment, explaining that every family has their own "quirks" and handles things differently. The therapist also uses a tolerance intervention that highlights these differences in a positive way, stating that these differences make their relationship more "rich" and diverse.

In addition, discussion of Judaism occurred in about four sessions, and it seemed related to differences in communication styles between the husband and wife. Namely, there seemed to be a difference in the way the wife, who identified as Jewish, and the husband, who did not identify as Jewish, communicated with each other; this would lead to conflict at times. Specifically, in session six, the husband discussed his wife's criticism, which often leads to arguments, and how it makes him feel negatively about himself. The wife spoke about her "Jewish tongue" and stated that being open, direct, directive, and critical is a part of her culture. In fact, she stated that questioning and arguing is not seen as critical in her culture (Jewish and

from New York). It was evident that the husband and wife miscommunicate and misinterpret each other due to these differences, as what the wife considers a discussion, the husband considers an argument. It was evident that the couple's tendency to miscommunicate was exacerbated by these cultural differences, particularly each individual's perception of a discussion versus an argument. The therapist reformulated the wife's criticisms as possibly coming from a place of love and concern. The therapist utilized unified detachment and emphasized the differences in each of their cultures, while highlighting the beauty in both cultures and saying that it is okay to be different from one another. He described that different meanings may be attributed to different things in different cultures and families. These interventions changed the tone of the session from argumentative to non-blaming discussions. Furthermore, these interventions seemed to facilitate greater understanding and acceptance between the couple.

Although differences in culture were discussed in several sessions, they largely took place in the first half of the course of therapy. As such, it can be inferred that issues of culture were not a central topic of concern as therapy progressed, and resolution of these concerns through acceptance may be related to positive outcomes in therapy, such as increased marital satisfaction and/or decreased distress. Furthermore, these changes in frequency of cultural discussions may be due to the client change processes that took place in the therapy sessions. In the therapy sessions, the wife seemed to criticize the husband and in response, the husband would either become defensive or withdraw (wife criticism←→husband defensiveness/withdrawal). These patterns of communication seemed to be related to the context of their cultural differences. As the therapist began to utilize unified detachment and empathic joining, in order to promote understanding and acceptance of their cultural differences and other

differences due to their upbringing/family of origin, the couple's acceptance-hindering interactions seemed to shift from wife criticism←→husband defensiveness/withdrawal to reciprocal non-blaming discussion. This shift in the couple's process and increased insight into their own, as well as their partner's behaviors may have promoted marital satisfaction and/or decreased marital distress.

## Discussion

### Contributions

This study is beneficial to the couple therapy literature, as it focused on a qualitative method of study and emphasized a discovery oriented approach. Such approaches are currently lacking in the literature.

This study provided specific details regarding change processes, change mechanisms, and therapy outcomes in IBCT. Detailed illustrations were provided regarding the factors that lead to successful therapy outcomes. The impact of utilizing IBCT specific factors, such as increasing acceptance through unified detachment, was examined and described. The findings demonstrated that factors such as unified detachment and acceptance were related to increased marital satisfaction and decreased marital distress for the couple that was analyzed.

The act of being vulnerable and making vulnerable statements was particularly important throughout the therapeutic process, as being vulnerable tended to soften the couple's responses, affect, mood, and overall feeling in the therapy room. Given the central role of vulnerability, it is important to note some observations about facilitating vulnerability across this full course of treatment. For example, it required therapist persistence to induce reciprocal vulnerability in the beginning stages of therapy. The therapist often prompted vulnerability from one individual and followed up by prompting the other individual to respond in a vulnerable manner, as it was not done independently. At times, the couple would respond to vulnerability with no response at all and during these times, the therapist would often utilize an intervention, such as empathic joining or re-framing a statement. After the therapist's intervention, the couple was often prompted to respond in a soft and vulnerable manner. If for some reason an individual did not respond in a soft and vulnerable manner after the therapist's prompting and intervention, the therapist would re-attempt, intervene, and prompt, until a vulnerable or some type of non-blaming response was

given. However, after reviewing all therapy sessions, it was evident that the couple needed less and less prompting over time. Towards the end of therapy, the couple was able to independently produce vulnerable statements and soft disclosures. Furthermore, the couple was independently able to respond to a vulnerable statement being made with vulnerability or some type of positive statement. This process almost seemed like teaching and learning, in the manner that the therapist would have to teach, prompt, or re-formulate responses in the beginning stages of therapy. As therapy continued and the couple became accustomed to these prompts, learning how to communicate with vulnerability, they did not need as much prompting as before because they may have learned from the therapeutic process in previous sessions.

Another interesting finding was that change processes seem to be generalized and transformed into change mechanisms, beginning in the therapy room and continuing outside of sessions. The couple seemed to express excitement when discussing that their friends and family have noticed positive changes in their relationship when spending time together. Perhaps the generalization of interventions and mechanisms of change into the outside environment is a telltale sign that therapy is, in fact, working or moving in a positive direction. This is consistent with the Doss (2004) framework for how change occurs in psychotherapy.

An important area that this study contributed to is the area of culture. There is currently a need for culturally informed studies in psychology and for studies that address various cultural issues that may arise throughout the course of therapy. This study illustrated couple and therapy change processes that helped the couple effectively navigate the cultural differences that were causing them distress, such as differences in religion, family dynamics, family traditions, and communication styles. It would be interesting to examine additional cases where couples come from different cultural or religious backgrounds in order to become aware of the various positive,

negative, or neutral ways that it can affect a marriage, and the effective ways therapists and couples can utilize cultural differences to strengthen marriage. In the future, other studies in couple therapy should aim to delve deeper into cultural issues in therapy, focusing on other minority cultures as well.

Another important contribution that this study made is demonstrating the compatibility of IBCT in treatment for cultural issues or differences. One important aspect that characterizes IBCT is that of unified detachment. For this case study, unified detachment seemed to assist in the alleviation of distress related to cultural differences. Unified detachment framed this couple's cultural differences, which were a source of tension and conflict, in a positive way, emphasizing that neither of their tendencies are right or wrong. Differences were explored and framed as aspects that add color, dimension, and beauty to the relationship. Furthermore, the therapist put forth effort into helping the couple become aware of and understand their cultural differences, while learning to accept these differences. Overall, it seems as though IBCT is a compatible method of couple therapy when treating issues related to cultural differences.

This study made contributions to the literature by focusing on three areas that were lacking in the literature, such as a minority culture, process oriented therapy, and incorporating a qualitative approach. However, the most salient contribution that this study made is answering the therapy process question of "how" does therapy work, or more specifically, how does IBCT work? We do know, from the many studies published and discussed in the introduction, that IBCT is, in fact, one of the effective methods of couple therapy. The question of how or why this method of couple therapy seems to yield positive results has not been examined in the same detail as the question of whether it works. Fortunately, this study helped to uncover some of the mystery surrounded by how this type of therapy works. What does the client/couple do? What

does the therapist do? How and when does the change happen? It seems as though IBCT works in layers, as different aspects, such as therapy change processes and client change processes, continue to interact with each other. Similar to a game of ping pong, the therapist and couple make statements, intervene, show affect, and do many other things that influence therapy, back and forth, which leads to change over time. Specific interventions, such as unified detachment and empathic joining, seem to be especially important, as they foster greater understanding and acceptance of each individual in this couple. This study provided specific examples of when and how the therapist used these interventions, and when and how the couple responded with useful processes such as vulnerability and soft-disclosures. Without these interventions, without these change processes and change mechanisms, the outcome of marital satisfaction may not have been possible.

**Limitations**

In the current study, the first limitation is that the data in this study is archival. Therefore, the researcher was required to utilize data that was previously collected, instead of designing data collection for the specific purpose of this study. Fortunately, there was limited missing data due to equipment malfunction or client/therapist failure to complete measures or items, and the archival data included multiple data forms (including self-report and rich video data) and time points across the course of therapy. However, the original study did not collect some data that may have been helpful in this study, such as FAPBI data at every session, or at the final treatment session, to more closely track shifts in the change mechanisms. One wonders what the couple's changes in regards to behavior and acceptance may have been at the final session and how it may have been related to an impressive moment of change or another therapeutic factor.

Furthermore, it is difficult to apply this case and its results to the Doss model with 100% certainty, simply because we do not know what happened during each moment of change. More specifically, measures were not administered during each session and for this reason, it's difficult to relate each moment of change (process) to the outcome or change mechanism. Most measures were given at pre-treatment, 13 weeks, and 26 weeks. However, these weeks do not correspond with each session. If measures were given at every session or every other session, it would be easier to pinpoint or draw a relationship between outcomes, mechanisms, and processes. Based on the data available from the archive, the researcher related impressive moments to change mechanism data by analyzing between two times in therapy where data was collected (such as week 13 and week 26); what the data would have demonstrated between those weeks (such as at week 18) is currently unknown, but was inferred by attending to the increase or decrease between the data points.

Another limitation is that it is not known if the successful outcomes were affected by other variables not related to change mechanisms or change processes. For example, one great area of distress for this couple was that the husband had lost his job during the course of therapy. He was experiencing great difficulties due to the fact that he was unable to secure a different job. For this reason, his wife began looking for jobs and although she enjoys working, she felt upset by the fact that she had to look for jobs after being out of a job for about three years, as this made her a less competitive candidate. Towards the very end of therapy, the husband shared that he had secured a job. One wonders if the therapy outcomes were related to outside factors such as resolution of financial difficulties and other various stressors, if they were purely a factor of IBCT techniques, or if they were a combination of both.

The purpose of the present study was to examine and illustrate in detail IBCT processes and mechanisms, and therefore that was the lens through which the psychotherapy was understood. The intense focus solely on IBCT is both a strength and a limitation. Examining change processes and mechanisms from one lens can be beneficial, as it can allow for one to discover the inner workings of the chosen approach without getting distracted by other interpretations or interventions. At the same time, this focus on IBCT is also a limitation, as it does not allow for one to discover the change processes and mechanisms associated with other models of couple therapy. Viewing this selected case through the lens of another approach, such as EFCT, may have led to other interpretations of change processes and change mechanisms.

This study is ethically delicate due to the fact that one couple's therapeutic processes were explored in detail, possibly making the case identifiable by others (McLeod & Elliott, 2011). Only couples who consented to this kind of use of their data were included in the selection pool, and the researcher took measures to minimize and disguise identifiable information. The downside to this consent requirement is that it reduced the number of couples available for selection in the current study.

**Future Studies**

One component of the current study was to focus on a couple for whom culturally-informed relationship-relevant beliefs such as role orientation shifted over the course of therapy. Although this couple was identified as a couple who experienced these shifts and differences regarding role orientation based on their MSI-R scores, they did not seem to experience distress regarding role orientation in the course of therapy. It is likely that other couples do experience distress regarding role orientation (Guilbert et al., 2000; Hackel & Ruble, 1992). Therefore, it would be beneficial for the relationship between distress regarding role orientation and marital

satisfaction or marital distress to be further analyzed in future studies. Additionally, it would be beneficial for future studies to incorporate other scales in the MSI-R, such as conflict over child rearing, disagreement about finances, affective communication, and problem solving communication, as these topics were discussed in therapy for the couple analyzed in the current study.

Although the outcome of marital satisfaction is related to the interventions, change processes, and change mechanisms discussed above, it is important to keep in mind that these findings are only true for the couple that was analyzed as a part of this study. Therefore, it would be beneficial to replicate this study with other successful cases in order to discover similarities or differences between findings. On the other hand, it would also be beneficial to replicate this study with cases that had unsuccessful outcomes (Doss, 2004). In this way, one can evaluate what the change processes and change mechanisms were that may have led to an unsuccessful outcome.

> By understanding fully how clients fail to improve, we can be more assured that our understanding of how client change processes lead to improvement is correct. Additionally, an understanding of unsuccessful pathways ensures that our measure of the client change process is indeed evaluative. If both successful and unsuccessful interpretations lead to improvement on change mechanisms, then maybe we have not correctly identified an evaluative process. Alternatively, it may be that there was an important third variable or that something occurring earlier in the session was the more important change process outcome. (Doss, 2004, p. 379)

Future studies should also consider hypotheses and questions that were generated as a result of this study. One hypothesis to consider is gender differences related to behavior change

and its relationship to changes in distress and acceptance. Interestingly, with the couple in this study, there seemed to be a gender difference in the type of behavior change that was related to decreased marital distress and increased acceptance. For example, as the husband's positive behaviors increased, the wife's distress decreased and her acceptance increased. Conversely, as the wife's negative behaviors decreased, the husband's distress decreased and his acceptance increased. Therefore, one wonders what role gender may play in the type of behavior change that is related to changes in distress and acceptance. Interestingly, Driver and Gottman (2004) found that husbands' initiation of playfulness was important in the couple dynamic and provoked positive responses from wives. Furthermore, they found that when husbands increase other positive behaviors, such as enthusiastic responses, during daily moments, the affection portrayed by wives during times of conflict seemed to increase. In an article by Doss et al. (2005), changes in acceptability of positive and negative behaviors were found to have unique associations with marital satisfaction depending on gender. For example, among wives, increased acceptance of *positive* behaviors of husbands were related to increased satisfaction, while for husbands, increased acceptance of wives' *negative* behaviors related to increased satisfaction. One wonders if wives are more sensitive to the increased positive behavior of their husbands while husbands are more sensitive to the decreased negative behavior of their wives.

Another hypothesis to consider is related to vulnerability and a possible correlation with acceptance. Vulnerability seemed to play a powerful role in therapy sessions. One wonders if vulnerability causes or generates acceptance between partners. Other areas to consider include the role of vulnerability and acceptance related to personality characteristics. Does vulnerability facilitate acceptance, decreases in distress, or increases in marital satisfaction in some populations more readily than others? Are there cultural factors to consider? Does vulnerability

make one more susceptible to attack from those who suffer from specific untreated, unresolved, or co-occurring DSM-5 diagnoses? For example, what role does vulnerability play in a couple where one or both partners suffer from substance abuse or a personality disorder? Are there specific individual or relational characteristics associated with capacity for empathy, vulnerability, and compassion, and are these capacities precursors to acceptance? When capacities seem low, what can therapists do to prime or prepare couples for effective empathic joining? Perhaps increases in positive behavior and decreases in negative behavior first set the stage for a safer relationship in which to become more vulnerable and accepting. This would be consistent with research done by Doss et al. (2005), which found that behavior change is related to improvements in satisfaction early on in treatment whereas improvements in satisfaction through acceptance continue throughout the therapy process.

Further hypotheses include those related to culture and marital distress. In this case study, culture seemed to be an important factor related to disagreements, arguments, and misunderstandings. The wife, who was raised in a collectivistic family/culture, seemed to have different views and values than the husband, who was raised in an individualistic family/culture. One wonders if differences in type of culture are related to distress. Would the couple's arguments exist if they both came from similar backgrounds? According to Bustamante, Nelson, Henriksen, and Monakes (2011), cultural differences between husband and wife contribute to increased conflict and stress in a marriage, as well as marital dissatisfaction. When couples enter a marriage with greater differences, they are more susceptible to experiencing conflict due to misunderstandings that may arise due to those differences (Hsu, 2001). Conflicts also arise in couples who are culturally different from one another when they have different familial dynamics, communication styles, and views on relationships (Bustamante et. al., 2011). Due to

the important impact cultural differences have on strain between couples, it is essential for future studies to explore how IBCT techniques aid in alleviating conflict and assisting the couple in navigating their cultural differences.

Furthermore, one wonders about the relationship between gender and culture in communication patterns and distress, as the husband seemed to engage in passive communication, while the wife seemed to be more assertive and even aggressive at times. These gender differences in communication style were described as cultural differences throughout the course of therapy, and are consistent with the literature on demand-withdraw (Eldridge & Baucom, 2012). Therefore, one wonders what role culture and communication have in regards to marital distress.

In the future, it would be beneficial for other research studies to continue to pursue discovery oriented, qualitative studies, as studying cases in detail may help therapists grasp a greater understanding of how and why therapies work. Furthermore, it may be beneficial to begin a study that is designed to explore therapy process research questions from the outset of the study (Greenberg & Foerster, 1996; Pos, Greenberg, Goldman, & Korman, 2003), instead of attending to archival data for information. For example, couples can be recruited to receive a type of couple therapy and data can be collected specific to the therapeutic process throughout the data collection process. In this way, all areas important to the researcher can be addressed and explored. Future studies should continue to analyze couples from a case study perspective, as increasing the amount of in-depth couple analyses in the literature can assist in compiling information found consistent between couples, discovering new factors, and bringing awareness to differences between cases. Continuing to analyze couples from a case study perspective will ultimately benefit the IBCT literature and couple therapy literature in general.

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# APPENDIX A

## Review of the Literature

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Amato, P. R., & Booth, A. (1995)<br><br>Changes in gender role attitudes and perceived marital quality. | Peer Reviewed Article.<br><br>American Sociological Review. | This longitudinal study was conducted to explore how changes in gender role attitudes are related to changes in the quality of marriage or marital satisfaction. Hypothesis: When wives adopt non-traditional gender role attitudes, their perceived marital quality decreases. When husbands adopt non-traditional gender role attitudes their perceived marital quality increases. | Data utilized from the original Study of Marital In-stability Over the Life Course (Booth, Johnson, White, and Edwards 1991). The sample included 1,043 adults who were either in the 1st and 3rd wave of the original study who remained married to the same person after 8 yrs. | Gender Role Attitudes and Perceived Marital Quality (measures happiness, interaction, disagreement, problems, and divorce proneness). | Quantitative, Longitudinal Study. The respondent's duration of marriage in years, age, education, race, wife's employment at time 1 and 2, and family income at time 1 time 2 (1988), were used as control variables. | Changes to non-traditional gender role attitudes among wives were correlated with a decrease in marital quality (less happiness and interactions, more disagreements and other problems, and finally, increased proneness to divorce). | It was found that wives feel less happy with their marriages when their gender role attitudes become less traditional, however, husbands report increased happiness in marriage when their gender role attitudes become less traditional. | "Traditional attitudes stress the dichotomy between the husband-breadwinner and wife-homemaker-mother, and the differential power relations implied in these specialized roles. Nontraditional attitudes, in contrast, emphasize shared roles and egalitarianism. " |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Baucom, D. H., Shoham, V., Mueser, K. T., Daiuto, A. D., & Stickle, T. R. (1998)<br><br>Empirically supported couple and family interventions for marital distress and adult mental health. | Peer Reviewed Article.<br><br>Journal of Consulting Psychology. | This article reviews the efficacy and effectiveness of various interventions for families and couples. | N/A | N/A | N/A | N/A | N/A | "By far the most widely evaluated approach to couples therapy is BMT, and findings to date indicate that it is an efficacious intervention for treating relationship distress. Other approaches (e.g., emotion focused, insight oriented, and cognitive) to marital therapy also appear to benefit distressed couples, although much less research has been conducted to evaluate them thus far." |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Bianchi, S. J., Milkie, M. A., Sayer, L. C., & Robinson, J. P. (2000)<br><br>Is anyone doing the housework? Trends in the gender division of household labor. | Peer Reviewed Article.<br><br>Social Forces. | This article reviews trends and gender differentials, regarding household work, in the 1990s. Additionally, this article explores whether there has been any recent gender convergence in household work in married couples. | For the Time Diary samples, the total sample included 6,740 Americans, aged 25-64 years (3,016 males and 3,724 females). For the NSFH samples, the total sample included 4,107 couples. | National Survey of Families and Households 1, National Survey of Families and Households 2, and Diaries. | A Longitudinal Study, including time diary data and data from the National Survey of Families and Households. | It was found that the amount of housework done by women has decreased. Additionally, a stalled increase in the amount of housework done by men was found, after 1985. | "While there is still someone doing housework, much less of it is being performed in American homes." | N/A |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Bustamante, R. M., Nelson, J. A., Henriksen, R. C., & Monakes, S. (2011).<br><br>Intercultural couples: Coping with culture-related stressors. | Peer Reviewed Article.<br><br>The Family Journal. | This article reviews culture-related stressors in intercultural marriages, as well as methods of stressor alleviation | Five intercultural couples were interviewed. | N/A | N/A | N/A | Gender-role flexibility, humor, cultural reframing, and several other strategies were found to be methods of alleviation. | N/A |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Carlson, C. I., Ross, S. G., & Stark, K. H. (2012)<br><br>Bridging systemic research and practice: Evidence-based case study methods in couple and family psychology. | Peer Reviewed Article.<br><br>Couple and Family Psychology: Research and Practice | This article discusses the importance of conducting single case studies and systematic case studies. It highlights the underutilization of case studies in the field of couple and family therapy and discusses gains that can be made in the field if more contributions are made, in addition to bridging the gap between research and practice. This article reviews design types and considerations that need to be made when conducting such a study. | N/A | N/A | N/A | N/A | N/A | "The case study as a research strategy is defined by Yin (2009) as: "An empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" (p. 18)."<br><br>"In contrast, the clinical case study may be defined as a detailed analysis of individual, couples or family therapy that includes verbatim clinical case material and is instructive regarding the treatment, the problem, or population."<br><br>"Dickey further identified numerous advantages that single-case methods provide (over traditional case studies): (a) they employ checks for validity that permit the clinician-researcher to be relatively sure that obtained results are due to treatment and not to investigator subjectivity, (b) they are relatively easy and inexpensive to undertake, (c) new techniques can be developed and tested quickly, (d) objective feedback on performance can have a beneficial impact on clients, (e) treatment must be well-specified and employable by other clinicians, (f) theories regarding reciprocal influence and second-order change can be tested with designs that incorporate baselines for each family member, and finally (g) the ability to document treatment effects is consistent with ethical and accountable professional practice." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Christensen, A. (2010)<br><br>A unified protocol for couple therapy.<br><br>In K. Halhweg, M., Grawe-Gerber, & D. H. Baucom (Eds.), Enhancing Couples: The shape of couple therapy to come (pp.33-46) | Book.<br><br>Hogefere. | This chapter proposes a unified protocol of couple therapy that is based on emphisization of strengths, elicitation of emotion-based behavior, fostering of productive communication, and the modification of dysfunctional behavior, in addition to providing an objective conceptualization of problems. | N/A | N/A | N/A | N/A | N/A | N/A |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Christensen, A., & Jacobson, N. S. (2002)<br><br>Reconcilable differences. | Book.<br><br>Guilford Press. | This self-help book was written to guide couples through conflict in relationships and is based on the IBCT model. Examples and exercises are available to assist the couple in understanding the root of their conflict and how to manage it. Since the book is based on IBCT, a huge component is the emphasis on acceptance. Accepting your partner, his or her feelings, and his or her actions, are salient in this type of therapy. | N/A | N/A | N/A | N/A | N/A | "The purpose of this book is to help you understand the conflicts you have with your partner and then to transform those conflicts into greater peace and intimacy."<br><br>"The natural inclination is to try to change your partner, but efforts directed solely at such change often make the conflict worse."<br><br>"When you genuinely accept your partner, you may achieve peace from the conflict and, paradoxically, change from your partner."<br><br>"Change is the brother of acceptance, but it is the younger brother." |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Christensen, A., Doss, B. D., & Jacobson, N. S. (2014).<br><br>Reconcilable Differences (2nd edition) | Book<br><br>The Guilford Press. | This is a new edition of the self-help book that was published in 2002. | N/A | N/A | N/A | N/A | N/A | N/A |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Christensen, A., Baucom, D. H., Atkins, D.C., Berns, S., Wheeler, J., Simpson, L. E. (2004)<br><br>Traditional versus Integrative Behavioral Couple Therapy for significantly and chronically distressed married couples. | Peer Reviewed Article.<br><br>Journal of Consulting and Clinical Psychology. | This study was conducted to compare TCBT and IBCT. 5 Hypotheses: Both TBCT and IBCT will lead to improvement. They will both have greater impact earlier in treatment. IBCT will have a greater impact than TCBT on relationship and individual outcomes. Greatest impact will be on moderately distressed couples. Husbands and wives will respond differently to treatment (husbands benefit more from TBCT). | 134 moderately and severely distressed married couples volunteered to be a part of this study. (71 couples were from Los Angeles and 63 couples were from Seattle). Both partners had GED, were between ages 18-65 and were fluent in English. | The Marital Adjustment Test, Marital Satisfaction Inventory-Revised, Dyadic Adjustment Scale, Conflict Tactics Scale-Revised, and Structured Clinical Interview for DSM-IV, were utilized as assessment instruments. | Randomized Controlled Clinical Trial. After completing screening procedures, 68 couples were assigned to TBCT and 66 couples were assigned to IBCT, randomly. In both conditions, couples received four evaluation and feedback sessions. The mean number of sessions was 22.9. | 71% of IBCT couples and 59% of TBCT couples improved. | Couples receiving TBCT improved at a faster rate, but this was not consistent long-term. IBCT had slower progress but continued to make improvements at a steady pace. | "IBCT assumes that there are genuine incompatibilities in all couples that are not amenable to change, the partners' emotional reactions to each other's behavior are at least as problematic as the behavior itself, and that a focus on change can often lead to a resistance to change. Therefore, emotional acceptance between partners is as much or more a goal of intervention as is active change in the partner's behavior. " |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Christensen, A., Atkins, D. C., Yi, J., Baucom, D. H., George, W. H. (2006)<br><br>Couple and individual adjustment for 2 years following a randomized clinical trial comparing Traditional versus Integrative Behavioral Couple Therapy. | Peer Reviewed Article.<br><br>Journal of Consulting and Clinical Psychology. | This article was a follow-up to a previous study. The study was conducted to compare the efficacy of TCBT and IBCT, 2 years post treatment. The trajectory of marital satisfaction, behavior change, clinical significance in satisfaction, individual functioning in the relationship, the effect of treatment conditions on outcomes, and the impact of additional/follow up therapy were also objectives in this follow up study. | Follow up data was gathered from 130 or the 134 moderately and severely distressed married couples who volunteered to be a part of the original study. (71 couples were from Los Angeles and 63 couples were from Seattle). Both partners had GED, were between ages 18-65 and were fluent in English. | Marital Activities Questionnaire, Dyadic Adjustment Scale, Marital Status Inventory, Mental Health Index, and Marital Satisfaction Inventory-Revised, were utilized as assessment instruments. | The original study included a randomized controlled clinical trial. In this follow up study, the average times from termination to assessment were 17.3, 44.3, 69.9, and 96.6 weeks for the 6, 12, 18, and 24 month follow-up assessments. Follow up assessments were given at varied times per couple, as each couple had a different termination end date and the assessment dates did not synchronize. | 69% of IBCT couples and 60% of TBCT couples continued to improve after treatment. | Initially, couples in both conditions experienced a decrease in marital satisfaction post-treatment. However, those recieved IBCT experienced faster satisfaction, greater satisfaction, and stability in satisfaction after this brief decrease in satisfaction, especially at the 22 week mark. | "Couples in the two behavioral treatments compared in this study are largely similar in outcome, although a number of findings give an edge to IBCT." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Christensen, A., Atkins, D. C., Baucom, D. H., Yi, J. (2010)<br><br>Marital status and satisfaction five years following a randomized clinical trial comparing Traditional versus Integrative Couple Therapy. | Peer Reviewed Article.<br><br>Journal of Consulting and Clinical Psychology. | This article was written as a follow-up to a previous study. The study was conducted to compare the efficacy of TCBT and IBCT, 5 years post treatment. The general outcome of treatment, relative outcome of the two treatment approaches, trajectory of change in satisfaction, and differences in outcome for moderately verses severely distressed couples were also objectives in this follow up study. | Follow up data was gathered from all of the 134 moderately and severely distressed married couples who volunteered to be a part of the original study. (71 couples were from Los Angeles and 63 couples were from Seattle). Both partners had GED, were between ages 18-65 and were fluent in English. | The Dyadic Adjustment Scale, Marital Activities Questionnaire, and the Dyadic Adjustment Scale-7, were utilized as assessment instruments. | The original outcome study included a randomized controlled clinical trial. After the 2 year follow up assessment mark, follow up assessments continued to be administered at 36, 42, 48, 54, and 60 months. | 50% of IBCT couples and 45.9% of TBCT couples continued to improve. | Both TCBT and IBCT were effective in maintaining relationship satisfaction as a result of treatment 5-years post treatment. Differences between the two approaches were not statistically significant. | "… this study is the first to show a detailed trajectory of change in relationship satisfaction over the course of couple therapy and long-term follow-up. Five years after the conclusion of therapy, half of the couples demonstrated clinically significant change compared with their pretreatment assessment. " |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Cordova, J.V., Jacobson, N.S., & Christensen, A. (1998)<br><br>Acceptance versus change interventions in behavioral couple therapy: Impact on couples' in-session communication. | Peer Reviewed Article.<br><br>Journal of Marital and Family Therapy. | This article examined client change processes. Specifically, the communication of couples while receiving Integrative Behavioral Couple Therapy or Traditional Behavioral Couple Therapy were explored. | Participants included 12 married couples who were experiencing marital distress. Ages ranged between 21 to 60 years old. | Four scales were designed to measure exchanges: Detachment, Hard Expressions, Soft Expressions, and Engaging in the Problem. | Randomized Controlled Clinical Trial-Qualitative Method | The structural differences between the two treatment modalities affect levels of emotional expression in therapy. | Couples who received IBCT used more soft expressions and nonblaming descriptions of problems. | N/A |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Cotter, D., Hermsen, J. M., & Vanneman, R. (2011)<br><br>The end of the gender revolution? Gender role attitudes from 1977 to 2008. | Peer Reviewed Article.<br><br>American Journal of Sociology. | This article measures and describes trends regarding gender on the General Social Survey. Additionally, gender role attitude changes are explained and examined, including the influence of changes in culture. | GSS data was utilized from a study by Davis and Smith (2007). | Gender Role Attitude Scale, Women's Labor Force Participation, Social Structural Controls, and Ideology. | Longitudinal Quantitative Study. | It was found that the trend from 1994 to 2000 was towards being more conservative (−0.025). The second hinge was positive (+0.042), indicating a change toward egalitarian attitudes. | Overall, the changes in gender role attitudes in the last three decades portrayed two phases (a liberalization that halted in the 1990s and then changed little in the years since.) | "The long rise in women's actual labor force participation rates during the last half of the 20th century seems an obvious source of support for the rise in public approval for women's employment. There is some evidence that women's employment is associated with more egalitarian gender role attitudes (Wilcox and Jelen 1991; Cassidy and Warren 1996)." |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Dasgupta, S., & Basu, J. (2011)<br><br>Marital quality and gender role stereotype. | Peer Reviewed Article.<br><br>Psychological Studies. | This article examined the marital quality among Bengali couples in relation to their gender role stereotypes in both single earner and dual earner families. Specifically, this article explored the influence of sex, single vs. dual earners, and feminine vs. masculine gender role attitudes, on marital quality. | Participants included 350 middle/upper-middle class Hindu Bengali couples (ages 30-50), who had at least one child. Half of the participants included single earner families and the other half included dual earner families. | A detailed information schedule, the General health questionnaire (GHQ-28), Marital Quality Scale (MQS), Sex Role Attitude Scale, and the Gender Role Identity Scale. | Stratified Random Sampling Technique. | The main effect of sex and work status were significant [Sex, $F(1, 696) = 4.168$, $p = <.05$; Work, $F(1, 696). = 7.981$, $p = <.01$]. | "In the present study, gender role stereotypes served as underlying cognitive and affective factors influencing the behaviour of the couples. Marital quality was more strongly associated with sex specific gender role identity, that is, masculinity for men and femininity for women, rather than the opposite." | N/A |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Doss, B. (2004)<br><br>Changing the way we study change in psychotherapy. | Peer Reviewed Article.<br><br>Clinical Psychology: Science and Practice. | This article was written in order to discuss current barriers to the way we study change in therapy. In addition, this article presents a framework that can be utilized for future studies. | N/A | N/A | N/A | N/A | N/A | "Mapping the specifics of change in our current forms of psychotherapy is essential to further revisions of these treatments." |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Doss, B. D., Thum, Y. M., Sevier, M., Atkins, D.C., Christensen, A. (2005)<br><br>Improving relationships: Mechanisms of change in couple therapy. | Peer Reviewed Article.<br><br>Journal of Consulting and Clinical Psychology. | This article was conducted as a part of a larger study regarding couple treatment. The study was conducted in order to magnify and discuss the mechanisms of change (such as communication or acceptance of partner's behaviors) that took place during the original outcome study which compared TBCT and IBCT effectiveness in moderate to severely distressed couples. | Data was gathered from all of the 134 moderately and severely distressed married couples who volunteered to be a part of the original study. (71 couples were from Los Angeles and 63 couples were from Seattle). Both partners had GED, were between ages 18-65 and were fluent in English. | The Dyadic Adjustment Scale, Frequency and Acceptability of Partner Behavior Scale, and the Communication Patterns Questionnaire, were utilized as assessment instruments. | Randomized Controlled Clinical Trial. After completing screening procedures, 68 couples were assigned to TBCT and 66 couples were assigned to IBCT, randomly. In both conditions, couples received four evaluation and feedback sessions. The mean number of sessions was 22.9. | Significant amounts of change were demonstrated in the DAS over the entire course of therapy (wives = 9.82 DAS points, $p < .001$; husbands = 12.03 DAS points, $p < .001$)."<br><br>"… both husbands and wives became significantly more accepting of their partners' target behaviors early in treatment ($p < .001$). Notably, acceptance increased significantly more in IBCT than it did in TBCT for both spouses ($p < .01$)." | Although both treatment modalities were effective, IBCT was more effective in increasing acceptance of partner behaviors. In contrast, TBCT was more effective in increasing targeted behaviors. | "In summary, the results of the current study suggest that during the first half of therapy, increases in frequency and acceptance for both spouses are related to increases in satisfaction for both therapies. However, during the second half of therapy, it seems that increases in acceptance remain important for both therapies, whereas the amount of change in the frequency of partner behaviors becomes less critical." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Driver, J. L., & Gottman, J. M. (2004).<br><br>Daily marital interactions and positive affect during marital conflict among newlywed couples. | Peer Reviewed Article.<br><br>Family Process. | This article explored the role of playfulness, humor, affection, and positive affect during conflict. | Participants included 49 newly wed couples. | N/A | N/A | N/A | "The current data provide preliminary support for the theory that couples build intimacy through hundreds of very ordinary, mundane moments in which they attempt to make emotional connections." | N/A |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Eldridge, K.A. & Baucom, B. (2012).<br><br>Demand-withdraw communication in couples: Recent development and future directions.<br><br>In P. Noller and G. Karantzas (Eds.), The Wiley-Blackwell Handbook of Couples and Family Relationships (pp. 144-158). | Book.<br><br>Oxford-Wiley-Blackwell. | N/A | N/A | N/A | N/A | N/A | Gender differences in communication style were found.. | N/A |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Frajerman, E. (2001)<br><br>The relationship between the division of housework, sex roles, and marital satisfaction in dual career couples. | Dissertation.<br><br>Pepperdine University. | This article was written in order to examine the relationship between division of household chores, sex roles, and marital satisfaction in married couples. | Participants included 64 married, dual earner couples with a minimum of a 10th grade reading level. Spouses in each couple worked at least 28 hours a week, read and were legally responsible for their own affairs. | Questionnaires, such as a demographic data sheet, the Who Does What Scale, the Bem Sex Role Inventory, and the Dyadic Adjustment Scale, were utilized. | Quantitative Study. | Sex Roles and Division of labor significantly effect marital satisfaction in husbands, not wives (R squared = .246, g = .005). | Results found that wives engage in "Traditionally Feminine" tasks more than husbands. A relationship between sex role combinations and division of tasks, was found. A relationship between the discrepancy in how much partners engage in "Traditionally Feminine" tasks and marital satisfaction was found. | "When considering the division of household tasks, and the consequences that can result from an unequal distribution, one of the key factors that stands out is the relationship to marital satisfaction. Although this research on why housework is divided so unevenly might be interesting, it would not have as much relevance if it did not have practical implications. As previously reviewed, past research has found lower marital satisfaction correlating with an unequal division of household labor (Blumstein & Schwartz, 1983; Lennon & Rosenfield, 1994; Pleck, 1985; Staines & Libby, 1986; Thompson & Walker, 1989)." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Greenberg, L. S. (1991)<br><br>Research on the process of change. | Peer Reviewed Article.<br><br>Psychotherapy Research. | This article was written in order to discuss the current need for process oriented, empirical studies. Discovery oriented research is emphasized, suggesting a need for observation based research instead of controlled, quantitative studies. | N/A | N/A | N/A | N/A | N/A | ""Our goal for the next decade is to establish how change occurs…" |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Greenberg, L. S., & Foerster, F. S. (1996).<br><br>Task analysis exemplified: The process of resolving unfinished business. | Peer Reviewed Article.<br><br>Journal of Consulting and Clinical Psychology. | This article was written in order to explore in-session performances of "bad feelings" towards a significant other. This research study was designed to examine client processes. | Twenty-eight volunteer student clients participate in this study. | The EXP, Client Vocal Quality, Client Emotional Arousal Scale, and Structural Analysis of Social Behavior were utilized as measures. | Task Analysis. | N/A | An "intense expression of feeling" was found in 10 resolved events. On the other hand, in 10 unresolved events, no intense feelings were present. | N/A |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Guilbert, D. E., Vacc, N. A. & Pasley K. (2000)<br><br>The relationship of gender role beliefs, negativity, distancing, and marital instability. | Peer Reviewed Article.<br><br>The Family Journal. | This study was conducted to explore the relationship between negativity, distancing, gender role beliefs, and marital instability. | This study used longitudinal data from Booth, White, Johnson, and Edwards (1992). In the current study, Caucasian individuals who were in their first marriage, remained married throughout the study, and completed all questions during each assessment period were included. | Clinical Interview, Sex-Role Egalitarian Scale, and Marital Instability Index Scale, were utilized as assessment instruments. | This study used longitudinal data from a database by Booth, White, Johnson, and Edwards (1992). The original data was collected in 1980, 1983 and 1988 through telephone interviews. | Comparison of means by sex across gender role beliefs, negativity, distancing, and marital instability indicate that, over eight years, beliefs became more egalitarian. It was found that levels of distancing continued to increase while negativity and marital instability were constant. $p < .05$. | "The hypothesis that higher reported levels of negativity would result in higher levels of distancing and marital instability for both males and females was partially supported for females only" | "… females who held more egalitarian than traditional gender role beliefs reported higher levels of marital instability than did females who held gender role beliefs that were more traditional than egalitarian. Egalitarian-oriented females also reported higher levels of negativity and greater distancing than did females who held gender role beliefs that were more traditional."<br><br>"Males who held more egalitarian than traditional gender role beliefs did not report lower levels of marital instability or negativity than did males who held gender role beliefs that were more traditional than egalitarian. However, males who reported more distancing also reported more marital instability" |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Hackel L. S., & Ruble, D. N. (1992)<br><br>Changes in the marital relationship after the first baby is born: Predicting the impact of expectancy disconfirmation. | Peer Reviewed Article.<br><br>Journal of Personality and Social Psychology. | This article explored the influence of expectations regarding the division of child-care and household related tasks and marital satisfaction. | Participants included 50 couples in New York and/or New Jersey. Most of the sample was Caucasian (96%) and highly educated. The median ages were 29 for women and 31 for men. | Mailed or personally handed questionnaires, The Locke-Wallace Short Marital Adjustment Test, scales from the Personal Assessment of Intimacy in Relationships, conflict subscale of the Braiker-Kelley Scale of Intimate Relations, division of labor scale by Ruble, Family Adaptability and Cohesion Evaluation Scales, Personal Attributes Questionnaire, and Infant Characteristics Questionnaire, were utilized in this study. | Longitudinal Study. | Prenatal ratings of satisfaction significantly predicted post-partum satisfaction ($p<.001$). | A major finding was the decrease in marital satisfaction resulting from the transition to parenthood. | N/A |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Heatherington, L., Friedlander, M. L., & Greenberg, L. (2005)<br><br>Change process research in couple and family therapy: Methodological challenges and opportunities. | Peer Reviewed Article.<br><br>Journal of Family Psychology. | This article was written in order to bring attention to the importance of conducting process oriented research in couple and family therapy. The authors discuss that there is a need to focus on the process of client change, systematic processes, intrapersonal processes, and differences between processes of diverse individuals. In addition, the article discusses the importance of properly learning about data analysis in this type of research. | N/A | N/A | N/A | N/A | N/A | "Integrative behavioral couple therapy emphasizes (a) the expression of "soft" emotions (e.g., hurt, love) underlying anger and other "hard" emotions and (b) emotional disclosures, to facilitate emotional acceptance and greater intimacy within the couple (Dimidjian, Martell, & Christensen, 2002)."<br><br>"Integrative behavioral couple therapy is still developing, and some findings about its proposed change mechanisms are equivocal (cf. Croyle & Waltz, 2002), although there is preliminary evidence for the effectiveness of this approach (Jacobson et al., 2000)."<br><br>"Observational methods that are carefully used are valid means for assessing covert cognitive and emotional processes; moreover, they are the only way to study these processes in the moment-to-moment stream of therapy activity."<br><br>"More research is needed on the degree to which various therapeutic change processes work similarly (or not) for diverse couples and families." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Hsu, J. (2001).<br><br>Marital therapy for intercultural couples.<br><br>In W.S. Tseng, & J. Streltzer(Eds.), Culture and psychotherapy: A guide to clinical practice. | Book<br><br>American Psychiatric Press. | The objective in this writing is to explore considerations in therapy for the treatment of intercultural couples. | N/A | N/A | N/A | N/A | N/A | N/A |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Jacobson, N. S., & Truax, P. (1991)<br><br>Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. | Peer Reviewed Article.<br><br>Journal of Consulting and Clinical Psychology. | This article explains the meaning of clinical significance and demonstrates significance through examples. The reliable change index is emphasized as a measure of significant change. | N/A | N/A | N/A | N/A | N/A | "Clinically significant change would be inferred in the event that a posttreatment score falls within (closer to the mean of) the functional population on the variable of interest." |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Jacobson, N. S., & Christensen, A. (1998)<br><br>Acceptance and change in couple therapy: A therapist's guide to transforming relationships. | Book.<br><br>W. W. Norton & Company. | This book was written in order to discuss the theoretical underpinnings of IBCT. In addition, IBCT techniques and procedures of treatment were thoroughly described. Some of the main techniques utilized in IBCT are unified detachment, empathetic joining, and tolerance interventions. | N/A | N/A | N/A | N/A | N/A | "When direct efforts to change are blocked by incompatibilities, irreconcilable differences, and unsolvable problems, the only way to generate relationship improvement is by promoting acceptance of what seems at first glance unacceptable."<br><br>"When couples entered therapy believing, for example, that housework was women's work, we were less likely to help them than we were when housework was shared." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Jacobson, N. H., Christensen, A., Prince, S. E., Cordova, J., Eldridge, K. (2000)<br><br>Integrative Behavioral Couple Therapy: An acceptance-based, promising new treatment for couple discord. | Peer Reviewed Article.<br><br>Journal of Consulting and Clinical Psychology. | This article was written in order to discuss and provide data on a integrative behavioral couple therapy (IBCT). IBCT is a new approach to couple therapy which was developed by Andrew Christensen and Neil S. Jacobson. | Twenty-one couples who were interested in receiving marital therapy in order to alleviate the distress in their relationship participated in this study. Each couple was legally married, co-habiting, and between the ages of 21-60. | The Dyadic Adjustment Scale and the Marital Satisfaction Inventory were utilized as assessment instruments. | Each couple was randomly assigned to receive either treatment modality (IBCT or TBCT). | 80% of the IBCT couples and 64% of the TBCT couples improved or recovered. | IBCT may be equal to or better than TBCT for treatment in marital couples who experience distress in their relationship. | "Acceptance may not only be conducive to an improved relationship in its own right but may also at times be a more efficient way of producing behavior change than the direct attempts to induce it, which characterize TBCT." |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Johnson, S. (2004)<br><br>The practice of Emotionally Focused Couple Therapy.<br><br>2nd Edition | Book.<br><br>Brunner-Routledge | This book discusses couple therapy, EFCT's philosophy, and effective EFCT interventions | N/A | N/A | N/A | N/A | N/A | N/A |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Kaufman, G., & Uhlenberg, P. (2000)<br><br>The influence of parenthood on the work effort of married men and women. | Peer Reviewed Article.<br><br>Social Forces. | This article was written in order to examine the effect of parenthood on the work of married men and women. It was expected that parenthood would decrease the involvement of mothers in work outside of the home and increase the involvement of fathers outside of the home. | The responses of 1,667 married men and 2,242 married women who took the National Survey of Families and Households (2) were utilized in this study. All participants were under the age of 50 years old. | National Survey of Families and Households (2). | Regression Analysis. | Consistent with the hypothesis, mothers work fewer hours than women without children. The hours worked also decrease as the amount of children in the home increase. Fathers with children work more than those without children (increase of about 11 more work hours). Furthermore, fathers who have several children work even more hours than those with one child only. | Attitudes regarding gender roles (level of egalitarianism versus traditionalism) also have an effect on the effort put into work in both men and women. | "The role of the worker and the role of the parent may compete for the time and energy of individuals who occupy both roles."<br><br>"A growing number of men say that they do not want to be like their fathers, spending too much time at work and not enough time at home (Cohen, 1993)." |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Kulik, L., & Rayyan, F. (2006)<br><br>Relationships between dual-earner spouses, strategies for coping with home-work demands and emotional well-being: Jewish and Arab-Muslim women in Israel. | Peer Reviewed Article.<br><br>Community, Work & Family. | This article was written in order to explore the attitudes of Jewish and Arab-Muslim women toward gender-role attitudes, spousal support, and division of household chores in marriage. | Participants included 146 women (59 Jewish and 87 Arab-Muslim) who live in Israel. All women were married, spoke Hebrew, had children, and lived in dual-earner households. | Questionnaires that measured demographic background, gender-role attitudes, division of domestic labour, coping strategies, spousal support, life satisfaction, and marital satisfaction. Additionally, the Perceived Stress Scale was utilized. | Quantitative Study. | "Among Jewish women, the independent variables explained six percent of perceived stress, with the only significant contribution being gender-role attitudes (beta=0.23,p< 0.01)." | Some married couples are currently somewhat modern in their lifestyle, as they hold dual earner households Among these women, it was found that egalitarian roles, in regards to household and outside tasks, were related to greater marital satisfaction. However, equality in some tasks, such as technical tasks, lowered their marital satisfaction. | "… it is worthwhile to consider the relation between equality in the performance of technical tasks and (lowered) marital satisfaction among Jewish women. Israeli Jewish society tends to regard domestic technical tasks as predominantly within the realm of male responsibilities (Kulik, 1999). " |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Lawrence, E., Rothman, A. D., Cobb, R. J., Rothman, M. T., & Bradbury, T. N. (2008)<br><br>Marital satisfaction across the transition to parenthood. | Peer Reviewed Article.<br><br>Journal of Family Psychology. | This article explored the changes in marriage and specifically, marital satisfaction, over the transition to parenthood. | Participants included 156 married couples (18 to 35 years old) who had obtained a 10th grade education at the least, were not previously married, and did not have a child at the beginning of the study. | The Quality of Marriage Index and data packets that measured the degree of pregnancy planning in the couple. | Longitudinal Study. | A significant change in marital satisfaction was found, where parents experienced a decrease in marital satisfaction compared to those without children (husbands' effect size r.23; wives' effect size r.24). | The decline in marital satisfaction that is experienced during the transition to parenthood does not appear to be due to the transition to pregnancy. | "…the transition to parenthood is viewed as instigating a shift in the marriage whereby most couples are expected to experience a qualitative change in their relationship that is relatively abrupt, adverse in nature, relatively large in magnitude, and likely to persist (e.g., Moss, Bolland, Foxman, & Owen, 1986; Pancer, Pratt, Hunsberger, & Gallant, 2000)." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012)<br><br>Research on the treatment of couple distress. | Peer Reviewed Article.<br><br>Journal of Marital and Family Therapy. | This meta-analysis was conducted in order to discuss the effectiveness of different types of couple therapy. Specifically, this article focused on couple therapy that effectively reduces couple distress. | N/A | N/A | N/A | N/A | Emotion focused therapy and Integrative Behavioral Couple Therapy are the most effective and most promising treatments to date. | "The clinical trials by Christensen, Jacobson, and their colleagues have shown that both behavioral couple therapies produce substantial improvements in even seriously and chronically distressed couples."<br><br>"Further research on IBCT continues, particularly in the areas of therapeutic process, mechanisms of change, and prediction of long-term outcome."<br><br>"Although the decade has seen greater attention to the representativeness of samples in research, couple therapy research remains extensively the study of White heterosexual European and North American couples. Although there have been thoughtful considerations of culture in relation to couples and even research on couples in specific cultures (Boyd-Franklin, Kelly, & Durham, 2008; Chambers, 2008; Falicov, 2003), culture-specific methods have yet to be studied, and few studies have been demographically balanced."<br><br>"In summary, it is a rich time for marital therapy investigation, a time in which it may be that research impacts more on practice. The science-practice gap in the field is narrowing as research comes to focus on the kinds of therapies and issues of most interest to clinicians. It remains to build channels between clinicians and researchers to narrow this gap." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Mahrer, A. R. (1988)<br><br>Discovery-oriented psychotherapy research: Rationale, aims, and methods. | Peer Reviewed Article.<br><br>American Psychologist. | This article discusses two different approaches to discovery oriented research. Additionally, the rationale, aims, and methods of this type of research are thoroughly discussed. | N/A | N/A | N/A | N/A | N/A | "In contrast, the whole basis for designing discovery-oriented studies is the intention to learn more; to be surprised; to find out what one does not already expect, predict, or hypothesize; to answer a question whose answer provides something one wants to know but might not have expected, predicted, or hypothesized. " |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Mahrer, A. R., & Boulet (1999)<br><br>How to do discovery-oriented psychotherapy research. | Peer Reviewed Article.<br><br>Journal of Clinical Psychology. | This article emphasizes the utilization of discovery oriented research in psychology. Additionally, the steps for conducting this type of research are described. | N/A | N/A | N/A | N/A | N/A | "The discovery-oriented approach offers a much more careful, sensitive, and elegant way of finding and describing in-session events and changes that are impressive, important, or valued."<br><br>"There is a kind of elegance in the researcher using careful methods in the scientific adventure of discovery, exploration, and the pursuit and extension of knowledge." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| McLeod, J. (2010)<br><br>Case study research in counselling and psychotherapy. | Book.<br><br>Sage Publications. | This book provides details and important information regarding how to conduct a valid and reliable case study. The author discusses different factors that are necessary for case study research in the field of psychology, in addition to methods of conduction. In addition, the criticisms of previous case studies are shared in order to facilitate learning. | N/A | N/A | N/A | N/A | N/A | "Case study reports have contributed to research, theory-building, training, organizational and political change, marketing and public awareness. It is not possible to be a counsellor or psychotherapist, or to be a layperson who is interested in therapy, and not to have been influenced by case study evidence in some way."<br><br>"One of the most effective ways to develop and test theoretical ideas is through analysis of individual cases; it is at the level of the case that the operation of different factors can best be observed." |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| McLeod, J., & Cooper, M. (2011)<br><br>A protocol for systematic case study research in pluralistic counselling and psychotherapy. | Peer Reviewed Article.<br><br>Counselling Psychology Review. | This article was written in order to discuss the role of case study research and to provide an outline for researchers to follow when conducting such studies in counselling psychology, pluralistic counseling, and psychotherapy. | N/A | N/A | N/A | N/A | N/A | "It has been argued that case study methods are well suited to the exploration of pluralistic processes and outcomes, because case-based research is uniquely placed to capture the complexity of pluralistic work."<br><br>"A further contribution would involve giving greater acceptance to case study projects in the context of Masters and Doctoral work." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| McLeod, J., & Elliott, R. (2011)<br><br>Systematic case study research: A practice-oriented introduction to building an evidence base for counselling and psychotherapy. | Peer Reviewed Article.<br><br>Counselling and Psychotherapy Research. | This article was written in order to discuss the importance of case study research, explore the different types of case study research, and the characteristics associated with conducting such studies. In addition, this article provided examples of strong case studies. | N/A | N/A | N/A | N/A | N/A | "…there has been an increasing recognition that case studies can make a vital contribution to the task of building an evidence base for counselling and psychotherapy theory and practice." |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Mickelson, K. D., Claffey, S. T., & Williams, S. L. (2006)<br><br>The moderating role of gender and gender role attitudes on the link between spousal support and marital quality. | Peer Reviewed Article.<br><br>Sex Roles. | This article explores gender roles and the effect of such roles on marital quality and spousal support. | The data was gathered from the National Comorbidity Survey (NCS; Kessler et al., 1994). This survey was nationwide and included the U.S. population, from ages 15–54. The participants who completed the interview and were either married or cohabitating were chosen for this study (3500 out of 8098). | Interview and various Likert Scale Items were utilized as assessment measures. | Secondary analysis of data. | "The two-way interaction between respondent gender and gender role attitudes was significant for all four variables: 1) emotional spousal support, $b = -.10$, $se = .04$, $p < .01$; 2) instrumental spousal support, $b = .09$, $se = .03$, $p < .01$; 3) marital satisfaction, $b = -.16$, $se = .04$, $p < .001$; and, 4) marital conflict, $b = .08$, $se = .04$, $p < .05$." | Emotional and instrumental support predicted marital quality egalitarian women and traditional men. Emotional spousal support predicted marital quality for traditional women and egalitarian men. | "Consistent with prior research, egalitarian attitudes were related to better marital quality for men, but lower marital quality and less emotional spousal support for women." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Nagata, D.K., Kohn-Wood, L., & Suzuki, L. A. (2012)<br><br>Qualitative strategies for ethnocultural research. | Book.<br><br>American Psychological Association. | This book provides information on how to implement ethical, ethnocultural qualitative research. | N/A | N/A | N/A | N/A | N/A | "Qualitative strategies offer rich contextualized information, thick description, and a method for interrogating multiple realities that cannot be addressed through typical quantitative methods. More specifically, qualitative inquiry allows researchers to highlight diverse voices that have often been omitted from psychology and to explore a more nuanced understanding of ethnocultural perspectives." |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Pos, A. E., Greenberg, L. S., Goldman, R. N., & Korman, L. M. (2003).<br><br>Emotional processing during experiential treatment of depression. | Peer Reviewed Article.<br><br>Journal of Consulting and Clinical Psychology, | This study was conducted to explore emotional processing related to change in depression, self-esteem, interpersonal problems, and other symptoms. for 34 clients who received 16–20 sessions of experiential treatment for depression. | Participants included 34 clients met criteria for major depressive disorder. | The EXP and Working Alliance Inventory were utilized as process measures. | N/A | N/A | Results portray that early emotional processing is mediated by late emotional processing. | N/A |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Rakwena, K. (2010)<br><br>Marital satisfaction and intimacy: Gender role attitudes and spousal support in Botswana. | Dissertation.<br><br>Loma Linda University. | This study was conducted in order to examine levels of intimacy and marital satisfactions in Botswanian couples, related to their gender role attitudes and spousal support. | 309 married, Botswanian, males (44%) and females (56%) participated in this study. Ages ranged from 22 to 66 years old and the average length of marriage was 10 years. | The Dyadic Adjustment Scale, Personal Assessment of Intimacy in Relationships Scale, Gender Role Attitudes Scale, and Spousal Support Scale, were utilized as assessment instruments. | Quantitative Study | A significant and positive relationship was found between gender role attitudes and marital satisfaction (p=.01). | High spousal support and high egalitarian gender role attitudes were related to an increase in marital satisfaction and intimacy. | N/A |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Rashidian, M., Hussain, R., & Minichiello, V. (2013)<br><br>My culture haunts me no matter where I go: Iranian-American women discussing sexual and acculturation experiences. | Peer Reviewed Article.<br><br>Culture, Health, & Sexuality. | This article explores interpretations regarding the gender roles of Iranian-American women, including their sexuality. Experiences in Iran, in addition to experiences of acculturation while in America, are also explored. | Participants included 24 Iranian-American women from Southern California who were first generation and at least 18 years old. | Audio-Taped Interviews. | Qualitative Study/ Narrative. | N/A | "Without the option to determine their sexual-selves and gender roles, women retreated to the solitude of secrecy, where they could disagree with but not verbalise the restrictions placed on them. For Iranian-American women, this was the stage of not understanding, but desiring to be free from the fact of who they seemed to be – the holders of the dual status of the revered *khanoum* and the conflicted roles that women occupied." | "… even in the United States … talking against a man's opinion, means that we are *pour rue* [impudent] … a woman should be a *khanoum*, or she is a *zaneekehpur-ruyeh-bee haya* [out of line and disrespectful] … (Soraya – age 60, widow)." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Rao, N. (2012)<br><br>Male 'providers' and female 'housewives' : A gendered co-performance in rural North India. | Peer Reviewed Article.<br><br>Development & Change. | This article explores traditional gender roles in married couples living in North India. Specifically, this article discusses co-performance between the roles of "housewives" and "providers." | Participants included 400 rural couples from North India. Fifty four percent included peasant castes, 35% were mostly landless, and 11% were upper castes. | Survey, focus group, and in-depth interviews (men and women interviewed separately). . | Qualitative Study. | N/A | A process of co-performance was found, where men and women work together to reinforce the role of women as housewives and men as providers. | "Women's status has often been seen as dependent on their roles as mothers and wives, or their confinement to the domestic realm..." |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Ringel, S. (2007)<br><br>Identity and gender roles of Orthodox Jewish women: Implications for social work practice. | Peer Reviewed Article.<br><br>Smith College Studies in Social Work. | This article examines how the religious beliefs of Orthodox-Jewish women affect their gender roles and life. The article also explores this unique lifestyle and discusses implications for clinical practice. | Participants included 13 Orthodox Jewish women from a rural community. Ages ranged from 24 to 69. Additionally, all of the women who participated had children and were married (except for one woman who was a widow). | Survey, focus group, and in-depth interviews (men and women interviewed separately). . | Audio-Taped, Open-Ended Interviews. | N/A | Religion and roles are integrated into everyday life for Orthodox women. | "Externally, gender roles in the Orthodox community are seen as traditional in that they are structured along gender lines with the husband as the head of the family, the scholar and the religious educator of the children, and the wife assuming household responsibilities and childcare. However, within this basic structure there can be many variations and styles, especially among the younger generation." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Rockman, H. (1994)<br><br>Mathmaker, matchmaker, make me a match: The art and conventions of Jewish arranged marriages. | Peer Reviewed Article.<br><br>Sexual & Marital Therapy. | This article reviews the history and process of matchmaking or arranged marriages in the Jewish community. | N/A | N/A | N/A | N/A | N/A | "In Jewish history and culture it is the family and not the synagogue that is considered the basic institution of society. It is therefore almost essential for Jewish men and women to find a mate and create a stable long-lasting family unit in order to become part of and maintain the community (Kaplan, 1983)." |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Rosen, E. J., & Weltman, S. F. (2005)<br><br>Jewish families.<br><br>In McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.), *Ethnicity and Family Therapy* (3rd ed.) | Book.<br><br>New York: Guilford. | This chapter provides an overview regarding Jewish families, discussing their history, familial roles, and characteristics. Clinical implications are also highlighted in this chapter. | N/A | N/A | N/A | N/A | N/A | N/A |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Sanchez, L., & Thomson, E. (1997)<br><br>Becoming mothers and fathers: Parenthood, gender, and the division of labor. | Peer Reviewed Article.<br><br>Gender & Society. | This article examines the transition to parenthood for both mothers and father. Specifically, the article explores parenthood in terms of changes in the division of labor. | Data from 374 couples was utilized in this study (62.3% of couples had at least one child). | National Survey of Families and Households 1 and National Survey of Families and Households 2. | Quantitative Study. | For fathers, hours at work are increased when more than one child is in a family. For mothers, housework is not reduced, but employment may be reduced during the transition to parenthood. | The division of labor during the early years of childbearing differs between men and women. Furthermore, parenthood crystallizes the division of labor by gender. | "Women whose husbands had been working long hours prior to parenthood experienced the greatest reductions in employment after parenthood, consistent with the centrality of the husband's breadwinner role in these families. Women with traditional gender attitudes also had greater reductions in employment than women with egalitarian attitudes, but attitudes did not moderate parenthood effects."<br><br>"The direct association is clear- traditional gender attitudes are associated with more traditional divisions of labor (Barnett and Baruch 1987; Coltrane and Ishii-Kuntz 1992; Hardesty and Bokemeier 1989; Perry-Jenkins and Crouter 1990)." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Sevier, M. (2005)<br><br>Client change processes in traditional behavioral couple therapy and integrative behavioral couple therapy: An observational study of in-session spousal behavior. | Dissertation.<br><br>University of California, Los Angeles. | This qualitative study was conducted to examine change processes in Integrative Behavioral Couple Therapy and Traditional Behavioral Couple Therapy. | 134 moderately and severely distressed married couples volunteered to be a part of the original study and were selected as participants in this study. | N/A | Qualitative Method Study | N/A | Couples who received Traditional Behavioral Couple Therapy exhibited more behavior change. Whereas, couples who received Integrative Behavioral Couple Therapy exhibited more acceptance. | N/A |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Sevier, M., Eldridge, K., Jones, J., Doss, B. D., Christensen, A. (2008)<br><br>Observed communication and associations with satisfaction during Traditional and Integrative Behavioral Couple Therapy. | Peer Reviewed Article.<br><br>Behavior Therapy. | This study was written in order to explore couple communication as a mechanism for change during marital treatment in IBCT and TBCT. | 134 moderately and severely distressed married couples volunteered to be a part of the original outcome study. (71 couples were from Los Angeles and 63 couples were from Seattle). | Dyadic Adjustment Scale, the Social Support Interaction Rating System, and The Couple Interaction Rating System were utilized as assessment instruments.<br><br>Couples completed four videotaped problem-solving and social-support discussions, at pre-treatment assessment and at the 26 week assessment point. Videotapes were coded using two rating systems which focused on problem-solving behavior and emotional reactions of social support. This study is valued for its observational methods. | Randomized Controlled Clinical Trial.<br><br>After completing screening procedures, 68 couples were assigned to TBCT and 66 couples were assigned to IBCT, randomly. | "In relationship problem interactions, significant improvements included husband and wife decreases in negativity ($p<.001$), increases in positivity ($p<.01$) and increases in problem-solving behaviors ($p<.001$)." | Couples who demonstrated increases in positive communication and problem solving techniques also had increases in marital satisfaction. Couples who demonstrated increases in negativity and poor problem solving techniques had decreased marital satisfaction. | "Emotional acceptance is demonstrated when a partner tolerates or even embraces previously upsetting partner behavior because of a deep understanding of the self, the partner, and the larger context of their relationship."<br><br>"In the current study, we used the sample of 134 couples studied by Christensen et al. (2004) and Doss et al. (2005) but go beyond their self-report measurement to examine actual observations of couple communication behaviors while couples discuss important relationship and personal problems without the presence of a therapist." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Sevier, M., & Yi, J. C. (2009)<br><br>Cultural considerations in evidence-based Traditional and Integrative Behavioral Couple Therapy.<br><br>In M. Rastogi, & V. Thomas (Eds.), *Multicultural Couple Therapy*. | Book.<br><br>US: Sage Publications, Inc. | This chapter was written in order to discuss cultural considerations in two evidence-based treatment methods for couple therapy. Specifically, Traditional Behavioral Couple Therapy and Integrative Behavioral Couple Therapy are explored in relation to culture. | N/A | N/A | N/A | N/A | N/A | N/A |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Singley, S., & Hynes, K. (2005)<br><br>Transitions to parenthood: Work-family policies, gender, and the couple context. | Peer Reviewed Article.<br><br>Gender & Society. | This article was written in order to explore how couples think about work-family policies and how they influence family roles, and gender roles in a marriage and during the transition to parenthood. | Participants included 18 heterosexual, married couples who were previously participants in the "New Parents Study" at the Cornell Careers Institute. About half of the participants had a college degree (or higher) and about half had less than a college degree. Women's ages ranged from 20s to 40s and men's ages ranged from 20s to 50s. | Semi-Structured Interview. | Qualitative Study. | N/A | It was found that work-family policies interact with the dynamics of the married couple, in order to create gender role differences during parenthood and the transition to this stage. | "During the period immediately around a birth, differences in mothers' and fathers' access to paid time off from work interacted with their parenting role ideologies to influence gender differences in paid work arrangements" |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Stanik, C. E., & Bryant, C. M. (2012)<br><br>Marital quality of newlywed African American couples: Implications of egalitarian gender role dynamics. | Peer Reviewed Article.<br><br>Sex Roles. | This article explored the relationship between the gender role attitudes of married couples with the way they divide household labor and the quality of their marriage (marital satisfaction). | Participants included 697 newly married African American couples. The ages of wives ranged from 21-71 and the ages of husbands ranged from 20-79. | Data was gathered through in-home interviews from 2006 to 2009. Marital quality, participation in household labor, division of household labor, and gender role attitudes were measured. | Mixed Methods. | The gender role attitudes of husbands had a significant effect on their own marital quality $F(1,613)=5.01, p<.05, d=.18$). However, the effect of husbands' gender role attitudes did not have a significant on the marital quality of wives. $F(1, 613) = 4.49$, $p<.05$, $d=.17$. | Low marital quality/marital satisfaction was evident in couples where the husband's gender role attitudes were traditional, not egalitarian. | "Gender role attitudes refer to individuals' ideas about the optimal degree of similarity between the characteristics, behaviors, and activities of women versus men, including in their labor force and domestic roles. Individuals with traditional attitudes endorse a division of labor that segregates men into paid work outside the home and women into unpaid work inside the home, whereas individuals with egalitarian attitudes support more similar roles for women and men (McHugh and Frieze, 1997)."<br><br>"Gender role attitudes may impact marital relationships because they reflect individuals' beliefs about their own and their partners' marriage and family responsibilities (Perry-Jenkins and Crouter, 1990)." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Stiles, W. B. (2007)<br><br>Theory-building case studies of counselling and psychotherapy. | Peer Reviewed Article.<br><br>Counselling and Psychotherapy Research. | This article discusses the importance of conducting case study research in psychotherapy. It was also written in order to offer different suggestions, in addition to an approach to follow when conducting case studies. | N/A | N/A | N/A | N/A | N/A | "Both hypothesis testing and case study research can be used to build theories, and both can provide scientific quality control on theory. In contrast to hypothesis testing, however, case studies address many theoretical issues in the same study rather than focusing on only one or a few."<br><br>"Theory-building case study research, I think, offers a way in which these rich and valuable observations, and the understandings they engender, can be accumulated and shared to improve future practice." |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Wang, W., Parker, K., & Taylor, P. (2013)<br><br>Breadwinner moms: Mothers are the sole or primary provider in four-in-ten households with children; public conflicted about growing trend. | Statistical Report.<br><br>Pew Research: Social & Demographic Trends. | This article was written in order to discuss the recent, growing amount of mothers who are either the sole or primary providers in many American households. In addition to providing statistical data, the view of the public on this trend is discussed. | N/A. | N/A | N/A | N/A | According to the US Census, 40% of all American households include mothers who are either the primary or sole breadwinner. | "Women make up almost of half (47%) of the U.S. labor force today, and the employment rate of married mothers with children has increased from 37% in 1968 to 65% in 2011."<br><br>"The public has mixed views about the changing role of women in the workplace and the impact this has had on family life. Today women make up almost half of the U.S. labor force, and in 2012 nearly as many working-aged women (68%) as men (79%) were in the labor force. Most Americans applaud these trends, and very few would favor a return to more traditional gender roles. In a 2012 Pew Research survey, only 18% of all adults agreed that "women should return to their traditional roles in society." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Wiedeman, L. D. (2012)<br><br>Acceptance promoting and hindering interactions in Integrative Behavioral Couple Therapy. | Dissertation.<br><br>Pepperdine University. | This qualitative study was conducted to expand upon change processes and treatment outcome in Integrative Behavioral Couple Therapy. | 134 moderately and severely distressed married couples volunteered to be a part of the original study. In the current study, seven couples who received Integrative Behavioral Couple Therapy were selected as participants. | The Acceptance Promoting and Interfering Interaction Rating System Dyadic Adjustment Scale, and the Frequency and Acceptability of Partner Behavior Inventory, were utilized as assessment instruments. | Qualitative Method Study | N/A | Couples who had positive outcomes in IBCT were respectful towards each other, open, and were humorous in their interactions. On the other hand, couples who had negative outcomes were defensive, accusatory, and sarcastic towards each other. | N/A |

| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Yin, R. K. (2009)<br><br>Case study research: Design and methods. | Book.<br><br>Sage Publications. | This book provides a detailed guide on how to conduct case study research, in addition to providing imperative information regarding this type of study. Techniques are discussed and exercises are offered for practice. | N/A | N/A | N/A | N/A | N/A | "As a research method, the case study is used in many situations, to contribute to our knowledge of individual, group, organizational, social, political, and related phenomena." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Yu, Y. (2011)<br><br>Reconstruction of gender role in marriage: Processes among Chinese immigrant wives. | Peer Reviewed Article.<br><br>Journal of Comparative Family Studies. | This article was written in order to explore the process of gender role reconstruction in Chinese wives who have immigrated to the United States and are attempting to maintain marital stability. | Participants included 15 married, Chinese women who had immigrated to the United States, with their ages ranging from 34 to 56. All participants had at least one child. | Audio-taped, in-depth interviews and focus groups. | Qualitative Study. | N/A | The traditional structure of marriage and traditional gender roles in Chinese immigrant families was facilitated by marital interactions and daily living, indicating a supportive context for the traditional gender structure in Chinese immigrant, married couples. | "Marriage is a contract. Everyone should follow his/her duties in this contract. They should have a commitment to the relationship not to each other. This division should be natural, I mean, you don't need to remind the other person of her responsibilities. She should know her duties in the house."<br><br>"In contrast to the findings in some studies of immigrant families, whereby traditional gender role ideology was challenged, the majority of Chinese immigrant couples in this particular sample were re-creating a traditional gender structure at home to respond to the structural constraints in the new country and to ease the tension brought by care deficit at work and home." |

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| Author, Year, Title | Publication Type | Objectives/ Hypothesis | Sample | Variables/ Instruments | Research Design | Results/ Statistics | Major Findings | Quotations |
|---|---|---|---|---|---|---|---|---|
| Zhang, J., Smith, S., Swisher, M., Fu, D., & Fogarty, K. (2011)<br><br>Gender role disruption and marital satisfaction among wives of Chinese international students in the United States. | Peer Reviewed Article.<br><br>Journal of Comparative Family Studies. | This article was written in order to identify gender role disruption in the wives of Chinese international students who immigrated to the United States. Additionally, this article examines how conflict between gender roles and gender role ideology affect marital satisfaction. | Participants included 40 married, Chinese women who had immigrated to the United States for their husbands' international studies. The mean age of participants was 30 and the mean amount of years married was five years. | An open-ended interview and survey, which measured demographic information and gender role disruption, was utilized. Additionally, Rosenberg's Self Esteem Scale and The Quality of Marriage Index were utilized. | Cross-Sectional and Case Study. | Fifty percent of participants reported an increase in marital satisfaction since immigration to the United States. | Changes in roles after immigration indirectly affected marital satisfaction. Marital support, time spent together, and optimism seemed to be protective factors. | N/A |

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# APPENDIX B

## Marital Satisfaction Inventory-Revised

# MSI-R

Douglas K. Snyder, Ph.D.

## Directions

Please begin by filling in the information about your background. When that information has been completed, proceed to the first numbered inventory item.

This inventory consists of statements about you and your relationship with your partner. Read each statement and decide if it is TRUE for you or FALSE for you. Then mark your answer in the place provided beside that statement. If the statement is true or mostly true for you, place an X in the box labeled *T*. If the statement is false or not usually true for you, place an X in the box labeled *F*. Mark only one response for each statement. If you want to change an answer, you must completely darken the box that contains your old answer, and then place an X in the box that shows your new answer.

Example:

| Old Response | New Response |
|---|---|
| T ☒ | ☒ |



**Start here:**

Couple ID: _____

Administration Date: _____

Individual ID: _____

Gender *(required)*: ☐ Male ☐ Female Age: _____

Education (Years Completed): _____

Ethnic Background:
- ☐ Asian
- ☐ Black
- ☐ Hispanic
- ☐ Native American
- ☐ White
- ☐ Other: _____

Length of Current Marriage: _____
(or Years Living Together If Unmarried)

Number of Previous Marriages: _____

Number of Children: _____

Age of Oldest (or Only) Child: _____

Age of Youngest Child: _____

Are You Currently Employed Outside Your Home? ☐ Yes ☐ No

If Yes, How Many Hours Per Week Do You Work On Average? _____

What Is Your Present Occupation?
- ☐ Executive/Advanced Professional
- ☐ Business Manager/Lower Professional/Teacher
- ☐ Administrative Personnel/Small Business Owner
- ☐ Clerical/Sales/Technical
- ☐ Skilled Manual
- ☐ Semi-Skilled/Machine Operator
- ☐ Unskilled

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# MSI-R

Douglas K. Snyder, Ph.D.

1. When my partner and I have differences of opinion, we sit down and discuss them. T F
2. I am fairly satisfied with the way my partner and I spend our available free time. T F
3. My partner almost always responds with understanding to my mood at a given moment. T F
4. My childhood was probably happier than most. T F
5. There are some things my partner and I just can't talk about. T F
6. It is sometimes easier to confide in a friend than in my partner. T F
7. My partner seems to enjoy sex as much as I do. T F
8. I wish my partner shared a few more of my interests. T F
9. During an argument with my partner, each of us airs our feelings completely. T F
10. I was very anxious as a young person to get away from my family. T F
11. I would prefer to have sexual relations more frequently than we do now. T F
12. Even when angry with me, my partner is able to appreciate my viewpoints. T F
13. My partner likes to share his or her leisure time with me. T F
14. There is a great deal of love and affection expressed in our relationship. T F
15. I am sometimes unhappy with our sexual relationship. T F
16. There are many things about our relationship that please me. T F
17. A lot of our arguments seem to end in depressing stalemates. T F
18. Even when I am with my partner, I feel lonely much of the time. T F
19. I trust my partner with our money completely. T F
20. There are some things about my partner that I do not like. T F
21. Our relationship has been very satisfying. T F
22. My partner has slapped me. T F
23. Some equality in marriage is a good thing but, by and large, the man ought to have the main say so in family matters. T F
24. The good things in our relationship far outweigh the bad. T F
25. My partner and I decide together the manner in which our income is to be spent. T F
26. There are times when my partner does things that make me unhappy. T F
27. Two people should be able to get along better than my partner and I do. T F
28. I have never worried that my partner might become angry enough to hurt me. T F
29. There should be more daycare centers and nursery schools so that more mothers of young children could work. T F
30. Our relationship is as successful as any that I know of. T F
31. Our relationship has never been in difficulty because of financial concerns. T F
32. My partner and I understand each other completely. T F
33. My partner has slammed things around or thrown things in anger. T F
34. Such things as laundry, cleaning, and child care are primarily a woman's responsibility. T F
35. I have often considered asking my partner to go with me for relationship counseling. T F
36. There are some things about our relationship that do not entirely please me. T F
37. If a child gets sick, and if both parents work, the father should be just as willing as the mother to stay home from work and take care of the child. T F
38. My partner and I need to improve the way we settle our differences. T F
39. My partner and I spend a good deal of time together in different kinds of play and recreation. T F
40. My partner doesn't take me seriously enough sometimes. T F
41. My parents' marriage was happier than most. T F
42. My partner is so touchy on some subjects that I can't even mention them. T F
43. Whenever I'm feeling sad, my partner makes me feel loved and happy again. T F
44. I am somewhat dissatisfied with how we discuss better ways of pleasing each other sexually. T F
45. My partner and I don't have much in common to talk about. T F
46. When we argue, my partner and I often seem to go over and over the same old things. T F
47. All the marriages on my side of the family appear to be quite successful. T F
48. One thing my partner and I don't fully discuss is our sexual relationship. T F
49. My partner's feelings are too easily hurt. T F
50. It seems that we used to have more fun than we do now. T F
51. Sometimes I feel as though my partner doesn't really need me. T F
52. My partner sometimes shows too little enthusiasm for sex. T F
53. Our relationship has been disappointing in several ways. T F
54. Minor disagreements with my partner often end up in big arguments. T F
55. My partner and I have never come close to ending our relationship. T F
56. Our financial future seems quite secure. T F
57. There are times when I wonder if I made the best of all possible choices in a partner. T F
58. I get pretty discouraged about our relationship sometimes. T F
59. I have worried about my partner losing control of his or her anger. T F
60. Earning the family income is primarily the responsibility of the man. T F
61. My partner and I seldom have major disagreements. T F
62. It is often hard for us to discuss our finances without getting upset with each other. T F
63. My partner occasionally makes me feel miserable. T F
64. I have never felt better in our relationship than I do now. T F
65. My partner has never thrown things at me in anger. T F
66. The man should be the head of the family. T F
67. The future of our relationship is too uncertain for us to make any serious plans. T F
68. My partner is forever checking up on how I spend our money. T F
69. I have never regretted our relationship even for a moment. T F
70. My partner sometimes screams or yells at me when he or she is angry. T F
71. A woman should take her husband's last name after marriage. T F
72. My partner and I are happier than most of the couples I know. T F
73. Trying to work out a budget causes more trouble with my partner than it is worth. T F
74. The most important thing for a woman is to be a good wife and mother. T F





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75. When arguing, we manage quite well to restrict our focus to the important issues. T F

76. Our daily life is full of interesting things to do together. T F

77. Sometimes my partner just can't understand the way I feel. T F

78. My parents didn't communicate with each other as well as they should have. T F

79. My partner has no difficulty accepting criticism. T F

80. Just when I need it the most, my partner makes me feel important. T F

81. My partner has too little regard sometimes for my sexual satisfaction. T F

82. My partner doesn't take enough time to do some of the things I'd like to do. T F

83. My partner sometimes seems intent upon changing some aspect of my personality. T F

84. My parents never really understood me. T F

85. My partner and I nearly always agree on how frequently to have sexual relations. T F

86. My partner and I seem able to go for days sometimes without settling our differences. T F

87. I spend at least one hour each day in an activity with my partner. T F

88. My partner does many different things to show me that he or she loves me. T F

89. I have never seriously considered having an affair. T F

90. I have important needs in our relationship that are not being met. T F

91. Our arguments frequently end up with one of us feeling hurt or crying. T F

92. At times I have very much wanted to leave my partner. T F

93. My partner is a very good manager of finances. T F

94. My partner has all of the qualities I've always wanted in a companion. T F

95. There are some serious difficulties in our relationship. T F

96. My partner has never pushed me or grabbed me in anger. T F

97. Where a family lives should depend mostly on the man's job. T F

98. I might be happier if I weren't in this relationship. T F

99. My partner and I rarely argue about money. T F

100. There are times when I do not feel a great deal of love and affection for my partner. T F

101. I have often wondered whether our relationship may end in separation or divorce. T F

102. My partner has left bruises or welts on my body. T F

103. In a relationship the woman's career is of equal importance to the man's. T F

104. I believe that our relationship is as pleasant as that of most of the people I know. T F

105. I feel as though we live beyond our financial means. T F

106. I don't think any couple could live together with greater harmony than my partner and I. T F

107. My partner has never threatened to hurt me. T F

108. In a relationship, a major role of a woman should be that of housekeeper. T F

109. I have known very little unhappiness in our relationship. T F

110. My partner buys too many things without consulting with me first. T F

111. If a mother of young children works, it should be only while the family needs the money. T F

112. My partner has never injured me physically. T F

113. When we disagree, my partner helps us to find alternatives acceptable to both of us. T F

114. Our recreational and leisure activities appear to be meeting both our needs quite well. T F

115. I feel free to express openly strong feelings of sadness to my partner. T F

116. I had a very happy home life. T F

117. My partner and I rarely have sexual relations. T F

118. Sometimes I wonder just how much my partner really does love me. T F

119. I would like my partner to express a little more tenderness during intercourse. T F

120. The members of my family were always very close to each other. T F

121. My partner and I are often unable to disagree with one another without losing our tempers. T F

122. I often wondered whether my parents' marriage would end in divorce. T F

123. There are some things I would like us to do, sexually, that my partner doesn't seem to enjoy. T F

124. My partner often fails to understand my point of view on things. T F

125. Whenever he or she is feeling down, my partner comes to me for support. T F

126. My partner keeps most of his or her feelings inside. T F

127. Our sexual relationship is entirely satisfactory. T F

128. I believe our relationship is reasonably happy. T F

129. My partner often complains that I don't understand him or her. T F

**Couples WITHOUT children STOP here. Couples WITH children answer the following:**

130. For the most part, our children are well behaved. T F

131. My partner and I rarely argue about the children. T F

132. My children's value systems are very much the same as my own. T F

133. My partner doesn't spend enough time with the children. T F

134. Our relationship might have been happier if we had not had children. T F

135. My partner and I rarely disagree on when or how to discipline the children. T F

136. I wish my children would show a little more concern for me. T F

137. Our children often manage to drive a wedge between my partner and me. T F

138. My children and I don't have very much in common to talk about. T F

139. My partner doesn't display enough affection toward the children. T F

140. Our children do not show adequate respect for their parents. T F

141. My partner and I decide together what rules to set for our children. T F

142. Our children don't seem as happy and carefree as other children their age. T F

143. My partner doesn't assume his or her fair share of taking care of the children. T F

144. Having children has not brought all of the satisfactions I had hoped it would. T F

145. My partner and I nearly always agree on how to respond to our children's requests for money or privileges. T F

146. Our children rarely fail to meet their responsibilities at home. T F

147. Our relationship has never been in difficulty because of the children. T F

148. Rearing children is a nerve-wracking job. T F

149. My partner and I assume equal responsibility for rearing the children. T F

150. I frequently get together with one or more of the children for fun or recreation at home. T F

| Item Number | Coded Response | Corresponding Inconsistency Item (Coded Response Comparison) | Full Text of Item |
|---|---|---|---|
| | | **Role Orientation (ROR)** | |
| 23 | F | | Some equality in marriage is a good thing but, by and large, the man ought to have the main say-so in family matters. |
| 29 | T | | There should be more daycare centers and nursery schools so that more mothers of young children could work. |
| 34 | F | 108 (Different) | Such things as laundry, cleaning, and child care are primarily a woman's responsibility. |
| 37 | T | | If a child gets sick, and if both parents work, the father should be just as willing as the mother to stay home from work and take care of the child. |
| 60 | F | 97 (Different) | Earning the family income is primarily the responsibility of the man. |
| 66 | F | | The man should be the head of the family. |
| 71 | F | | A woman should take her husband's last name after marriage. |
| 74 | F | | The most important thing for a woman is to be a good wife and mother. |
| 97 | F | 60 (Different) | Where a family lives should depend mostly on the man's job. |
| 103 | T | | In a relationship the woman's career is of equal importance to the man's. |
| 108 | F | 34 (Different) | In a relationship, a major role of a woman should be that of housekeeper. |
| 111 | F | | If a mother of young children works, it should be only while the family needs the money. |
| | | **Family History of Distress (FAM)** | |
| 4 | F | 116 (Different) | My childhood was probably happier than most. |
| 10 | T | | I was very anxious as a young person to get away from my family. |
| 41 | F | 78 (Same) | My parents' marriage was happier than most. |
| 47 | F | | All the marriages on my side of the family appear to be quite successful. |
| 78 | T | 41 (Same) | My parents didn't communicate with each other as well as they should have. |
| 84 | T | | My parents never really understood me. |
| 116 | F | 4 (Different) | I had a very happy home life. |
| 120 | F | | The members of my family were always very close to each other. |
| 122 | T | | I often wondered whether my parents' marriage would end in divorce. |
| | | **Dissatisfaction With Children (DSC)** | |
| 130 | F | | For the most part, our children are well behaved. |
| 132 | F | | My children's value systems are very much the same as my own. |
| 134 | T | | Our relationship might have been happier if we had not had children. |
| 136 | T | | I wish my children would show a little more concern for me. |
| 138 | T | | My children and I don't have very much in common to talk about. |
| 140 | T | | Our children do not show adequate respect for their parents. |
| 142 | T | | Our children don't seem as happy and carefree as other children their age. |
| 144 | T | | Having children has not brought all of the satisfactions I had hoped it would. |
| 146 | F | | Our children rarely fail to meet their responsibilities at home. |
| 148 | T | | Rearing children is a nerve-wracking job. |
| 150 | F | | I frequently get together with one or more of the children for fun or recreation at home. |

*continued on next page...*

| Item Number | Coded Response | Corresponding Inconsistency Item (Coded Response Comparison) | Full Text of Item |
|---|---|---|---|
| | | | **Conflict Over Child Rearing (CCR)** |
| 131 | F | | My partner and I rarely argue about the children. |
| 133 | T | | My partner doesn't spend enough time with the children. |
| 135 | F | | My partner and I rarely disagree on when or how to discipline the children. |
| 137 | T | | Our children often manage to drive a wedge between my partner and me. |
| 139 | T | | My partner doesn't display enough affection toward the children. |
| 141 | F | | My partner and I decide together what rules to set for our children. |
| 143 | T | | My partner doesn't assume his or her fair share of taking care of the children. |
| 145 | F | | My partner and I nearly always agree on how to respond to our children's requests for money or privileges. |
| 147 | F | | Our relationship has never been in difficulty because of the children. |
| 149 | F | | My partner and I assume equal responsibility for rearing the children. |

# APPENDIX C

Dyadic Adjustment Scale

Couple ID_____
Husband / Wife (circle one)

Date:_____

Assessment: Pre 13week Final Session#_____

26week F1 F2 F3 F4

**Dyadic Adjustment Scale**[1]

Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

| | Always Agree | Almost Always Agree | Occasionally Disagree | Frequently Disagree | Almost Always Disagree | Always Disagree |
|---|---|---|---|---|---|---|
| 1. Handling family finances | O | O | O | O | O | O |
| 2. Matters of recreation | O | O | O | O | O | O |
| 3. Religious matters | O | O | O | O | O | O |
| 4. Demonstration of affection | O | O | O | O | O | O |
| 5. Friends | O | O | O | O | O | O |
| 6. Sex relations | O | O | O | O | O | O |
| 7. Conventionality (correct or proper behavior) | O | O | O | O | O | O |
| 8. Philosophy of life | O | O | O | O | O | O |
| 9. Ways of dealing with parents or in-laws | O | O | O | O | O | O |
| 10. Aims, goals, and things believed important | O | O | O | O | O | O |
| 11. Amount of time spent together | O | O | O | O | O | O |
| 12. Making major decisions | O | O | O | O | O | O |
| 13. Household tasks | O | O | O | O | O | O |
| 14. Leisure time interests and activities | O | O | O | O | O | O |
| 15. Career decisions | O | O | O | O | O | O |

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| | All The Time | Most Of The Time | More Often Than Not | Occasionally | Rarely | Never |
|---|---|---|---|---|---|---|
| 16. How often do you discuss or have you considered divorce, separation, or termination of your relationship? | O | O | O | O | O | O |
| 17. How often do you or your mate leave the house after a fight? | O | O | O | O | O | O |
| 18. In general, how often do you think that things between you and your partner are going well? | O | O | O | O | O | O |
| 19. Do you confide in your mate? | O | O | O | O | O | O |
| 20. Do you ever regret that you married (or lived together)? | O | O | O | O | O | O |
| 21. How often do you and your partner quarrel? | O | O | O | O | O | O |
| 22. How often do you and your mate get on each others' nerves? | O | O | O | O | O | O |

| | Every Day | Almost Every Day | Occasionally | Rarely | Never |
|---|---|---|---|---|---|
| 23. Do you kiss your mate? | O | O | O | O | O |

| | All of Them | Most Of Them | Some of Them | Very Few Of Them | None Of Them |
|---|---|---|---|---|---|
| 24. Do you and your mate engage in outside interests together? | O | O | O | O | O |

How often do the following occur between you and your mate?

| | Never | Less Than Once a Month | Once/Twice a Month | Once/Twice a Week | Once a Day | More Often |
|---|---|---|---|---|---|---|
| 25. Have a stimulating exchange of ideas | O | O | O | O | O | O |
| 26. Laugh together | O | O | O | O | O | O |
| 27. Calmly discuss something | O | O | O | O | O | O |
| 28. Work together on a project | O | O | O | O | O | O |

These are some things about which couples sometimes agree or disagree. Indicate if either item below caused differences of opinions or were problems in the past few weeks (fill in yes or no).

| | Yes | No |
|---|---|---|
| 29. Being too tired for sex | O | O |
| 30. Not showing love | O | O |

31. The bubbles on the following line represent different degrees of happiness in your relationship. The middle point, "happy", represents the degree of happiness of most relationships. Please fill in the bubble which best describes the degree of happiness, all things considered, of your relationship.

| | | | | | | |
|---|---|---|---|---|---|---|
| O | O | O | O | O | O | O |
| Extremely Unhappy | Fairly Unhappy | A Little Unhappy | Happy | Very Happy | Extremely Happy | Perfect |

32. Which of the following statements best describes how you feel about the future of your relationship? Fill in the one circle for the most accurate statement.

- O I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
- O I want very much for my relationship to succeed, and will do all I can to see that it does.
- O I want very much for my relationship to succeed, and will do my fair share to see that it does.
- O It would be nice if my relationship succeeded, but I can't do much more than I am doing now to keep the relationship going.
- O It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
- O My relationship can never succeed, and there is no more that I can do to keep the relationship going.

# APPENDIX D

Frequency and Acceptability of Partner Behavior

Couple ID _____ Date _____

Husband / Wife (circle one) Assessment: Pre 13-week 26-week
FU1 FU2 FU3 FU4

## Frequency and Acceptability of Partner Behavior

Andrew Christensen, Ph.D. and Neil S. Jacobson, Ph.D.

Instructions:

In every relationship there are positive behaviors that individuals like their partner to do, and negative behaviors that individuals don't like their partner to do. The following pages list typical behaviors that can cause relationship satisfaction or dissatisfaction. For each behavior listed below:

**A)** Give an estimate of the frequency of that behavior in the **past month**. Estimate the number of times (0-9) that behavior has occurred this past month either per day, week, or month by bubbling in the appropriate number and time frame you are referring to. For instance, if a behavior occurred twice a week, you can either estimate it as 2 times per week or 8 times per month. In the example below, the spouse indicated that his/her partner initiated physical affection about 2 times per week in the last month. If a behavior occurred at least once in the past month, do NOT estimate it as zero times per day or zero times per week.

**B)** After you have estimated the frequency of the behavior in the past month, then rate how acceptable it is to you that this behavior has occurred at the specified frequency in the past month. Use the low end of the scale to rate behaviors whose frequency in the last month is unacceptable, intolerable, and unbearable. Use the high end of the scale to rate behaviors whose frequency in the last month is acceptable, even desirable. **If the behavior has not happened in the last month, respond with zero times per month then rate how acceptable it is to you that the behavior has not happened in the past month.** In the example below, the spouse feels that the frequency of her spouse initiating affection one time per day in the last month is moderately acceptable. The spouse could have also said that her spouse initiated affection seven times per week; this is the same thing as one time per day.

**Example**:

1. In the past month, my partner was physically affectionate (e.g., held my hand, kissed me, hugged me, put arm around me, responded when I initiated affection)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner was physically affectionate at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

**Partner Positive Behaviors**

1. In the past month, my partner was physically affectionate (e.g., held my hand, kissed me, hugged me, put arm around me, responded when I initiated affection)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner was physically affectionate at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

2. In the past month, my partner was verbally affectionate (e.g., complimented me, told me he/she loves me, said nice things to me)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner was verbally affectionate at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

3. In the past month, my partner did housework (include times when partner initiated the housework as well as when you suggested it and partner did it—e.g., cooked, did the dishes, cleaned the house, did the laundry, went grocery shopping, washed car, took out the thrash)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner did housework at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

4. In the past month, my partner did child care (e.g., took care of the children, helped them with homework, played with them, disciplined them)
[NOTE: If you and your partner do not care for children, please write N/A next to this item, leave the bubbles blank, and move on to the next item.]

Frequency: 0 1 2 3 4 5 6 7 8 9

Times per: Day Week Month

How acceptable is it to you that your partner did child care at this frequency in the past month?

Totally Unacceptable ... Totally Acceptable

5. In the past month, my partner confided in me (e.g., shared with me what he/she felt, confided in me his/her successes and failures)

Frequency: 0 1 2 3 4 5 6 7 8 9

Times per: Day Week Month

How acceptable is it to you that your partner confided in you at this frequency in the past month?

Totally Unacceptable ... Totally Acceptable

6. In the past month, my partner engaged in sexual activity with me (e.g., can include sexual intercourse or any other significant sexual activity, whether initiated by you or your partner)

Frequency: 0 1 2 3 4 5 6 7 8 9

Times per: Day Week Month

How acceptable is it to you that your partner engaged in sexual activity with you at this frequency in the past month?

Totally Unacceptable ... Totally Acceptable

7. In the past month, my partner was supportive of me when I had problems (e.g., listened to my problems, sympathized with me, helped me out with my difficulties)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner was supportive at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

8. In the past month, my partner did social or recreational activities with me (e.g., went to movies, dinner, concerts, hiking, etc. with me, include times when partner initiated these events as well as times when you or others initiated them)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner did social or recreational activities with you at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

9. In the past month, my partner socialized with my family or my friends (e.g., visited my family or friends with me, was responsive when they called, joined me for outings with my family or friends)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner socialized with your family or friends at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

10. In the past month, my partner discussed problems in our relationship with me and tried to solve those problems (e.g., talked with me about relationship problems, tried to constructively solve those problems)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner discussed relationship problems with you at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

11. In the past month, my partner showed consideration for me (e.g., tried to be quiet when I was asleep, offered me something to drink when he/she went into the kitchen)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner showed consideration for you at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

12. In the past month, my partner participated in the financial responsibilities of the family (e.g., helped make financial decisions, paid bills, consulted me before making major purchases)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner participated in financial responsibilities at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

13. Positive behavior(s) not included that you found important in the last month
Behavior: _____

Frequency: 0 1 2 3 4 5 6 7 8 9

o o o o o o o o o o

Times per: Day Week Month

o o o

How acceptable is it to you that your partner _____ at this frequency in the past month?

o o o o o o o o o o

Totally Unacceptable — Totally Acceptable

**Partner Negative Behaviors**

14. In the past month, my partner was critical of me (e.g., blamed me for problems, put down what I did, made accusations about me)

Frequency: 0 1 2 3 4 5 6 7 8 9

o o o o o o o o o o

Times per: Day Week Month

o o o

How acceptable is it to you that your partner was critical of you at this frequency in the past month?

o o o o o o o o o o

Totally Unacceptable — Totally Acceptable

15. In the past month, my partner was not responsive to me (e.g., didn't listen when I tried to tell him/her something, ignored my needs for attention, spent too much time by him/her self or with his/her friends)

Frequency: 0 1 2 3 4 5 6 7 8 9

o o o o o o o o o o

Times per: Day Week Month

o o o

How acceptable is it to you that your partner was not responsive to you at this frequency in the past month?

o o o o o o o o o o

Totally Unacceptable — Totally Acceptable

16. In the past month, my partner was dishonest with me (e.g., lied to me, failed to tell me things I wanted or needed to know, twisted the facts so I didn't find out what really happened)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner was dishonest with you at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

17. In the past month, my partner was inappropriate with members of the opposite sex (e.g., was too flirtatious with other men/women, had secret meetings with them, made passes at them, or had affairs)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner was inappropriate with members of the opposite sex at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

18. In the past month, my partner did not follow through with his/her agreements (e.g., didn't do what she/he said she/he would do, went back on his/her word)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner did not follow through with his/her agreements at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

19. In the past month, my partner was verbally abusive with me (e.g., swore at me, called me names, yelled or screamed at me)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner was verbally abusive at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

20. In the past month, my partner was physically abusive with me (e.g., pushed, shoved, kicked, bit or hit me, or threw things at me)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner was physically abusive at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

21. In the past month, my partner was controlling and bossy (e.g., did things without consulting with me first, insisted on his/her way, didn't listen to what I wanted, manipulated things so she/he got what she/he wanted)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner was controlling and bossy at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

22. In the past month, my partner invaded my privacy (e.g., opened my mail, listened in on my conversations with friends or family)

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner invaded your privacy at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

23. In the past month, my partner engaged in addictive behavior (such as smoking, using drugs, drinking alcohol, etc.) that bothered me. NOTE: Please include what the behavior was _____.

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner engaged in this addictive behavior at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

24. Negative behavior(s) not included that you found important in the last month.
Behavior: _____

Frequency: 0 1 2 3 4 5 6 7 8 9

O O O O O O O O O O

Times per: Day Week Month

O O O

How acceptable is it to you that your partner _____ at this frequency in the past month?

O O O O O O O O O O

Totally Unacceptable — Totally Acceptable

**Items of Most Concern to You:**

Out of the behaviors you rated on this questionnaire, what are the 5 behaviors (positive or negative) that were of most concern to you r that troubled you the most in the last month? For your convenience, all the behaviors included in this questionnaire are listed below. For example, if item 14 was of most concern, you would write the number 14, then indicate the issue was criticism (see example below). PLEASE DO NOT put more than one item on each line, and please do your best to chose 5 items as requested

**EXAMPLE:**
Item of Most Concern: Item # on this questionnaire 14 Item Topic critical of me

**WHAT IS YOUR:**

Item of **Most** Concern: Item # on this questionnaire _____ Item Topic _____

Item of **2nd** Most Concern: Item # on this questionnaire _____ Item Topic _____

Item of **3rd** Most Concern: Item # on this questionnaire _____ Item Topic _____

Item of **4th** Most Concern: Item # on this questionnaire _____ Item Topic _____

Item of **5th** Most Concern: Item # on this questionnaire _____ Item Topic _____

**POSITIVE BEHAVIORS:**

| | |
|---|---|
| Item #1. | Physical affection |
| Item #2 | Verbal affection |
| Item #3 | Housework |
| Item #4 | Child care |
| Item #5 | Confided in me |
| Item #6 | Sexual activity |
| Item #7 | Supportive of me |
| Item #8 | Did social activities with me |
| Item #9 | Socialized with my family or friends |
| Item #10 | Discussed problems in our relationship |
| Item #11 | Showed consideration for me |
| Item #12 | Participated in financial responsibilities |
| Item #13 | Other positive behavior not listed *(Note: to include this here, you must have rated frequency and acceptability of this item.)* |

**NEGATIVE BEHAVIORS:**

| | |
|---|---|
| Item #14 | Critical of me |
| Item #15 | Not responsive to me |
| Item #16 | Dishonest with me |
| Item #17 | Inappropriate with members of the opposite sex |
| Item #18 | Did not follow through with agreements |
| Item #19 | Verbally abusive |
| Item #20 | Physically abusive |
| Item #21 | Controlling and bossy |
| Item #22 | Invaded my privacy |
| Item #23 | Addictive behavior |
| Item #24 | Other positive behavior not listed *(Note: to include this here, you must have rated frequency and acceptability of this item.)* |

# APPENDIX E

Behavior Couple Therapy Rating Manual

# Table of Contents

## Introduction to Raters

The purpose of this study is to describe as accurately as possible what the therapist does during the sessions of couple therapy you will be coding. Because many of the interventions described in this manual could be used in both the therapies being compared, it is important that you listen and code each item carefully, based on what you actually hear rather than based on your guess about the type of therapy. Here are a few guidelines (adapted from the CSPRS Raters Manual) to help you rate the sessions.

**Rate Therapist Behavior**

All items are designed to measure therapist behavior. It is important to distinguish the therapist's behavior from the client's behavior in response to the therapist. The rater should attempt to rate the therapist behavior, not the client response to that behavior. In rating therapist behavior, the rater should consider what the therapist attempted to do, not whether those attempts met with success or failure.

**Rate Extensiveness, Not Quality**

The items are designed to measure the extent to which the therapists' engage in the behaviors being measured, rather than the quality with which those behaviors are performed. Although extensiveness is not totally independent of the quality of therapist behavior, the rater should not consider the quality of the therapist behavior per se when rating the items.

**Frequency versus Intensity**

Most of the items require the rater to rate how extensively (or thoroughly) the therapist behavior occurred. In order to determine the extent to which a therapist behavior occurred the rater must consider BOTH the frequency with which that behavior occurred during the session and the intensity with which that behavior was engaged in when it did occur. (Intensity means the therapist's concentration of effort or focus on the intervention.)

Items vary with regard to how relevant frequency and intensity are in determining how that item should be rated and there are no fixed rules for determining the importance of each concept. The relative weighing of these two concepts depends not only on which item is being rated, but also on which specific techniques the therapist uses to accomplish the strategy or goal stated in the item. For example, Instructing to Fake Negative Behavior at Home is an item for which intensity is more relevant than frequency.

This intervention may take comparatively little time within the session; however, as long as it is discussed directly with the couple it should receive a high rating. The less directly it is discussed the lower the rating it should be. On the other hand, Ordinary Conversation is an example of an item whose rating is based entirely on frequency. The more the therapist engages in ordinary conversation, the higher the rating should be.

There are no fixed rules for determining the equivalence of doing something intensively for a short period of time versus doing something not very intensively for a long period of time. Because the rules for combining frequency and intensity would be very complex and might not always lead to valid ratings, we have left it up to the rater to appropriately weight these concepts when rating items.

**Avoid Haloed Ratings**

These items were designed for the purpose of describing therapist's behavior in the session. In order to use the scale correctly, it is essential that the rater rates what she/he hears, NOT what she/he thinks OUGHT to have occurred. The rater must be sure to apply the same standards for rating an item regardless of:

1) what type of therapy the rater thinks she/he is rating;
2) what other behaviors the therapist engaged in during the session;
3) what ratings were given to other items;
4) how skilled the rater believes the therapist to be in a particular modality;
5) how much the rater likes the therapist;
6) whether the rater thinks the behavior being rated is a good thing to do or a bad thing to do.

**Rating Conjunctive Relationships**

Instances of AND and OR which are particularly important to note have been capitalized. When two aspects of a behavior specified in an item are joined by AND, both must be present in order for the item to be rated highly. When two aspects are joined by OR, the item can be rated highly if either aspect is present.

**Use of Guidelines**

The descriptions and definitions of items in this manual are intended to be guidelines for use in rating. In some cases, there are specific rules, which the rater should use in assigning a particular rating to an item. These rules are referenced in the scale as "/ /" and are clearly noted in the Rater's Manual as NOTES. In most cases, however, this manual contains only guidelines. We expect the rater to exercise her/his judgement in applying these guidelines as well as in rating situations for which the guidelines do not apply.

**Use of Examples**

Whenever possible, examples have been included to illustrate how to rate therapist behavior. These examples, however, are only guidelines for how to rate an item. Often the example will only state that therapist behavior similar to the example merits a rating greater than a "1". This is because the examples are of brief interchanges whereas the rater must consider the entire session when rating an item. The examples are a better guide to the kinds of behaviors and the intensity with which they should occur, than they are to the frequency with which behaviors should occur.

The manual includes reference to "low", "medium" and "high" ratings in discussions of how examples should be rated. Because the rater must consider the entire session and not just a discrete incident or period of time in deciding the exact rating, these suggested ratings should not be considered fixed. In general, however, a low rating corresponds to 2, medium rating to 3 or 4, and high rating to 5. The manual explicitly states when the rater should assign a rating of 1. A low rating does not refer to a 1.

**Making Distinctions**

Because the items vary in terms of breadth of coverage, the same therapist behaviors which are appropriately rated in one item, may also be rated in another item.

Conversely, the rater is often required to make fine distinctions between therapist behaviors which are similar yet should be rated distinctly. Some items measure therapist behaviors which are similar and which may covary, but yet are distinct. The rater should be careful to rate them distinctly (i.e., in rating each item, the rater should consider the extent to which the behavior specified in that item occurred and should not consider other similar behaviors).

When possible, similar items have been placed near one another to help the rater make these distinctions. The rater should bear in mind the subtle differences between some items, and not use the same exact behavior to substantiate ratings given to different items unless it is appropriate to do so.

The Raters Manual also contains an "Important Distinctions" section within the entry for some items. This section contains information regarding how the item is similar to and different from other items. These "Important Distinctions" are not the only important similarities or differences that need to be attended to- don't rely on "Important Distinction" sections to point out all of the important similarities and differences which exist.

**Specific Instances Required for Rating**

In order to give a rating greater than a "1", the rater must hear a specific example of the therapist behavior being rated. The rater should be careful not to rate behavior as having occurred is she/he thinks it probably occurred but cannot think of a specific example.

**Substantiating Ratings**

The starting point for rating each item in the scale is 1, "not at all". Give a rating higher than a 1 only if there is an example of the therapist behavior specified in the item. This is particularly difficult to do when rating the facilitative conditions items where the rater may be tempted to assign an average rating unless the therapist's behavior was remarkable either by its absence or abundance. DO NOT DO THIS. The rater must be able to substantiate the rating she/he assigns to every item.

In particular, a high rating for facilitative items should be reserved for instances in which the therapist makes verbal statements that communicate rapport, warmth, etc. For example, a session characterized by frequent therapist statements such as, *"I really appreciate the risks you both have been willing to take to talk about such a sensitive topic with me,"* would receive a higher rating of rapport than a session in which the rapport is evidenced only through non-verbal actions such as the session seeming to flow smoothly without any obvious rifts. In other words, raters should substantiate ratings for facilitative items with verbal statements rather than solely non-verbal indications of facilitative conditions.

**Overlap between Current versus Prior Sessions**

Often an issue that was discussed in an earlier session is implicitly or explicitly referred to in the session being rated. For example, the client may seem to know what the therapist means when referring to communication training (because the couple must have learned it in a previous session). However, if communication training is mentioned only passing without the therapist conducting communication training in the current session, communication training should not be rated. Discussions, which took place in an earlier session, should not be considered in determining a rating given to the current session.

**Instructions to Raters**

1. RATE EVERY ITEM.
2. READ CRITERIA FOR ITEMS EACH TIME THAT THEY ARE RATED.
3. ATTEND TO MANUAL NOTES.
4. LISTEN BEFORE RATING.
5. TAKE NOTES.
6. FILL OUT CODE SHEETS CLEARLY AND CORRECTLY.

NOTE: There will be some therapist behavior that is not described by any item in this manual. One common example of this are seeking questions by the therapist: If the couple came in having had a fight during the week and the therapist simply asked, *"What happened?"* that statement need not be coded. Typically, the therapist will follow-up information seeking questions with interventions that you will be able to code under items in the manual.

1. **Setting and Following Agenda**.

Therapist worked with the clients to formulate and follow a specific agenda for the session.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

Setting an agenda may include generating items to be discussed, choosing which of the items will be discussed, determining the order in which items are discussed, and allotting time to be spent on discussing each item.

Following the agenda includes therapist comments that remind the couple of the agenda and keep the discussion focused in order to cover items on the agenda. Sometimes the agenda must be revised and such therapist comments should also be rated here.

There are two aspects to consider when rating this item: 1) did the therapist work with the clients to set a specific agenda for the session? 2) did the therapist work with the clients to follow the agenda during the session?

2. **Ordinary Conversation**.

The therapist talked with the client about topics that seemed more likely ordinary conversation than therapy AND that cannot be classified under any other item.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

For example, the client and therapist may have talked about the weather, some recent news event, movies or a book, some place that they all have visited, etc., but in no way does the therapist tie the discussion topic to the client's feelings, thoughts, or actions, currently or in the past. This item should not be rated higher than 1 unless the therapist in no way uses the conversation for assessment or intervention. Before rating this item, the rater should thoroughly check to rule out other items that might better describe the client and therapist's interactions.

3. **Assessing Collaborative Set**.

Therapist asked questions in order to determine the extent to which each partner viewed himself or herself as the cause of some of the problems in the relationship and was willing to assume responsibility to make changes in his or her behavior to improve the relationship.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

Important Distinction. This item differs from Item #4 Inducing Collaborative Set. In Inducing Collaborative Set, the therapist tries to get partners to act collaboratively despite how they feel. In Assessing Collaborative Set, the therapist simply asks questions to determine how each person views his or her role in causing problems.

4. **Inducing Collaborative Set**.

Therapist actively encouraged partners to work together collaboratively (i.e., changing his/her own behavior to improve the relationship without waiting for the other to change first), and/or reinforced positive client behavior which reflects an effort to behave collaboratively.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

Inducing collaborative set can include the therapist presenting a model in which both partners accept responsibility for their own actions that contribute to marital distress, and the therapist persuading the couple to act collaboratively regardless of how they feel. Induction of collaborative set may sometimes have a "preachy" or "hard sell" tone as the therapist strongly tries to persuade each partner to make changes.

Important Distinction. Item #4 Induce Collaborative Set differs from Item #3 Assess Collaborative Set. The crucial aspect of Induce Collaborative Set is that the therapist actively asks the couple to adopt a particular orientation to therapy (focus on own role in creating problems and on changes he or she can independently make to improve the relationship). Whereas for Assess Collaborative Set, the therapist does not ask the couple to adopt a collaborative set but rather determines the extent to which the couple is or is not already collaborative.

**Note:** A rating of 4 or 5 should be reserved for when the therapist is actively persuading the couple to adopt a collaborative set, rather than solely presenting the model.

5. **Behavior Exchange**.

Therapist initiated and/or facilitated discussion of things each partner could independently do to improve spouse's satisfaction with the relationship.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

The therapist encouraged partners to make changes in order to increase marital satisfaction by:

1) generating lists of behaviors likely to please the spouse, OR
2) discussing hypothetical attempts to increase partners' marital satisfaction, OR
3) discussing past efforts to promote marital satisfaction through increases in pleasing behavior, OR
4) giving direct advice or suggestions about changes either partner should make to increase the other's satisfaction, OR
5) teaching parenting skills (e.g., how to get your kid to go to bed, or time out procedures).

Important Distinctions. When the therapist suggests or advises one or both partners to make changes in order to increase marital satisfaction AND the therapist does not make these suggestions in the context of formal problem solving, the therapist's behaviors should be rated as Item # Behavior Exchange. In other words, when the therapist helped the couple resolve some problem or difficulty by asking questions, proposing alternatives, etc., without using a specific format, this is rated as Item #5 Behavior Exchange rather than Item #9 Problem Solving.

6. **Praising Change**.

Therapist praised the couple's efforts at making changes by summarizing what worked, commenting on how hard they are working, how differently the interaction went because of their hard work, etc.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

7. **Sex Therapy**.

Therapist helped the couple improve sexual dysfunctions or dissatisfactions (e.g., used techniques such as sensate focus).

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

Therapist helped the couple work on sexual problems: sexual dysfunctions (i.e., impotence, premature ejaculation, orgasmic dysfunction) and/or sexual dissatisfaction (e.g., different preferences regarding sexual activity or frequency, sexual boredom). The therapist may have developed activities designed to reduce fear of failure or pressure to engage in sexual activity. For example, the therapist may have used specific sex therapy techniques such as sensate focus (mutual, non-goal-oriented sensual interaction between the partners).

8. **Companionship**.

Therapist initiated/facilitated discussion of enjoyable activities that the couple could or has participated in together.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

9. **Problem Solving**.

Therapist taught or initiated practice in using a specific format for solving interpersonal conflicts.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

The problem solving format includes defining the problem, brainstorming possible solutions, discussing the costs and benefits of various solutions, and coming to an explicit agreement. The therapist's teaching role involves didactic instruction, behavior rehearsal, and providing feedback.

10. **Problems as Differences**.

Therapist reformulated the problem either as deriving from a difference between the partners, OR as a vicious cycle resulting from each partner's attempt to solve the problem that their differences create.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

The therapist pointed out how each one's behavior is reasonable and understandable given its place in the vicious cycle. A session could receive a rating of up to 5 if the therapist discussed problems either in terms of deriving from a difference between the couple, or as a vicious cycle that results from efforts to solve the problem; the therapist does not have to do both in order to receive a high rating.

Important Distinction. Item #10 Problems as Differences may occur with Item #11 Reasons for Partner Differences. The important aspect for Item #10 Problems as Differences is that the therapist emphasizes that the couple's problem is a result of how they ineffectively handle their differences as opposed to emphasizing the reasons for those differences. Item #11 Reasons for Partner Differences, however, should be rated when the therapist helps the couple understand the reasons for the differences, not the reasons for the problem.

11. **Reasons for Partner Differences**.

Therapist explored reasons why partners might differ regarding preferences for intimacy, time alone, need for reassurance, ways of showing affection, etc.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

These reasons should involve family history, factors in the current environment, or culture (sex roles, ethnic differences, or religious differences).

12. **Cognitive Interventions**.

The therapist led the couple to examine evidence for interpretations of or attributions about each other's behavior or to examine whether expectations about each other or marriage were reasonable.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

The therapist challenged, through Socratic questioning, the logic or reasonableness of the client's interpretations, attributions, or expectations of each other. In the following example, the wife was complaining that the husband had not taken initiative nor followed through with helping one of their children with a school assignment. She attributes his inaction to a lack of interest in the children.

*T: Mike, if it isn't just a lack of interest, as she is interpreting it, what is it?*

*H: No, I am interested. For example, I've been appalled at how little they know about what is happening in the world and I've been trying to read them some things from the newspaper or talk over things I hear on the news. It's just that assignment that he had to do was just not something I felt, I just felt incompetent.*

*T: So Gloria, I want to go back to your initial mis-guess about what's going on with him about why he doesn't get engaged more. Your original thought was, "He just doesn't care about the kids. He doesn't care about what is going on with them in school." And Mike just said that no I am interested and I have evidence that I am interested: I've been trying to think about how to increase their exposure to current events. If you had that different understanding, how would that make things different for you? How might this feel different to you?*

13. **Genogram**.

Therapist asked each partner about their families of origin to create a structural diagram showing how patterns are transmitted intergenerationally and how past events such as death, illness, great success or immigration have influenced current patterns.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

14. **Reframing**.

The therapist reinterpreted one partner's negative behavior in a more positive light.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

For example (J & M, 1979, p. 144), "In the following excerpt, the couple is discussing the husband's tendency to conceal certain things from his wife; here they are discussing a bounced check which the husband intercepted before the wife discovered it.

*W: You can't accept responsibility for your behavior. Whenever you do something wrong, you lie, deceive me. I can't stand your dishonesty.*

*T: It seems like her approval is very important to you (to husband). You care so much about what she thinks that you can't get yourself to tell her when you screw something up.*

Here the therapist chooses to interpret the husband's behavior as indicating that he cares very much about his wife's opinion of him, a much more positive, and not any less accurate, outlook than the wife's perspective which attributes the husband's behavior to the trait of "dishonesty"."

Important Distinction. Reframing should be rated only when the therapist reinterprets behavior, not emotions. If the therapist relabels emotions in a more positive light, that should be rated under Item #15 Soft Disclosures.

15. **Soft Disclosures**.

When clients were blaming, hostile, contemptuous (or expressing other strongly negative emotion), the therapist solicited partner disclosure of "soft" feelings and thoughts (e.g., fear, sadness, insecurity) and/or reinterpreted hard emotions in terms of their underlying softer emotions.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

The therapist attempted to heighten the client's expression of her/his softer emotions or thoughts instead of the harder emotions expressed when attacking or blaming. To do this, the therapist may have solicited partner disclosure by helping the client to recognize and express softer thoughts or feelings that:

1) the client is unaware of; OR
2) the client is aware of but not expressing; OR
3) the client is expressing nonverbally but not verbally.

The therapist may either say what the client is feeling for the client or encourage the client to voice the softer emotions him or herself; either therapist behavior should be coded here.

NOTE: This item should not be rated higher than a 3 unless the therapist paid particular attention to helping the client express "soft" emotions. To give a rating higher than a 3 the

therapist must not only help the client express thoughts and feelings, but, in particular, help the spouse express vulnerability, sadness, disappointment, etc., likely to draw the couple together.

Important Distinction.

Soft Disclosure can be confused with two other items, Item #14 Reframing and Item #16 Communication Training. The important distinction between reframing and soft disclosure is the targeted behavior that is relabeled in a more positive light. Rate soft disclosure when the therapist relabels hard emotions in terms of their more primary softer emotions. Rate Item # 14 reframing when the therapist relabels overt behavior in a more positive light.

Soft disclosure should also be discriminated from Item #16 Communication Training. Although the therapist using communication training may ask the couple to talk about feelings, the therapist uses a specific format in order to increase the couple's skill in communicating; whereas in soft disclosure the therapist does not use a specific format, but instead seeks to articulate the softer emotions likely to draw the couple together.

16. **Communication Training**.

Therapist taught or initiated practice of active listening or expressive communication skills.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

Communication training involves didactic instruction (e.g., modeling use of a specific format), behavior, rehearsal, and feedback from the therapist. Feedback is the provision of information to a couple regarding some aspect of their interaction; modeling (coaching) is instructing or demonstrating alternative responses; behavioral rehearsal is practice of new communication skills. Communication training may target any of the following: helping partners to listen more effectively and demonstrate understanding of each other; validating each other; teaching how to express positive and negative feelings; teaching how to express caring, appreciation, affection, and how to give compliments and praise; or teaching assertiveness skills. The essential element of communication training is that it is done in a teaching, didactic manner. The therapist's intervention need not be formal, but should definitely include feedback and rehearsal in order to be coded as communication training.

Communication training can occur in conjunction with other interventions. For example, while having the couple discuss the outcome of BE homework, the therapist may instruct and give feedback about the way partners describe their feelings about what the other did to please them. Or the therapist may comment during problem-solving training, "*Joe, when you repeatedly interrupt Mary as she tries to paraphrase what she heard your issue to be, it seems to be de-railing her. Try to wait until she is completely finished before you tell her what she isn't understanding about what you said."* In these examples, communication training should be rated in addition to the other interventions (BE, Homework review, Problem-Solving Training). If the therapist asked the couple to practice communication skills at home, this should be rated both as communication training and as homework assigned.

17. **<u>Talking about an Interaction Theme as an "It"</u>**.

Therapist engaged partners in a general discussion of an interaction theme or issue without a focus on what could be done to change it, and without explicitly trying to teach expressive communication skills.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

Therapist helped partners talk about the problem as something they share, rather than something that one does to the other. Said differently, the therapist tries to develop a descriptive rather than blaming account of the couple's troubling interaction pattern. The therapist may do this in a variety of ways. The therapist may have helped each partner elaborate and articulate his/her particular feelings, thoughts, and actions in the theme. The therapist may have helped the couple identify the mutual traps. Humor or "short hand" labels to describe an interaction sequence may be used in order to help the couple gain a different perspective. These discussions could, but do not necessarily, involve:

a) upcoming events, where the event is relevant to the interaction theme; or
b) recent incidents, where a recent positive or negative incident was relevant to an interaction theme.

<u>Important Distinction</u>. When an interaction pattern is defined as the problem to be solved within the problem solving format, the therapist's behavior should be rated under Item #9 Problem Solving rather than Item #17 Talking about an Interaction Theme as an "It".

Similarly, when the therapist focuses on "reciprocal causation", that is how what each does is in part caused by the other, but also focuses discussion on what partners can do to change this interaction pattern, this should not be coded as Interaction Theme as an "It". Instead, when the therapist identifies reciprocal causation and asks the couple to consider changing, you should consider whether the therapist's intervention is more appropriately rated as items Inducing Collaborative Set, Behavior Exchange, or Communication Training. For example, if the therapist said, "*when he does x, you do y. As soon as you do y, he does more of x. I want you both to take a minute to think about what you should do to make this go differently*", and then the therapist went on to help each identify ways to change, this would be coded as Inducing Collaborative Set (focus on each changing own behavior in a slightly preachy "should" way) and as Behavior Exchange (changes to improve the other's satisfaction).

18. **<u>Circular Questioning</u>**.

Therapist invited client(s) to describe the partner's relationship with a third family member.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

Rather than (or in addition to) asking the client directly about a conflict he or she experiences with a family member, the therapist invited the spouse to describe what he or she has observed. For example, the therapist might ask the husband, *"How does you mother-in-law see this conflict*

*between your wife and your son? When your wife disciplines your son, what does her mother do? How does your son then respond to his grandmother?"*

19. **Preparing for Slip-ups and Lapses**.

Even during success with change efforts, therapist alerted the couple to the likelihood that "slip-ups" or "lapses" will occur.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

For this item to be rated highly, the therapist must have communicated that the couple cannot count on change by, for example, helping the couple prepare for the lack of change or discussing how the couple can have a good relationship while the problem occurs and as they try to recover from a slip-up. In other words, high ratings should be reserved for therapist interventions that clearly propose acceptance of lack of change and coping with lack of change.

It's important to note that preparing for slip-ups and lapses should only be rated when the therapist intervention is future oriented or is a reminder of having predicted some problem would occur, rather than solely providing a rationale for change/progress being unsteady as a way to control damage after a slip-up.

20. **Positive Features of Negative Behavior**.

Therapist discussed or engaged couple in a discussion of the positive features of one or both partner's negative behavior.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

Therapist highlighted how what one or both partner's view as negative actually serves an important use in the relationship. For example, the therapist might say, *"You, Mr. Brown, like to spend money and you, Mrs. Brown, like to save money. Even though this gives rise to a lot of conflict, your problems would be even worse if you were both the same; in your old age you would either be in debt from spending beyond your means or have savings but not have enjoyed yourselves. There is a real benefit of having both qualities in a marriage."*

21. **Restraint of Change (and Other Strategic Interventions)**.

Therapist suggested that couple should NOT change because change might be harmful or have a negative impact. Therapist may appear to be arguing against what is a "positive" change or to be playing devil's advocate.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

Strategic interventions are sometimes used in the context of client resistance to change: the therapist intervenes to create some contrasting position that pushes the client toward change. The therapist may instruct the couple not to change some troubling behavior with the intention of freeing the couple TO change.

22. **In-session Rehearsal of Negative Behavior**.

Therapist attempted to increase one or both spouse's ability to tolerate the other's upsetting behavior.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

Therapist requested one member of the couple to role-play negative behavior in the session as a means of discovering feelings, thoughts, and actions as well as partner's reactions.

23. **Instructing Couple to Fake Negative Behavior at Home**.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

Therapist asked one member of the couple to fake some negative behavior during the coming week by doing the negative behavior when they don't really feel it. Therapist explained the purpose of such faking to both partners.

24. **Self-care**.

Therapist encouraged couple to explore self-care possibilities, particularly, but not exclusively, those he or she can use when the partner does engage in negative behavior.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

25. **Explicit Guidance**.

The therapist directed or guided the session in an explicit way

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

The rater should not rate how explicit the guidance was on any particular occasion. Raters should consider the extent to which the therapist explicitly controlled the direction of the session. The therapist might accomplish this by initiating a significant change in content or shift in focus of the session or by maintaining the focus on topics which she/he wants to discuss. If no guidance was provided OR if the guidance that was provided was not explicit, this item should be rated 1.

26. **Homework Assigned**.

Therapist developed or helped the couple develop homework.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

Homework is a specific assignment which the client is to engage in (but not necessarily complete) before the next session. Rate this item low if the therapist off-handedly suggested, in order to bring the discussion to an end, that the clients engage in some behavior between sessions. Rate low to medium if the therapist asked the couple to do something between sessions but did not attempt to make the assignment more specific. Do not rate this item higher than a 4 unless the therapist helps the couple anticipate and resolve difficulties they might have in performing a homework assignment.

27. **Homework reviewed**.

Therapist paid attention to homework previously assigned to the couple.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

Homework refers to one or more specific assignments given by the therapist for the couple to complete between sessions. A high rating should be given only if the therapist attempted to use the couple's experiences with the homework as a basis for further discussion in the session.

Regardless of whether the clients completed the homework, the therapist can use the clients' experiences with the assignment as a basis for discussion (e.g., *"Were you able to attempt the homework? If not, what happened to prevent you from trying it?"*). In other words, this item should be rated independently of whether the couple completed or even attempted the homework; a rating of up to 5 can be given in such cases.

28. **Generalization and Maintenance**.

Therapist fostered the couples' ability to continue to apply skills or ideas learned in therapy to improve the relationship when problems arise in the future.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all | some | moderately | considerably | extensively |

The therapist initiated discussion of how what the couple has learned in therapy can be continued outside the session or after therapy has stopped. A high rating should be given when the therapist thoroughly plans how the couple can continue to use what they have learned in therapy outside the session or after therapy has ended. For example, the therapist may introduce the idea of state of the relationship meetings in which the couple agree to meet at a specific time to function as their own therapist after therapy.

Important Distinction. Item #28 Generalization and Maintenance is different from Item #19 Preparing for Slip-ups and Lapses in that Generalization and Maintenance has to do with how the couple will maintain change, whereas Slip-ups and Lapses the focus is on accepting a lack of change.

# APPENDIX F

Session Ratings by Therapist

Couple ID_____ Date of session:_____
Session number: _____

## Session Ratings by Therapist

Fill in the bubbles of all that apply:

1. O Couple called me since the last session. Reason for call was (please circle one):
   a) scheduling
   b) emergency
   c) other
   If emergency, briefly describe:

2. O Couple was late by _____ minutes.

3. O Couple failed to show for a session since the last session I had with them.

4. O Husband failed to complete homework assignment for this session.

5. O Wife failed to complete homework assignment for this session.

6. Treatment procedures which I used in this session (fill in all that you used):

| | | | |
|---|---|---|---|
| O | Behavior Exchange | O | Empathic Joining |
| O | Communication Training | O | Unified Detachment |
| O | Problem Solving Training | O | Tolerance Intervention |
| O | Discussed a recent conflict in detail | O | Discussed an upcoming event |

7. I was adherent to the treatment procedures (ICT or TBCT)

O O O O O O O O O O

Not adherent (included strategies from alternative treatments) — Somewhat adherent — Extremely adherent (included only specified treatment strategies)

8. How effective do you believe you were as a therapist in this session?

O O O O O O O O O O

Not effective Somewhat effective Extremely effective

9. How beneficial do you believe this treatment session was to the couple?

O O O O O O O O O O

Not beneficial Somewhat beneficial Extremely beneficial

# APPENDIX G

## Acceptance Promoting and Interfering Interaction Rating System

APPENDIX D

Acceptance Promoting and Interfering Interaction Rating System

*Revised for Future Use*

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**General Instructions**

The Acceptance Promotion and Interference Interaction Rating System (APIIRS) consists of five categories of acceptance promoting interactions that are used to rate dyadic couple behavior during therapy sessions. These categories are based on the types of couple interactions that may directly serve to enhance partner acceptance (e.g., validating the perspective of one's spouse) and those behaviors that are believed to harm the potential for acceptance (e.g., criticism). Through rating the presence and absence of these interaction styles, a comprehensive depiction of the complex dynamics that occur during couple therapy becomes possible.

Each category of acceptance promoting interactions is rated on a scale of one to nine after the rater has observed the entire selected segment of therapy. The nine-point scale is anchored at one end by "None" (or not at all) and at the other end by "A lot." The rating is based on two main judgments regarding the quantity and quality of interactions that were observed. The *quantity* of the interactions refers to the frequency with which the couple displays the behaviors or attributes in question, relative to other spouses in therapy. The *quality* of the interactions relates to the intensity or depth of the couple's involvement in the interaction, relative to other spouses in therapy. This combined appreciation of both quantity and quality is intended to address the variability

with which couples may engage in these acceptance promoting interactions. For example, acceptance promoting behaviors or attributes may be displayed frequently but with minimal depth, or infrequently but in substantial depth when they do occur.

In order to make accurate judgments about the quantity and quality of acceptance promoting interactions, raters will need to develop a "nomothetic" sense of what is typical for spouses in these kinds of situations. This sense will be developed during a training period when raters practice using the coding system with a series of tapes from couples in therapy. Second, the rater will need to develop "idiographic" knowledge of the particular couple's differences and pattern of interaction surrounding conflict. This will be gained through watching an initial therapy session in which the therapist and couple collaboratively discuss the couple's main difference(s), interaction pattern(s), and emotional experiences.

As a rater's clinical understanding of a couples' interaction patterns may develop over time, it may be important to re-watch significant aspects of prior sessions observed for each couple to ensure accurate coding of the type of interaction and of the intensity of an interaction. For example, in a couple for whom expressing distress is a vulnerable act (which is often the case for partner(s) with a tendency to withdraw in the face of conflict), the expression of anger can be a vulnerable act; a novice rater may initially misconstrue the voicing of anger as something other than vulnerability, but when re-watching the interaction may see a lower intensity of vulnerability present in the interaction. Raters are also instructed that if, while viewing the tape, raters miss or do not understand what occurs, they should immediately stop the tape and replay that portion of the tape. Raters should take notes while viewing the tape, particularly related to the

initiating and responding partner, and the type of initiation that occurs. After viewing the entire session, raters should evaluate whether they have enough information to make ratings on all of the categories. It is recommended that raters make note of segments in which multiple acceptance promoting and/or interfering interactions were coded and review those selections once more.

The rating categories used during the coding are defined in the subsequent section. It is critical to note that they are not mutually exclusive; any behavior or reaction by a spouse might be an exemplar of more than one item. Due to the complex nature of dyadic interactions, the best way to comprehensively depict what is observed often requires the use of multiple codes. Within each rating category, specific types of dyadic interactions are described in order to help raters recognize these interactions and complete an overall rating for each category after watching the entire therapy session. While the subcategories of each code are intended to provide examples of what interactions constitute each code, the final rating is made based on the overall category and *not* the specific subcategories. It is important to note that in addition to coding the in-session interaction that spouses engage in, in-session spousal reports of acceptance promoting interactions that occur *outside* of the therapy session should also be coded (however are often coded with a lower intensity level).

Raters should focus primarily on the interaction between both spouses. Particular attention should be paid to which partner is engaging in a particular behavior and which partner is responding to the particular behavior. Raters will provide a score for each type of acceptance promoting interaction that the husband initiates and that the wife initiates; therefore, the initiating and responding partner are noted in the coding. In many

situations, determining which partner is initiating and which is responding can be a difficult task. Since each part of the interactional sequence could be considered a reaction to the previous behavior, there are likely to be many shifts in who is initiating and who is responding. However, as the coding is focused on rating the occurrence and intensity of specific interactions throughout the entire session, not the moment-by-moment sequences of interaction, raters will need to develop an overall sense of the various types of interactional sequences that occur in order to capture the complexity of what is observed. For example, consider the following interaction:

> Wife [*looking at therapist*]: I do think he is a good dad and he is a good provider and the kids love him to death. [*Husband is looking down without any apparent physical or verbal reaction to Wife's statement*]
>
> Therapist: And I think that's important that you say that and I think it's important that you hear that, [*Husband*].
>
> Wife [*turns to Husband*]: Have you never heard me say that before?
>
> Husband: First time [*laughs, looks at Wife and then looks down*].
>
> Wife [*looking at Husband*]: Do you want to take an oath on that?
>
> Therapist: But what I'm thinking is that it's important for you to hear that tonight.
>
> Husband: Mm-hmm.
>
> Therapist: I'm sure it's not the first time you have heard that.
>
> Husband: No, it is important to hear that tonight, because in the midst of an argument, it is nice to hear a diffusing statement like that. [*Husband turns to look at Wife*] But I'm not giving you one! [*laughs*].

Wife: [*looks down, laughs, raises her eyebrows and fidgets with paper in her hand*]

Husband: No, [*Wife*] is a great mom, she is a great mom, our kids-

Wife: [*interrupts Husband and proceeds to talk about how Husband was instigating a fight at dinner*]

This sequence demonstrates the complexity of the interaction patterns coded with APIIRS. Four codes can be applied to represent this interactional sequence.

(1) Wife Validation + Husband No Response [*Occurs when Wife compliments Husband's parenting, and Husband does not make any apparent verbal or behavioral shift in reaction*]

(2) Wife Validation + Husband Compassion / Appreciation / Reassurance / Apology [*Occurs after Wife compliments Husband's parenting, when Husband (after therapist's prompting) says that it is nice to hear a diffusing statement like that*]

(3) Husband Aversive Partner Behavior (being sarcastic) + Wife Withdrawal and/or Decrease in Positive Nonverbal Gestures [*Occurs when Husband jokes that he is not giving Wife a compliment in return, and Wife looks down and raises her eyebrows in response*]

(4) Husband Validation + Wife Criticism / Attack [*Occurs when Husband starts to compliment Wife's parenting and Wife interrupts to bring up something negative Husband did recently*]

This example highlights the complexity of interactional coding. Given that this type of interactional sequence may occur multiple times throughout the session, detailed notes

and observations are necessary. Through keen observation and notes, it is possible to complete the global ratings to best represent the various initiating and responding interactions occurring throughout the observed material.

While the focus of this coding system is not on the therapist's statements or behaviors, it should be noted when a spouse engages in a significant initiating behavior (as described in the categories listed in the next section) and the therapist, not the other partner, is the one who responds. When the partner does not have an opportunity to respond because the therapist begins speaking, perhaps focusing on a different part of the spouse's statement or behavior than what is considered to be acceptance promoting, it may hinder the partner's opportunity to provide a response. Details about how to code this type of therapist involvement will be explained in the following sections.

Although the focus of the coding is on the entire session instead of a microanalytic analysis of interactions, it is essential that raters distinguish between various types of initiating and responding behaviors. Raters will need to be able to determine whether responses are positive, negative, absent, or prevented by the therapist's response. Some responses result in a difficult distinction, particularly a neutral response (within the positive response category), withdrawal and/or decrease in physical non-verbal behaviors (within the negative response category), and no response. It is imperative to remember that it is the *behavior* that is being rated, <u>not</u> the rater's interpretation of the individual's underlying emotional state or intent. While behavioral distinctions between neutral, no and withdrawal responses may be minimal, raters can rely on the following definitions: a *neutral* response is where the spouse seems to acknowledge and/or actively listen to what his or her partner is saying without a

significant change in physical or verbal behavior; *no* response occurs when there is no change in physical or verbal behavior during or after an initiating behavior by one's spouse, otherwise understood as a lack of behavioral acknowledgment of the initiating component of an interaction; lastly, the *withdrawal* response occurs when a decrease in positive nonverbal gestures occurs, such as the removal of eye contact. As these three responses represent three different categories of responding (positive responding, no responding, and negative responding), raters should take particular care in appropriately identifying the most representative response for the observed behaviors. In order to make these challenging distinctions, raters should be guided by consultation with research supervisors, clinical judgment, this coding manual, and the specific knowledge of the couple being studied.

To manage the multitude of data present in an entire therapy session raters are encouraged to utilize a notational system to make note of interactional sequences while coding sessions. Upon completion of viewing a session, raters should review their notes in order to select the most appropriate ranking on the global rating Likert scale of one to nine. This notation framework instructs raters to document the initiating and responding partners, the details of the interaction, any other notes or observations, the intensity level of the interaction, and any questions that result. It should be noted in particular that the assignment of an intensity level (low, low/moderate, moderate, moderate/high, and high) is determined based on the entirety of the interaction, including both the intensity of the initiating behavior as well as the responding behavior. For example, an interaction that involved a fairly intense vulnerable statement followed by reciprocal vulnerability would

generally be rated as higher in intensity than if the initiating statement were followed by a neutral response (to be defined in subsequent sections of this manual).

When determining the global Likert scale ratings, raters can rely on the intensity level ratings such that an interaction with a low intensity is considered to be about 1/3 of a point, an interaction with low/moderate intensity is considered to be about 1/2 of a point, an interaction of moderate intensity is considered to be about 1-2 points, an interaction of moderate/high intensity is considered to be about 2½ points, and an interaction of high intensity is considered to be 3 points. A total rating for a particular interaction pattern can be created through the sum of these ratings, rounding down if necessary. However, please note that these quantitative designations are not to be used rigidly; raters should review the global Likert scale ratings to ensure that they provide an adequate representation of what was observed in-session.

## Description of Items

### Vulnerability

The code "Vulnerability" involves the expression of vulnerable emotions, thoughts or behaviors by the initiating partner and a positive, neutral or negative reaction from the responding partner. Expressions of hurt, insecurity, sadness, tenderness, loneliness, shame, guilt, fear, needs, love or desire are soft expressions when they are shared in a vulnerable way. Behaviors such as self-disclosure, confiding, nervous humor, putting one's self down, expressing hurt, pain, disappointment or grief may also be soft expressions. Expressions of vulnerability might include anger, self-deprecating humor, and other more indirect, tentative displays of underlying insecurity. Examples might include one partner saying, "I don't know, I just have had a general feeling of

dissatisfaction the past couple weeks" or "I know this sounds pathetic..." Both of these statements include a vulnerable component related to expressing a concern out loud to one's partner.

This code requires that the rater make a judgment about the genuineness of both the initiator and responder. When one spouse expresses his hurt in an angry, hostile, or accusatory way, he is generally much less vulnerable than a spouse who expresses his hurt in a soft and heartfelt way. When vulnerable expressions are couched in an angry tone, less vulnerability is apparent because anger serves to hide the vulnerable expression and often relates to a defensive stance in which the partner is already "armed" in case of attack. In fact, some people may feel more vulnerable when expressing anger if their normal stance is to withdraw and not express themselves, as this reveals feelings or beliefs not normally expressed. For example, a spouse may use a loud tone to say, "You made time to accompany this other woman to a stupid baseball game, but you can't seem to make any time for me!" This statement is more likely to make the responding partner defensive or feel attacked, however may still be a vulnerable expression in that the spouse is revealing underlying feelings of rejection. If she were to express the same underlying sentiment in a softer way, such as by saying, "I just don't feel important to you," the responding partner might be more apt to provide a positive response instead. Thus, vulnerable statements can be both soft and hard expressions. The rater's idiographic knowledge of each partner and their relationship will help the rater determine what behaviors and expressions put each individual in a vulnerable state within the relationship. In general, initiating behaviors that include eye contact and are directed to

the spouse are considered to be more vulnerable than those vulnerable statements that are made without eye contact and/or to the therapist.

After the initial display of vulnerability, the responding partner's reaction is critical to understand. Positive responses may include reciprocal vulnerability, conveying an emotional or intellectual understanding of the vulnerable partner's experience, validation, non-blaming clarification questions that demonstrate interest and/or compassion. These responses support the initiating partner's vulnerability, whereas negative responses are thought to create conflict and/or obstruct further vulnerable expressions. Negative partner responses include criticism, defensiveness and blame, among others.

In the situation where a partner engages in a vulnerable behavior and the therapist responds (whether or not the response is directly related to the vulnerable behavior), thus hindering the opportunity for the spouse to respond, this should be coded as vulnerability + therapist response. This code indicates that the partner engaged in a significant behavior, but the spouse did not have a direct opportunity to respond due to the therapist speaking. It is extremely important that this code is only used when the therapist's response to the partner's vulnerability removes an immediate opportunity for the spouse to directly respond. If the initiating partner's vulnerable behavior is not directly followed by a therapist comment and the spouse *does* have an opportunity to respond, but *chooses* not to (e.g., stays silent, no change in non-verbal behavior), then the vulnerability + no response code should be used. If the spouse appears to display a nonverbal behavioral response *during* the initiating component of the interaction (e.g., nods his or her head), a code should be used in conjunction with the therapist response code to best represent

what was observed (e.g., vulnerability + therapist response and vulnerability + neutral response).

Raters should note that as with every code, these examples are guidelines and should not be applied rigidly.

**Subcategories.** These are the examples of vulnerability followed by positive or negative partner responses, or the therapist responses, that comprise this overall category. This is not an exhaustive list – others may be present and should be coded even if they do not fit clearly into one of these specific subcategories.

***Vulnerability + positive response:***

- Vulnerability + reciprocal vulnerability (both partners sharing emotions or personal history/issues in a vulnerable way)
- Vulnerability + emotional understanding/empathy (having an emotional understanding of the perspective and experience of one's partner)
- Vulnerability + intellectual understanding (having a logical, conceptual understanding of the perspective and experience of one's partner)
- Vulnerability + validation
- Vulnerability + compassion/appreciation/reassurance/apology
- Vulnerability + use of non-belittling humor
- Vulnerability + increased physical contact and/or nonverbal affection (e.g., hand holding, eye contact, smiling)
- Vulnerability + neutral response (e.g., acknowledgment without significant change in physical/verbal behavior, active listening)

***Vulnerability + negative response:***

- Vulnerability + criticism/attack
- Vulnerability + annoyance/dismissing/invalidation (not attending to partner's feelings with empathy)
- Vulnerability + contempt
- Vulnerability + blame/defensiveness
- Vulnerability + pressure to change
- Vulnerability + withdrawal and/or decrease in positive nonverbal gestures (e.g., removal of eye contact)
- Vulnerability + sarcastic/belittling/inappropriate humor

***Vulnerability + no response*** (no change in physical or verbal behavior, no acknowledgement of initiating component of the interaction)

***Vulnerability + therapist response***

**Non-blaming, intellectual problem discussion**

The code *Non-Blaming, Intellectual Problem Discussion* involves talking about a relationship issue, such as a general pattern or theme, in a non-blaming and intellectualized manner. A partner's description of his or her own component of the interaction, his or her spouse's contribution to the interaction, and/or the combined interaction dynamics would constitute a non-blaming intellectual problem discussion. This type of discussion frequently involves relating a specific incident to the overall conceptualization of the couple's main differences, interaction patterns, and/or emotions. The key is that the discussion of the conflict, or the couple's interaction around the conflict, occurs without simultaneously experiencing the emotional reactions that are

typically involved. It is essential that the discussion be non-blaming and somewhat intellectualized in that spouses may be discussing negative emotional reactions, but they are not acting upon them. For example, if the initiating spouse says, "If he would just leave me alone when I'm upset, this would all be fine!" it indicates a blaming or accusatory tone. A non-blaming and somewhat intellectualized version of this statement might be, "If I admitted when I was upset instead of denying it, he probably would respond better and I wouldn't get so annoyed with him constantly asking me "What's wrong?" "

Another example of a non-blaming discussion could include pointing out similarities in each spouse's experience during an interaction by saying, "We were both misinterpreting each other - you were processing the information silently while I wanted to discuss it aloud." In describing the difference or pattern of interaction, partners may refer to a label (e.g. pursue-withdraw) or a humorous name. This can also take a form similar to "We were doing our thing again."

It follows that non-blaming, intellectual discussions often involve discussing relationship dynamics using words such as "we," "our" and/or "us" (e.g., "Our pattern" or "When we do this…"), suggesting a sense of togetherness and mutual responsibility for their interactional pattern. While the use of these words does not always occur during a non-blaming problem discussion, nor do they signify that a non-blaming problem discussion is definitively occurring when they are used, they are often a good indication that a non-blaming discussion might be occurring.

When the responding partner resorts to reactions such as criticism, blame, defensiveness, or withdrawal, the couple often becomes emotionally engaged in the

problem. Partners are no longer gaining an intellectual understanding of their interaction patterns, but instead may experience a rise in emotional reactivity or become fixated on a particular incident rather then discussing patterns in a more general way.

In the situation where a partner attempts to start or continue in a non-blaming, intellectual discussion and the therapist responds, thus hindering the opportunity for the spouse to respond, this should be coded as non-blaming, intellectual problem discussion + therapist response. This code indicates that the partner engaged in a significant behavior, but the spouse did not have a direct opportunity to respond due to the therapist speaking. It is extremely important that this code is only used when the therapist's response to the partner's non-blaming discussion removes an immediate opportunity for the spouse to directly respond. If the initiating partner's behavior is not directly followed by a therapist comment and the spouse *does* have an opportunity to respond, but *chooses* not to (e.g., stays silent, no change in nonverbal behavior), then the non-blaming, intellectual problem discussion + no response code should be used. If the spouse appears to display a nonverbal behavioral response *during* the initiating component of the interaction (e.g., nods his or her head), a code should be used in conjunction with the therapist response code to best represent what was observed (e.g., non-blaming, intellectual problem discussion + therapist response and non-blaming, intellectual problem discussion + neutral response).

Raters should note that as with every code, these examples are guidelines and should not be applied rigidly.

**Subcategories.** These are the examples of non-blaming, intellectual problem discussions followed by positive or negative responses that comprise this overall category. This is not an exhaustive list – others may be present and should be coded even if they do not fit clearly into one of these specific subcategories.

***Non-blaming, intellectual problem discussion + positive response:***

- Non-blaming, intellectual problem discussion + non-blaming, intellectual response
- Non-blaming, intellectual problem discussion + sharing of personal information (personal history and/or issues)
- Non-blaming, intellectual problem discussion + increase in soft emotions/vulnerability
- Non-blaming, intellectual problem discussion + validation
- Non-blaming, intellectual problem discussion + use of non-belittling humor
- Non-blaming, intellectual problem discussion + increased physical contact and/or nonverbal affection (e.g., hand holding, eye contact, smiling)
- Non-blaming, intellectual problem discussion + neutral response (e.g., acknowledgment without significant change in physical/verbal behavior, active listening)

***Non-blaming, intellectual problem discussion + negative response:***

- Non-blaming, intellectual problem discussion + criticism/attack

- Non-blaming, intellectual problem discussion + annoyance/dismissing/invalidation (not attending to partner's feelings with empathy)
- Non-blaming, intellectual problem discussion + contempt
- Non-blaming, intellectual problem discussion + blame/defensiveness
- Non-blaming, intellectual problem discussion + pressure to change
- Non-blaming, intellectual problem discussion + withdrawal and/or decrease in positive nonverbal gestures (e.g., removal of eye contact)
- Non-blaming, intellectual problem discussion + sarcastic/belittling/inappropriate humor

***Non-blaming, intellectual problem discussion + no response*** (no change in physical or verbal behavior, no acknowledgement of initiating component of the interaction)

***Non-blaming, intellectual problem discussion + therapist response***

**Validation**

A spouse demonstrates validation through stating something positive about his or her partner's behavior or emotional experience, whether through a direct positive statement, compassion, empathy, encouragement, appreciation, and/or support (e.g., "It's okay to feel that way"). Validation occurs when one spouse displays understanding for his or her partner's feelings, such as expressing understanding and empathy through commenting, "I never realized how hurt you feel when I forget to call and come home late." Validation may also involve a spouse offering an apology, sympathy, empathy, to help, or normalization (e.g., "I do that too sometimes"). Other behaviors included as

validation are: offers of reassurance, admitting fault, showing caring and understanding, showing trust or acceptance of the partner, and mentioning something positive about partner's behavior (e.g., "You're a good mom").

Another way that validation might occur is through a spouse agreeing with the therapist's positive or non-blaming conceptualization of the partner's feelings, thoughts, and/or behaviors. For example, the therapist could explain, "Even though being 30 minutes late doesn't seem important to you, she experiences it as a threat of being left alone and gets scared." If the husband responds by saying, "I didn't realize she was scared, I didn't see it that way before," it indicates that he is validating the wife's perspective. Interactions that demonstrate a willingness to appreciate one's partner's feelings, thoughts, or behaviors as differences, rather than as negative qualities, are considered to be validation.

While the first aspect of validation involves a positive comment about some aspect of a partner's behavior or emotional experience, the second component of validation entails how the partner responds. Positive responses include appreciation, vulnerability or reciprocally validating comments about the initiating partner's behavior or emotions. Negative partner responses include becoming defensive, showing indifference, decreasing physical contact (e.g., moving to sit further away from partner), or blaming. For example, if the initiating partner says, "I didn't know how unappreciated you felt, I'm sorry," and the responding partner reacts by saying, "*Now* you act like you understand, but it's just because you're trying to look good in front of the therapist!" it demonstrates a defensive response.

APPENDIX H

Therapist and Consultant Post Treatment Questionnaire

**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 |

# APPENDIX I

## Ratings After the Feedback Session

Couple ID_____ Date of session:_____

Husband / Wife (circle one)

**Ratings After the Feedback Session**

You have just completed a session in which your therapist provided feedback about your relationship and outlined a treatment plan. We would like to get your impressions of this session. Please complete this form independently (without discussing it with your spouse) immediately following the session and mail this form directly to the project in the envelope provided. Your therapist will **NOT** see this form.

1. Our therapist's feedback about our relationship and the problems that brought us to counseling was

O O O O O O O O O

Completely Incorrect, Off the Mark — Half and Half — Extremely Correct, On the Mark

2. Our therapist's description of our treatment plan struck me as

O O O O O O O O O

Irrelevant to Our Problems — Half and Half — Just what we need

3. In our therapist's feedback to us, he/she

O O O O O O O O O

Sided with wife — Was even handed — Sided with husband

| **My therapist:** | not at all | some | pretty much | very much |
|---|---|---|---|---|
| 4. is friendly and warm. | O | O | O | O |
| 5. seems involved. | O | O | O | O |
| 6. seems confident. | O | O | O | O |
| 7. seems interested. | O | O | O | O |
| 8. seems optimistic. | O | O | O | O |
| 9. seems alert. | O | O | O | O |
| 10. is one whom I would recommend to another person. | O | O | O | O |

APPENDIX J

Therapist Expectancy Measure

Couple ID_____ Date of feedback session:_____

**THERAPIST EXPECTANCY MEASURE**
***(to be completed by therapist IMMEDIATELY AFTER the feedback session)***

Directions: Fill in the bubble that best represents your expectation or prediction of what will take place in therapy.

1. To what extent will the husband change his behavior to accommodate his wife's desires?

O O O O O O O O O O

Very unlikely to change — As likely to change as not — Very likely to change

2. To what extent will the wife change her behavior to accommodate her husband's desires?

O O O O O O O O O O

Very unlikely to change — As likely to change as not — Very likely to change

3. To what extent will the husband come to accept his wife's problematic behaviors?

O O O O O O O O O O

Very unlikely to accept — As likely to accept as not — Very likely to accept

4. To what extent will the wife come to accept her husband's problematic behaviors?

O O O O O O O O O O

Very unlikely to accept — As likely to accept as not — Very likely to accept

5. To what extent will this couple benefit from their therapy (i.e., greater relationship satisfaction as a result of therapy)?

O O O O O O O O O O

Very unlikely to benefit — As likely to benefit as not — Very likely to benefit

APPENDIX K

Client Evaluation of Services

Couple ID_____ Date_____

Husband / Wife

**CLIENT EVALUATION OF SERVICES**

Please help us improve our program by answering some questions about the service you have received. We are interested in your honest opinion, whether they are positive or negative. *Please answer all of the questions.* We also welcome your comments and suggestions. Due to the sensitive nature of the feedback you are providing, your responses will remain *confidential* from your therapist. Thank you very much, we really appreciate your help.

1. How would you rate the quality of service you have received?

| | | | |
|---|---|---|---|
| o | o | o | o |
| Poor | Fair | Good | Excellent |

2. Did you get the kind of service you wanted?

| | | | |
|---|---|---|---|
| o | o | o | o |
| No, definitely not | No, not really | Yes, generally | Yes, definitely |

3. To what extent has our program met your needs?

| | | | |
|---|---|---|---|
| o | o | o | o |
| None of my needs have been met | Only a few of my needs have been met | Most of my needs have been met | Almost all of my needs have been met |

4. If a friend were in need of similar help, would you recommend our program to him or her?

| | | | |
|---|---|---|---|
| o | o | o | o |
| No, definitely not | No, I don't think so | Yes, I think so | Yes, definitely |

5. How satisfied are you with the amount of help you have received?

| o | o | o | o |
|---|---|---|---|
| Quite dissatisfied | Indifferent or mildly dissatisfied | Mostly satisfied | Very satisfied |

6. Have the services you received helped you to deal more effectively with your problems?

| o | o | o | o |
|---|---|---|---|
| No, they seemed to make things worse | No, they really didn't help | Yes, they helped somewhat | Yes, they helped a great deal |

7. In an overall, general sense, how satisfied are you with the services you have received?

| o | o | o | o |
|---|---|---|---|
| Quite dissatisfied | Indifferent or mildly dissatisfied | Mostly satisfied | Very satisfied |

8. If you were to seek help again, would you come back to our program?

| o | o | o | o |
|---|---|---|---|
| No, definitely not | No, I don't think so | Yes, I think so | Yes, definitely |

9. How helpful were the materials the therapist gave you to read about communication and conflict (e.g. book chapters, problem-solving manuals, etc.)?

| o | o | o | o |
|---|---|---|---|
| They were not at all helpful | They were a little helpful | They were quite helpful | They were very helpful |

10. What were the **most helpful** and **least helpful** things about the therapy?

APPENDIX L

IRB Approval Notice

# PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

May 5, 2014

Hengameh Mahgerefteh

**Protocol #:** P0314D02
**Project Title:** Integrative Behavioral Couple Therapy: A Case Study

Dear Ms. Mahgerefteh:

Thank you for submitting your application, Integrative Behavioral Couple Therapy: A Case Study, for expedited review to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you and your advisor, Dr. Eldridge, completed on the proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 (Research Category 7) of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

I am pleased to inform you that your application for your study was granted **Full Approval.** The IRB approval begins today, **May 5, 2014** and terminates on **May 5, 2015**. In addition, your application to waive documentation of informed consent has been **approved.**

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. One copy of the consent form is enclosed with this letter and one copy will be retained for our records. **You can only use copies of the consent that have been stamped with the GPS IRB expiration date to obtain consent from your participants.**

Please note that your research must be conducted according to the proposal that was submitted to the GPS IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For ***any*** proposed changes in your research protocol, please submit a Request for Modification form to the GPS IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and require submission of a new IRB application or other materials to the GPS IRB. If contact with subjects will extend beyond **[DATE]**, a **Continuation or Completion of Review Form** must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* (see link to "policy material" at http://www.pepperdine.edu/irb/graduate/).

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact me. On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

6100 Center Drive, Los Angeles, California 90045 ▪ 310-568-5600

Sincerely,

Thema Bryant-Davis, Ph.D.
Chair, Graduate and Professional Schools IRB
Pepperdine University

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives
Mr. Brett Leach, Compliance Attorney
Dr. Nancy Eldridge, Faculty Advisor