Acceptance and Change in Couple Therapy: Integrative Behavioral Couple Therapy

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Theoretical Differences: IBCT vs. TBCT and CBCT

• Emphasis on molar targets (themes and patterns) versus molecular targets (specific behaviors and thoughts)
• Inclusion of distal and historical as well as proximal variables in case formulation
• Emphasis on emotional acceptance as well as active behavior change
• Use of contingency-shaped versus rule-governed strategies for achieving acceptance and change (evocative vs. deliberate change)
Two Strategies of Change

• Rule-governed (structured/deliberate) change
  – Suggest/impose new rules (dates, accept, think)
  – Help couples negotiate new rules
  – Dilemma: behaviors versus emotions; compliance; inauthentic/unnatural, not naturally reinforcing

• Contingency-shaped (naturalistic/’’spontaneous’’) change
  – Elicit/evoke new reactions, experiences
  – Reinforce new responses
  – Dilemma: what will elicit a new experience
Use of “Always” or “Never”

• Traditional BCT
  – Communication error
  – Practice correctly

• Cognitive Behavior Therapy
  – Black and white thinking
  – Look for exceptions; Correct cognitive error

• Integrative Behavioral Couple Therapy
  – Catch it in session or discuss a recent incident of it
  – Explore what is going on with the one who said it
  – Explore impact on partner
Overview of IBCT

• Assessment phase
  – 1 joint and 2 individual sessions

• Clinical formulation and feedback
  – 1 joint session

• Active treatment
  – Multiple joint sessions

• Termination
  – Spaced joint sessions
Assessment and Feedback: Format

- Initial session with both partners
  - Presenting problems and context
  - Relationship history
  - Assign measures, book

- Individual interviews with each partner
  - Presenting problems and context
  - Violence, affairs, commitment
  - Individual history and current social context

- Feedback session with both partners
  - Feedback on assessment; outline of treatment
Feedback Session: Case formulation

• Level of distress and commitment
• Case Formulation – **DEEP** analysis of the problematic issue or theme with which the couple struggles
  – Differences or incompatibilities
  – Emotional reactions/sensitivities/vulnerabilities
  – External circumstances/stressors
  – Patterns of communication/interaction
  – Impact – hopeless/helpless, adversaries/strangers
  – Video example
• Strengths – individual and couple
Feedback Session:
Treatment Plan

• General goals for treatment
  – Acceptance of differences & sensitivities
  – Change patterns of interaction

• Specific goals related to issues

• Methods:
  – Incidents (+, -, future) & issues
  – Discussion with T active participation

• Weekly questionnaire as basis
Therapeutic Methods in IBCT

• Guiding Formulation – DEEP understanding
• Focus on emotionally salient, in-vivo exp.
  – Events in therapy that reflect formulation
  – Recent or upcoming incidents
  – Issues of current concern that reflect formulation
• Strategies:
  – Affective change – “Empathic Joining”: New emotional experience (compassionate Dis)
  – Cognitive change: “Unified Detachment”: New perspective on the problem (Analytical Dis)
  – Behavioral change: New coping (Practical Dis)
Format for Treatment Sessions

- Weekly Questionnaire; Check-in
- Violent/destructive event; major change
- Debrief positive events
- Set agenda based on client incidents/issues
- Use interventions below for incidents/issues
- Shift agenda as problem discussion ⇒ problem
- Wind down and summary
  - Questionnaire, homework
Who Talks to Whom?

• Each partner talks to therapist
  – Therapist has most control
  – Therapist insures hearing & validation for each
  – Therapist can reinforce each appropriately
  – Therapist can transition effectively
  – Less generalization

• Couple talks to each other
  – Therapist directs the discussion - enactments
  – Therapist intervenes in the discussion
  – Therapist watches and applauds discussion
Empathic Joining – Purpose
(focus: Emotional Sensitivities)

• Heart-to-heart discussion of a significant relationship experience
• Both partners share feelings, some that they may not have shared before
• Partners experience understanding and validation, from therapist & partner
• Partners experience greater intimacy and emotional acceptance
Empathic Joining:
Therapeutic Strategy

• Be attentive to emotional reactions
  – Hidden, initial, primary, soft vs.
  – Surface, secondary, reactive, hard

• Prompt personal disclosure
  – Probe, explore, elicit, suggest emotions
  – Highlight, validate and reflect emotions
  – Prompt disclosure to partner
  – Prompt partner response (e.g., summary, reaction)
Unified Detachment – Purpose (focus: Pattern of Interaction)

• Intellectual discussion about a significant relationship experience
• Partners reveal thoughts, views, perspectives, and observations
• Discussion of relationship experience is
  – descriptive, nonjudgmental, dyadic, and mindful
  – versus evaluative, blaming, individually oriented and responsibility-seeking
• Partners often feel a sense of common, unified perspective on a problem and greater acceptance of the problem
Unified Detachment: Therapeutic Strategies

• Engage couple in a discussion that
  – Describes sequence and patterns
  – Identifies “triggers” and “buttons”
  – Makes comparisons/contrasts (ratings)
  – Distinguishes intentions from effects
  – Employs humor, metaphor, and images
  – Treats problem as an “it” versus a “you”
Direct Change - Purpose

- Communicate more effectively
- Problem solve more effectively
- Increase positive interactions
- Increase tolerance of negative events
- Partners often experience a greater sense of confidence and control
Direct Change - Strategies

• Strategies
  – Prompt existing behavioral repertoires first
  – Teach new communication/problem solving strategies or suggest new + events secondarily

• Interventions
  – Replay difficult interactions
  – Discuss vexing problems and possible solutions
  – Identify, prompt, & debrief + actions
  – Anticipate/prepare for challenging events
  – Conduct Tolerance interventions
  – Do BE; Train traditional CT/PST
Ordering of Interventions

• Start with EJ & UD not direct change
  – Partners get heard, understood, and true issues and feelings exposed
  – May on its own trigger improved functioning

• Integrate EJ and UD
  – Debriefing incident in or out of therapy

• When doing direct change interventions
  – Prompt existing behaviors before teaching new behaviors
Ordering of Interventions - Continued

• Tolerance interventions done
  – Later rather than earlier
  – When couples have some distance

• Adapt interventions to couple
  – Capitalize on their strengths (e.g., humor)
  – Address needed deficits (e.g., difficulty in expressing emotion, shutting down during difficult communication)
  – Repeat what works
Termination Phase

• When should you begin termination?
  – Significant progress made
  – Couple desires termination
  – Little of emotional significance to discuss
  – Note – 26 sessions max in clinical trial

• Process of termination
  – Space sessions at longer intervals
  – Allow boosters sessions as needed
Termination Session

- A post-treatment feedback session, emphasizing progress
- Use post-treatment data as part of the feedback
- If couple calls in to terminate, suggest a closure session
- Plans for dealing with set-backs
Empirical Evidence for IBCT

• John Wimberly Dissertation, 1997
  – 17 couples (8 IBCT vs. 9 wait list control)
  – IBCT (group Rx) > wait list control

• Jacobson et al., 2000
  – 21 married couples (10 IBCT; 11 TBCT)
  – Clinically significant change by termination
    • TBCT – 64%; IBCT - 80% reliable improvement or recovery

• Christensen et al. (2004; 2006, 2010)
Major Clinical Trial

• NIMH Multi-Site Study of Marital Therapy
  – Los Angeles & Seattle: 134 married couples
  – Comparing TBCT (68) vs. IBCT (66)
  – 26 sessions of Rx plus regular, 6-month follow-ups over 5 years

• Special Features
  – Seriously and stably distressed couples
  – High quality therapy
Data on Current Study

• Termination Data
  – Different trajectories of change in Rx
  – Improvement: 60.6% TBCT; 70.3% IBCT

• Two year follow-up data
  – Separations/divorces (15-20%)
  – Improvement: 60% TBCT; 69% IBCT
  – Significantly greater satisfaction over the 2 year FU for IBCT than TBCT
Data on Current Study

• 5 year follow-up data
  – Separation/divorce: 28% TBCT; 26% IBCT
  – Effect size: 0.92 TBCT; 1.03 IBCT
  – Cl. Sig. Improvement: TBCT – 46%; IBCT – 50%

• Conclusions about TBCT and IBCT
  – Similar, substantial improvement during Rx
  – Substantial maintenance for 2 years post treatment
  – Greater maintenance of gains in IBCT for 2 yrs
  – Without booster sessions, some loss of gains from 3-5 years and convergence of treatment effects
  – Seriously distressed couples may need additional booster sessions post treatment