

Byrne, M. , Carr, A. & Clarke. (2004). The efficacy of behavioural couples therapy and emotionally focused therapy for couple distress. *Contemporary Family Therapy*, 26 (4), 361-387.

**THE EFFICACY OF BEHAVIOURAL COUPLES THERAPY AND
EMOTIONALLY FOCUSED THERAPY FOR COUPLE DISTRESS**

Michael Byrne

Clinical Psychologist, Midland Health Board, Ireland.

Alan Carr

Director of the Clinical Psychology Training Programme,
Department of Psychology, University College Dublin, Ireland

Marie Clark

Lecturer, Department of Psychology, University of Surrey, United Kingdom

Manuscript Number: 20-521

Total word count: 5,300 words and 2 tables – 25 pages

Running head or short title: Efficacy of BCT and EFT

Keyword: Behavioral Couples Therapy, Emotionally Focused Therapy, Treatment Outcome

Correspondence to Professor Alan Carr, Department of Psychology, Faculty of Human Sciences, John Henry Newman Building, University College Dublin, Belfield, Dublin 4, Ireland. Tel: +353-1-716-8740 (Direct) 716-8120 (Secretary) Fax: + 353-1-716-1181.
email: alan.carr@ucd.ie

Submitted in May 2004 to: Dr Bill Nichols, Editor, Contemporary Family Therapy, 755 West Lake Drive, Athens, GA 30606 USA. Nicholsw@aol.com,

ABSTRACT

Twenty treatment outcome studies, 13 of which evaluated behavioral couples therapy (BCT) and 7 of which evaluated emotionally focused therapy (EFT) were reviewed. A total of 827 couples participated in the 20 studies from which the following conclusions were drawn. BCT leads to short and long-term gains for moderate to severe couple distress. After treatment the average couple treated with BCT fares better than 83% of untreated couples. Between a half and two-thirds show clinically significant improvement which is maintained at follow-up periods ranging from 6 months to 4 years. In the long term BCT probably leads to no better outcomes than its constituent components - behavioral exchange training, and communication and problem solving skills training. The addition of a cognitive therapy component to BCT or the use of a variety of treatment formats does not improve the efficacy of BCT. Integrative couples therapy and insight-oriented marital therapy may be more effective than BCT, but the studies supporting this conclusion require replication. EFT leads to short and long-term gains for mild to moderate couple distress. After treatment the average couple treated with EFT fares better than 89% of untreated couples. Between a half and almost three quarters of couples show clinically significant improvement which is maintained at follow-up periods ranging from 4 months to 2 years. In a single EFT outcome study improvement rates increased from post-treatment to 2 years follow-up, suggesting the effects of EFT may strengthen with time rather than 'wash out'. The addition of a cognitive therapy component to EFT does not enhance its efficacy. EFT may be more effective than problem solving therapy and less effective than integrated systemic therapy, but the two studies supporting this conclusion require replication.

INTRODUCTION

The aim of this paper is to review the efficacy of behavioral couples therapy (BCT, Jacobson & Margolin, 1979) and emotionally focused couples therapy (EFT, Johnson, 1996) in alleviating couple distress. Researchers in this area typically define distressed couples as those reporting significant relationship difficulties and scoring below a cut-off point on one of several self-report measures of relationship satisfaction such as the Dyadic Adjustment Scale (Spanier, 1976). The alleviation of couple distress is important because of the serious negative outcomes associated with it. Couple distress is a predisposing risk factor or a maintaining factor for many psychological disorders including mood disorders (Whisman, 2001), anxiety disorders (McLeod, 1994), alcohol abuse (Halford & Osgarby, 1993), and psychoses (Tienari et al., 1987). Couple distress increases the risk of problems in children including attachment and behavioral difficulties (Erel & Burman, 1995), the development of poor coping responses (Laumakis, Margolin, & Ross, 1998), lower social competence with peers, and academic difficulties (Grych & Fincham, 1990). Many distressed couples opt for divorce, with over 50% of marriages ending in divorce in the USA (Bray & Jouriles, 1995). This life event can in turn put both adults and children at greater risk for detrimental psychological, physical, and financial consequences (Stroup & Pollock, 1994).

Rationale for BCT and EFT

Although there are many treatment models for couple distress (Gurman & Jacobson, 2002) BCT and EFT are of particular importance because both are theoretically based, manualized, and empirically supported. BCT is based on a social theory and the observation that distressed couples engage in interactions patterns characterized by mutual punishment rather than mutual positive reinforcement of relationship enhancing behaviors (Jacobson & Margolin, 1979). Behavioral exchange training, and

communication and problem solving skills training are the two central components of BCT. In behavioral exchange training individuals learn to identify events that are reinforcing for their partners and to make mutual contracts to facilitate the occurrence of such events. In communication and problem solving skills training couples learn how to communicate clearly and engage in joint systematic problem solving. These skills are required to negotiate more productive behavioral exchanges outside therapy sessions. Techniques from cognitive behavior therapy have been incorporated in BCT (e.g., Baucom & Epstein, 1990; Baucom, Epstein & LaTaillade, 2002). In light of the increasing evidence that distressed couples display beliefs, attributions and cognitive distortions that maintain their destructive interaction patterns. Cognitive behavior therapy techniques, such as cognitive restructuring, focus on helping couples develop beliefs and attributions more conducive to mutually reinforcing patterns of interaction.

EFT is based on attachment theory and the observation that distressed couples experience disruption of attachment within their relationships (Johnson, 1996; Johnson & Denton, 2002). Such disruption initially evokes primary emotions such as fear of abandonment which later give rise to secondary emotions such as anger. Negative interaction patterns occur within couples when secondary emotions such as anger are repeatedly expressed by attacking or withdrawing from one's partner, and primary emotions such as fear of abandonment and the need for security are not expressed. In EFT, couples are helped to recognize negative interaction patterns, to pinpoint the secondary emotions (such as anger) on which these patterns are based; and to experience and express instead the primary emotions (such as fear of abandonment and need for attachment) which underpin the secondary emotions (such as anger) which have not been expressed. Through this process attachment bonds within the couple are re-established and dysfunctional reciprocities are replaced with more adaptive interaction patterns.

Conclusions from Previous Reviews

From previous reviews of the literature on couples-based treatment of couple distress a number of tentative conclusions have been drawn about BCT and EFT (Baucom et al., 1998; Dunn & Schwebel, 1995; Hahlweg & Markman, 1988; Wesley & Waring, 1996). First, BCT is efficacious in treating moderate to severe couple distress for a significant proportion of cases but there is a tendency for some couples to relapse over long-term follow-up. Second, BCT's efficacy with this population is not enhanced by the integration of supplementary cognitive techniques. Third, EFT is efficacious in reducing mild to moderate couple distress and there is a tendency for couples to continue to improve after treatment has ended. The aim of the present review was to attempt to refine these tentative conclusions, by systematically evaluating outcome studies of BCT and EFT for couple distress.

METHOD

A series of computer-based literature searches of the PsychInfo database were conducted to identify studies that evaluated the efficacy of BCT and EFT for couple distress. Terms that defined couples (*marriage, marital, couple, family, relationship, interpersonal, conjoint, systemic, and spouse*) and distress (*distress, distressed, functioning, discord, adjustment, satisfaction, conflict, quality, and disputes.*) were combined with terms that defined BCT and EFT (*behavioral marital therapy, behavioral couples therapy, emotionally focused couples therapy, treatment, therapy, marital therapy, spouse-assisted therapy, and behavior therapy*). The searches, which were confined to English language journals and book chapters, covered the period 1982 to 2002. A manual search through the bibliographies of major recent review papers was also conducted. Both controlled and

uncontrolled treatment outcome studies were selected for review provided they included reliable and valid pre- and post-treatment assessment instruments.

Characteristics of studies

Twenty studies were identified, 13 which evaluated BCT and 7 of which evaluated EFT. The findings of these twenty studies are presented in Table 1 and methodological features are given in Table 2. In Table 1, the studies have been numbered 1-20, and for the sake of brevity will be referred to throughout the paper with reference to their numbers as given in this table. For the BCT studies, the majority of couples fell in the moderate to severe range of couple distress at the start of treatment. In contrast, for EFT, the majority of couples fell in the mild to moderate range of couple distress. The duration of treatment ranged from 10 to 21 sessions for BCT and from 8 to 12 weekly sessions for EFT studies. The number of participants per treatment condition ranged from 5-30 for BCT and from 13 to 34 for EFT studies. A total of 827 couples participated in the 20 studies, 578 (or 70%) of couples participated in BCT studies while 249 (or 30%) of couples participated in EFT studies. At least 85% of the BCT couples and at least 83% of the EFT couples were married, and the remainder were cohabiting. BCT participants' ages ranged from 19 to 59 years with a mean age of 36 years. EFT participants' ages ranged from 22 to 60 years with a mean age of 37 years. Participants in these studies included self-referrals, referrals from community agencies, and couples recruited from advertisements or from screening parents of chronically-ill children. The primary measure of relationship distress in 14 studies was the Dyadic adjustment scale (Spanier, 1976); in 3, was the Maudsley Marital Questionnaire (Crowe, 1978); in 2, was the Marital Adjustment Scale (Locke & Wallace, 1959) and in 1, was the General Happiness Rating Scale (Terman, 1938). Dropout rates from the 13 BCT studies ranged from 0% to 39% with a mean of 12%. Dropout rates from the 7 EFT studies ranged from 0% to 35% with a mean of 7%.

Methodological Features

From Table 1 it may be seen that the 20 studies varied in methodological rigor. Eighteen studies included comparison groups, 12 of which had a waiting-list control condition, and two studies were single treatment outcome studies where treated couples served as their own controls. In 17 of the 18 comparative group studies, cases were randomly assigned to groups. In all 20 studies participants were evaluated before and after treatment with reliable and valid assessment instruments. In 15 studies follow-up data up to at least three months were collected. From Table 1 it may be seen that follow-up periods ranged from one month to 53 months. In all 20 studies assessment included both self- and partner-report data. Therapist evaluations were made in only one study while researcher ratings were made in 11 studies. The quality of the couple's relationship was assessed in all 20 studies and the clinical significance of treatment effects (on relationship quality) was assessed in 12 studies. Experienced therapists rather than graduate students in training conducted treatment in seven studies. Treatment was manualised in 16 studies. Therapist supervision was provided in 13 studies and treatment integrity was checked in 11 studies. Using the checklist for methodological robustness in Table 2, which is a synthesis of other similar checklists (Carr, 2000; Gurman & Kniskern, 1978, 1981), scores of studies ranged from 9 to 15 out of 15. This indicates that the group of studies reviewed were methodologically fairly robust, so confidence may be placed in the reliability and validity of their results.

Improvement indices

In Table 1 for each study the overall pattern of group differences is given along with four specific indices of outcome where possible: (a) effect size, (b) percent improved, (c)

percent non-distressed, and (c) percent recovered. These four outcome indices are based on scores from the primary measure of relationship distress used in each study.

Effect sizes were computed by subtracting the mean of the control group from the mean of the main treatment condition (i.e., either BCT or EFT) and dividing this by the standard deviation of the control group (Cohen, 1988). Effect sizes of .2 are interpreted as small; those of .5 are moderate; and those over .8 are large. Effect size indicates how well an average treated couple fared compared with untreated couples. For example an effect size of 1.0 indicates that the average treated couple fared better after treatment than 84% of untreated cases in the control group.

The percentage improved is based on the number of couples that showed a clinically significant increase in relationship satisfaction using the reliable change index (Jacobson & Truax, 1991). The reliable change index is computed by dividing the difference between the pretreatment and posttreatment scores by the standard error of the difference between the two scores. Indices greater than 1.96 reflect clinically significant improvement.

The percent non-distressed is based on the number of couples that reached the non-distressed range of the primary measure of relationship distress at outcome assessment.

The percent recovered is based on the number of cases that showed improvement on the reliable change index and were also functioning in the non-distressed range at outcome assessment. This is the most stringent outcome index (Jacobson, Roberts, Berns, & McGlinchy, 1999).

RESULTS

BCT compared with waiting list control groups

In 7 studies (1, 2, 3, 7, 9, 12 and 13) BCT was compared with a waiting list control group. In all 7 studies after treatment, the BCT group showed statistically significant improvement in relationship distress compared with the control group. Post-treatment effect sizes were available for 6 of the 7 studies (1, 2, 3, 7, 12 and 13) and ranged from 0.57 to 1.45 with an overall mean effect size of 0.95. This large effect size indicates that the average treated couple fared better at the end of treatment than 83% of untreated couples. Of the 7 studies, improvement rates based on the reliable change index were reported for 3 (studies 3, 9, and 12) and these ranged from 60-75% with a mean of 66%. Of the 7 studies, the number of couples falling into the non-distressed range were reported for 4 (studies 2, 3, 7 and 9) and ranged from 40-81% with a mean of 62%. Recovery rate was only available for study 12 and the rate was 55%.

In the 6 studies (2, 3, 7, 9, 12 and 13) where 6 month follow-up data were available, BCT groups maintained statistically significant improvement in relationship distress compared with control groups 6 months after the end of treatment. In the two studies (7 and 9) where follow-up data for 1-2 years were reported, BCT groups maintained statistically significant improvement in relationship distress compared with control groups, 1-2 years after the end of treatment.

Numbers of couples falling into the non-distressed range were reported for 4 studies (2, 7, 9 and 12) at follow-up periods ranging from 6 months to 4 years. The numbers of couples falling into the non-distressed range at 6 months to 4 years follow-up ranged from 50 to 64% and the mean was 54%.

For other outcome indices, follow-up information was only available for two studies. In study 7 at 1 year follow-up, the effect size was 1.25, indicating that the average couple treated with BCT fared better a year after treatment than 89% of untreated couples. In

study 9, at 2 years follow-up 67% of couples showed improvement as assessed by the reliable change index.

BCT compared with constituent components

Three studies (1, 7 and 9) evaluated the comparative effectiveness of BCT and its two constituent components - behavioral exchange training, and communication and problem solving skills training. In two of these studies (1 and 9) there were no significant differences between the impacts of BCT and communication and problem solving skills training on marital distress after therapy. In study 1 behavioral exchange training led to similar outcomes as BCT and communication and problem solving skills training, but in study 9, behavioral exchange training led to greater improvements immediately after therapy. However, at two years follow-up this advantage was lost, and the long-term outcome for participants in the behavior exchange training programme was the same as that for participants in BCT and communication and problem solving skills training. In study 7 it was found that BCT was more effective in the short-term than communication skills training.

BCT compared with BCT and cognitive therapy

Three studies (2, 3 and 8) evaluated the comparative effectiveness of BCT and BCT combined with various cognitive therapy interventions. After treatment and at 3-6 months follow-up, BCT and BCT combined with cognitive therapy techniques led to similar outcomes on measures of relationship distress.

BCT treatment formats

Five studies (4, 5, 7, 11 and 13) evaluated the impact of BCT treatment format on outcome. In study 5 it was found that the order in which the two central components of

BCT - behavioral exchange training, and communication and problem solving skills training - were offered had no differential impact on the outcome of treatment.

Three studies (4, 7 and 13) evaluated the comparative effectiveness of conjoint BCT where one couple is present and group BCT where a number of couples are present. In two of these studies (4 and 13) the conjoint and group formats led to similar outcomes after treatment and at 6 months follow-up. In the other study (study 7) the conjoint format was more effective than the group format

In study 4 it was found that BCT and an adaptation of BCT which is offered to an individual partner without both members of the couple being present were equally effective.

In study 11 it was found that whether BCT is offered by one therapist or a co-therapy team had no significant impact on outcome after therapy or at three months follow-up.

BCT compared to other types of couples therapy

In two studies (10 and 12) BCT was compared to other types of couples therapy. In study 10 it was found that after treatment, 70% of participants in integrative couples therapy (Dimidjian, Martell & Christensen, 2002) were recovered compared with 55% of couples in BCT. In study 12 it was found that at 4 years follow-up, a larger proportion of couples who participated in BCT were divorced (38%) compared with those who participated in insight-oriented marital therapy (3%) (Snyder & Schneider, 2002).

EFT compared with waiting list control groups

In 7 studies (14, 15, 16, 17, 18, 19, 20) EFT was compared with a waiting list control group. In all 7 studies, after treatment, EFT groups showed statistically significant improvement in relationship distress compared with control groups. Post-treatment effect

sizes for the 7 studies ranged from 0.7 to 2.19 with a mean effect size of 1.27. This large effect size indicates that the average treated couple fared better at the end of treatment than 89% of untreated couples.

Improvement rates based on the reliable change index were reported for 5 studies (14, 16, 17, 18 and 19) and these ranged from 66-86% with a mean of 73%. Recovery rates were available for the same 5 studies. These ranged from 15-79% with a mean of 51%.

In 5 studies (14, 15, 16, 17 and 19) short term 2-4 month follow-up data were available and in study 18, 2 year follow-up data were reported. For all of these studies the EFT group maintained statistically significant improvement in relationship distress compared with the control group at follow-up.

Numbers of couples showing improvement on the reliable change index were reported in 3 studies (16, 18 and 19) at follow-up periods ranging from 4 months to 2 years. Improvement rates at follow-up ranged from 15-82% with a mean of 56%.

Recovery rates were reported in 4 studies (14, 16, 18 and 19) at follow-up periods ranging from 2 months to 2 years. Recovery rates at follow-up ranged from 46-70% with a mean of 53%. In study 18 the recovery rate at 2 years follow-up had increased to 46% from 15% at post-treatment.

EFT compared to other types of couples therapy

In three studies (14, 16 and 17) EFT was compared to other types of couples therapy. In study 14 it was found that after treatment and at 2 months follow-up, participants in EFT fared better than those in problem-solving therapy on measures of dyadic adjustment, intellectual intimacy, conventionality and target complaints. In study 16, it was found that EFT and EFT combined with 4 additional sessions of cognitive therapy led to similar outcomes. In study 17, the outcome for EFT and integrated systemic therapy were the

same after treatment but integrated systemic therapy led to greater marital satisfaction and goal attainment at 4-months follow-up.

CONCLUSIONS AND FUTURE DIRECTIONS

The following conclusions may be drawn about the efficacy of BCT with couples showing moderate to severe couple distress. First, after treatment the average couple treated with BCT fares better than 83% of untreated couples. Second, after treatment 66% of couples show improvement based on the reliable change index. Third, after treatment 62% of couples fall in the non-distressed range on psychometric measures of couple distress and 54% maintain these gains at 6 months - 4 years follow-up. Fourth, after treatment 55% show recovery based both on the reliable change index and falling in the non-distressed range on psychometric measures of couple distress. Fifth, in the long term BCT probably leads to no better outcomes than its constituent components - behavioral exchange training, and communication and problem solving skills training. Sixth, BCT combined with cognitive therapy techniques probably leads to similar outcomes to BCT alone. Seventh, treatment format has little impact on the efficacy of BCT. The order in which the components are covered, the use of one therapist or two co-therapists, or the provision of therapy to one partner, one couple or a number of couples simultaneously all lead to broadly similar outcomes. Seventh, integrative couples therapy (Dimidjian, Martell & Christensen, 2002) and insight-oriented marital therapy (Snyder & Schneider, 2002) may be more effective than BCT, but the two studies which found this require replication.

The following conclusions may be drawn about the efficacy of EFT for couples showing mild to moderate couple distress. First, the average couple treated with EFT fares better at the end of treatment than 89% of untreated couples. Second, after treatment 73% of couples show improvement based on the reliable change index and 56% of these maintain these gains at 4 months – 2 years follow up. Third, after treatment 51% of

couples show recovery based on both the reliable change index and falling in the non-distressed range on psychometric measures of couple distress and 53% of these maintain these gains at 2 months – 2 years follow up. In a single study improvement rates increased from post-treatment to 2 years follow-up. Fourth, adding a brief cognitive therapy component to EFT does not enhance its efficacy. Fifth, EFT is more effective than problem-solving therapy and less effective than integrated systemic therapy, but the two studies which found this require replication.

Future research priorities should include conducting comparative outcome studies of BCT, EFT, integrative couples therapy (Dimidjian, Martell & Christensen, 2002) and insight-oriented marital therapy (Snyder & Schneider, 2002); conducting BCT and EFT effectiveness studies in routine clinical settings; routinely using researcher ratings as well as self-report assessment instruments to evaluate outcome; and routinely evaluating long-term outcome at annual intervals for up to 5 years.

REFERENCES

- Baucom, D. (1982). A comparison of behavioral contracting and problem-solving/communications training in behavioral marital therapy. *Behavior Therapy*, 13, 162-174.
- Baucom, D., & Epstein, N. (1990). *Cognitive Behavioral Marital Therapy*. New York: Brunner/Mazel.
- Baucom, D., Epstein, N. & LaTaillade, J. (2002). Cognitive behavioral couple therapy. In A. Gurman & N. Jacobson (Eds.), *Clinical Handbook of Couple Therapy* (Third Edition, pp. 26-58). New York: Guilford.
- Baucom, D. & Lester, G. (1986). The usefulness of cognitive restructuring as an adjunct to behavioral marital therapy. *Behavior Therapy*, 17, 385-403.

- Baucom, D., Sayers, S., & Sher, T. (1990). Supplementing behavioral marital therapy with cognitive restructuring and emotional expressiveness training: An outcome investigation. *Journal of Consulting and Clinical Psychology, 58*, 636-645.
- Baucom, D., Shoham, V., Mueser, K., Daiuto, A., & Stickle, T.R. (1998). Empirically supported couple and family interventions for marital distress and adult mental health problems. *Journal of Consulting and Clinical Psychology, 66*, 53-88.
- Bennun, I. (1985). Behavioral marital therapy: An outcome evaluation of conjoint, group and one spouse treatment. *Scandinavian Journal of Behavior Therapy, 14*, 157-168.
- Bray, J., & Jouriles, E. (1985). Treatment of marital conflict and prevention of divorce. *Journal of Marital and Family Therapy, 21*, 461-473.
- Carr, A. (2000). Chapter 1. Introduction. In A. Carr (Ed.), *What Works With Children And Adolescents? A Critical Review Of Psychological Interventions With Children, Adolescents And Their Families* (pp. 1-16) London: Routledge.
- Cloutier, P.F., Manion, I.G., Gordan Walker, J.G., & Johnson, S.M. (2002). *Emotionally focused interventions for couples with chronically ill children: A two-year follow-up. Journal of Marital and Family Therapy, 28*, 391-398.
- Cohen, J. (1988). *Statistical Power Analyses for the Social Sciences (2nd Edition)*. Hillsdale, NJ: Lawrence Erlbaum.
- Crowe, M.J. (1978). Conjoint marital therapy: A controlled outcome study. *Psychological Medicine, 8*, 623-636.
- Denton, W.H., Burleson, B.R., Clark, T.E., Rodriguez, C.P., & Hobbs, B.V. (2000). A randomised trial of emotion-focused therapy for couples in a training clinic. *Journal of Marital and Family Therapy, 26*, 65-78.
- Dimidjian, S., Martell, C. & Christensen, A. (2002). Integrative behavioral couple therapy. In A. Gurman & N. Jacobson (Eds.), *Clinical Handbook of Couple Therapy* (Third Edition, pp. 251-277). New York: Guilford.

- Dunn, R., & Schwebel, A. (1995). Meta-analytic review of marital outcome research. *Journal of Family Psychology*, 9, 58-68.
- Emmelkamp, P., van der Helm, M., MacGillavry, D., & van Zanten, B. (1984). Marital therapy with clinically distressed couples: A comparative evaluation of system-theoretic, contingency contracting, and communication skills approaches. In K. Hahlweg & N.S. Jacobson (Eds.), *Marital Interaction: Analysis and Modification* (pp.36-52). New York: Guilford Press.
- Emmelkamp, P., van Linden, van den Heuvel, C., Ruphan, M., Sanderman, R., Scholing, A., Stroink, F. (1988). Cognitive and behavioral interventions: A comparative evaluation with clinically distressed couples. *Journal of Family Psychology*, 1, 365-377.
- Erel, O., & Burman, B. (1995). Interrelations of marital relations and parent-child relations: A meta-analytic review. *Psychological Bulletin* 118: 108-132.
- Goldman, A., & Greenberg, L. (1992). Comparison of integrated systemic and emotionally focused approaches to couples therapy. *Journal of Consulting and Clinical Psychology*, 60, 962-969.
- Gordan Walker, J., Johnson, S., Manion, I., & Cloutier, P. (1996). Emotionally focused marital intervention for couples with chronically ill children. *Journal of Consulting and Clinical Psychology*, 64, 1029-1036.
- Grych, J., & Fincham, F. (1990). Marital conflict and child adjustment: A cognitive-contextual framework. *Psychological Bulletin*, 108, 267-290.
- Gurman, A. & Jacobson, N. (2002). *Clinical Handbook of Couple Therapy* (Third Edition). New York: Guilford.
- Gurman, A. & Kniskern, D. (1978). Research on Marital and Family therapy: Progress, perspective and prospect. In S. Garfield & A. Bergin (Eds.) *Handbook of Psychotherapy and Behavior Change* (Second Edition, pp. 817-901). New York: Wiley.

- Gurman, A. & Kniskern, D. (1981). Family therapy outcome research: Knowns and Unknowns. In A. Gurman & D. Kniskern (Eds.), *Handbook of Family Therapy* (pp. 742-776). New York: Brunner/Mazel.
- Hahlweg, K., & Markman, H. (1988). Effectiveness of behavioral marital therapy: Empirical status of behavioral techniques in preventing and alleviating marital distress. *Journal of Consulting and Clinical Psychology, 56*, 440-447.
- Hahlweg, K., Schindler, L., Revenstorf, D., & Brengelmann, J. (1984). The Munich marital therapy study (pp.3-26). In K. Hahlweg & N.S. Jacobson (eds.), *Marital Interaction: Analysis and Modification*. New York: Guilford Press.
- Halford, K., & Osgarby, S. (1993). Alcohol abuse in clients presenting with marital problems. *Journal of Family Psychology, 6*, 1-11.
- Jacobson, N. (1984). A component analysis of behavioral marital therapy: The relative effectiveness of behavioral exchange and communication/problem-solving training. *Journal of Consulting and Clinical Psychology, 52*, 295-305.
- Jacobson, N., Christensen, A., Prince, S., Cordova, J., & Eldgridge, K. (2000). Integrative behavioral couple therapy: An acceptance-based, promising new treatment for marital discord. *Journal of Consulting and Clinical Psychology, 68*, 351-355.
- Jacobson, N., & Follette, V. (1985). Clinical significance of improvement resulting from two behavioral marital therapy components. *Behavior Therapy, 16*, 249-262.
- Jacobson, N., Follette, V., Follette, W., Holtzworth-Munroe, A., Katt, J., & Schmaling, K. (1985). A component analysis of behavioral marital therapy: 1-year follow-up. *Behavior Research and Therapy, 23*, 549-555.
- Jacobson, N., & Margolin, G. (1979). *Marital Therapy: Strategies based on Social Learning and Behavior Exchange Principles*. New York: Brunner/Mazel.

- Jacobson, N., Roberts, L., Berns, S., & McGlinchey, J. (1999). Methods for defining and determining the clinical significance of treatment effects: Description, application, and alternatives. *Journal of Consulting and Clinical Psychology, 67*, 300-307.
- Jacobson, N., Schmaling, K., & Holtzworth-Munroe, A. (1987). Component analysis of behavioral marital therapy: 2-year follow-up and prediction of relapse. *Journal of Marital and Family Therapy, 13*, 187-195.
- Jacobson, N., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology, 58*, 12-19.
- James, P.S. (1991). Effects of a communication training component added to an emotionally focused couples therapy. *Journal of Marital and Family Therapy, 17*, 263-275.
- Johnson, S. (1996). *The Practice of Emotionally Focused Marital Therapy: Creating Connection*. New York: Brunner -Routledge.
- Johnson, S. & Denton, W. (2002). Emotionally Focused Couple Therapy: Creating secure connections. In A. Gurman & N. Jacobson (Eds.), *Clinical Handbook of Couple Therapy* (Third Edition, pp. 221-250). New York: Guilford.
- Johnson, S., & Greenberg, L. (1985a). The differential effects of experiential and problem-solving interventions in resolving marital conflict. *Journal of Consulting and Clinical Psychology, 53*, 175-184.
- Johnson, S., & Greenberg, L. (1985b). Emotionally focused couples therapy: An outcome study. *Journal of Marital and Family Therapy, 11*, 313-317.
- Johnson, S., & Talitman, E. (1997). Predictors of success in emotionally focused marital therapy. *Journal of Marital and Family Therapy, 23*, 135-152.
- Laumakis, M., Margolin, G., & John, R. (1998). The emotional, cognitive, and coping responses of preadolescent children to different dimensions of marital conflict. In G.

Holden, B. Geffner, & E. Jouriles (eds.), *Children and Family Violence* (pp. 257-288). Washington, DC: American Psychological Association.

Locke, H., & Wallace, K. (1959). Short marital-adjustment and prediction tests: Their reliability and validity. *Marriage and Family Living*, 21, 251-255.

McLeod, J. (1994). Anxiety disorders and marital quality. *Journal of Abnormal Psychology*, 103, 767-776.

Mehlman, S.K., Baucom, D.H., & Anderson, D. (1983). Effectiveness of cotherapists versus single therapists and immediate versus delayed treatment in behavioral marital therapy. *Journal of Consulting and Clinical Psychology*, 51, 258-266.

Snyder, D. & Schneider, W. (2002). Affective reconstruction: A pluralistic, developmental approach. In A. Gurman & N. Jacobson (Eds.), *Clinical Handbook of Couple Therapy* (Third Edition, pp. 151-179). New York: Guilford.

Snyder, D., & Wills, R. (1989). Behavioral versus insight-oriented marital therapy: Effects on individual interspousal functioning. *Journal of Consulting and Clinical Psychology*, 57, 39-46.

Snyder, D., Wills, R., & Grady-Fletcher, F. (1991a). Long-term effectiveness of behavioral versus insight-oriented marital therapy: a 4-year follow-up study. *Journal of Consulting and Clinical Psychology*, 59, 138-141.

Spanier, G. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, 38, 15-28.

Stroup, A., & Pollack, G. (1994). Economic consequences of marital dissolution. In C. Everett (Ed.), *The Economics of Divorce: The Effects on Parents and Children* (pp. 119-134). New York: Haworth.

Terman, L. (1938). *Psychological Factors in Marital Happiness*. New York: McGraw-Hill.

- Tienari, P., Sorri, A., Lahti, I., Naarala, M., Wahlberg, K., Moring, J., & Wynne, L. (1987). Genetic and psychosocial factors in schizophrenia: The Finnish adoptive family study. *Schizophrenia Bulletin*, 13, 477-484.
- Wesley, S., & Waring, E. (1996). A critical review of marital therapy outcome research. *Canadian Journal of Psychiatry*, 41, 421-428.
- Whisman, M.A., & Uebelacker, L.A. (1999). Integrating couple therapy with individual therapies and antidepressant medications in the treatment of depression. *Clinical Psychology: Science and Practice*, 6, 415-429.
- Wilson, G., Bornstein, P., & Wilson, L. (1988). Treatment of relationship dysfunction: An empirical evaluation of group and conjoint behavioral marital therapy. *Journal of Consulting and Clinical Psychology*, 56, 929-931.
-

Table 1. Key findings from 20 BCT and EFT outcome studies for couple distress

Study no.	Authors	Year	N per group	No. of sessions or hours of contact	Group differences	Follow-up period	After treatment a. Effect size b. Improved c. Non-distressed d. Recovered	Longest follow-up a. Effect size b. Improved c. Non-distressed d. Recovered	Notes
1	Baucom	1982	1. BCT= 18 2. PSC = 18 3. BE = 18 4. WL = 18	10 weekly 1-1.5 h sessions	1 = 2 = 3 > 4	3 m	a. 0.68 b. - c. - d. -	a. - b. - c. - d. -	• BCT (involving problem-solving and communication training and behavioral exchange <i>quid pro quo</i> contracting) was as effective as problem-solving and communication training alone, and behavioral exchange contracting alone. All resulted in comparable improvements in marital distress, and all 3 were more effective than a waiting-list condition. • These improvements were maintained at 3-month follow-up.
2	Baucom & Lester	1986	1. BCT = 8 2. BCT + CT = 8 3. WL = 8	12 weekly 1.5 h sessions	1 = 2 > 3	6 m	a. 1.00 b. - c. 62.5% d. -	a. - b. - c. 50% d. -	• Both BCT, and BCT with cognitive behavioral therapy, resulted in comparable improvements in marital distress, and both were more effective than a waiting-list condition. • These improvements were maintained at 6-month follow-up.
3	Baucom et al.	1990	1. BCT = 12 2. BCT + CT = 12 3. BCT + EET = 12 4. BCT + CT + EET = 12 5. WL = 12	12 weekly sessions	1 = 2 = 3 = 4 > 5	6 m	a. 0.57 b. 75% c. 62.5% d. -	a. - b. - c. - d. -	• BCT, BCT with cognitive therapy, BCT with emotional expressiveness training, and BCT with cognitive therapy and emotional expressiveness training, were equally effective in increasing marital adjustment. • These improvements were maintained at 6-month follow-up.
4	Bennun	1985	1. BCT = 19 2. BCT with 1 partner = 19 3. Group BCT = 19	10 weekly 1h sessions	1 = 2 = 3	6 m	a. - b. - c. - d. -	a. - b. - c. - d. -	• Although individual, conjoint, and group BCT resulted in comparable and significant reductions in target problems, couples were still experiencing some distress post-treatment and at 6-month follow-up.
5	Emmelkamp et al.	1984	1. PSC+ BE = 9 2. BE + PSC = 8	14 weekly 1h sessions	1 = 2	12 m	a. - b. - c. - d. -	a. - b. - c. - d. -	• The order in which behavioral exchange and problem-solving and communication skills training were given did not influence outcome. • Treatment gains were maintained at 12-month follow-up.
6	Emmelkamp et al.	1988	1. PSC = 18 2. CT = 14	9 weekly 1.5h sessions	1 = 2	1 m	a. - b. - c. - d. -	a. - b. - c. - d. -	• While both problem solving and communication skills training and cognitive therapy resulted in significant improvements in target problems, the Communication Questionnaire and the Relationship Beliefs Inventory both appeared to have little impact on the marital satisfaction of the couples.
8	Halford et al.	1993	1. BCT = 13 2. EBCT = 13	12-15 weekly 1.5h sessions	1 = 2	3 m	a. - b. 69% c. 48% d. -	a. - b. 40.5% c. 29% d. -	• Both BCT and enhanced BCT resulted in comparable improvements in marital satisfaction. • Only about 50% of these improvements were sustained at 3-month follow-up.
9	Jacobson Jacobson & Follette Jacobson, Follette, et al. Jacobson et al.	1984b 1985 1985 1987	1. BCT = 15 2. BE = 14 3. PSC = 14 4. WL = 17	12-16 weekly 1-1.5h sessions	1 = 2 = 3 > 4	6, 12, & 24 m	a. - b. 60% c. 40% d. -	a. - b. 67% c. 50% d. -	• BE produced the highest percentage of non-distressed couples post-treatment • However, at 6-month follow-up there was a tendency for BE couples to reverse their progress and for BCT couples to maintain their treatment gains or to continue to improve. • At 1-y and 2-y follow-up, there were no differences between treatment groups, but BCT couples were most likely to be happily married, although for many of these couples, marital satisfaction was in the process of decline. • 70% of couples in integrative couples therapy were recovered after treatment compared with 55% of couples in BCT.
10	Jacobson et al.	2000	1. BCT = 11 2. ICT = 11	13-26 sessions	1 < 2	-	a. - b. - c. 64% d. 55%	a. - b. - c. - d. -	• BCT was more effective than no treatment on self-report measures (including marital adjustment) and on 1 of 2 behavioral measures. • A cotherapy team and single therapists were equally effective in producing treatment changes.
11	Mehlman et al.	1983	1. BCT by Therapist A = 5 2. BCT by Therapist B = 5 3. BCT by both = 5 4. Delayed BCT by A = 5 5. Delayed BCT by B = 5 6. Delayed BCT by both=5	10 weekly 1-1.5h sessions	1 = 2 = 3 = 4 = 5 = 6	3 m	a. 0.18 b. - c. - d. -	a. 0.21 b. - c. - d. -	• Both at termination and 6-month follow-up, BCT and insight-oriented marital therapy resulted in comparable improvements in marital distress, and both were more effective than a waiting-list condition in doing so. • By 4-year follow-up, 38% of couples who participated in BCT were divorced compared with 3% couples who participated in insight-oriented marital therapy.
12	Snyder & Wille Snyder et al.	1989 1991	1. BCT = 29 2. IOMT = 30 3. WL = 20	19 sessions	1 = 2 > 3	6 & 53 m	a. 0.85 b. 62% c. - d. 55%	a. - b. - c. 50% d. -	• Both at termination and 6-month follow-up, BCT and insight-oriented marital therapy resulted in comparable improvements in marital distress, and both were more effective than a waiting-list condition in doing so. • By 4-year follow-up, 38% of couples who participated in BCT were divorced compared with 3% couples who participated in insight-oriented marital therapy.
13	Wilson et al.	1988	1. BCT = 5 2. Group BCT = 5 3. WL = 5	8 weekly 1.5h sessions	1 = 2 > 3	6 m	a. 1.47 b. - c. - d. -	a. - b. - c. - d. -	• Both conjoint-BCT and group-BCT resulted in significantly greater resolution of marital distress relative to a waiting-list condition.
14	Johnson et al.	1985a	1. EFT = 15 2. PS = 15 3. WL = 15	8 weekly 1h sessions	1 > 2 > 3	2 m	a. 2.19 b. 66% c. - d. 46%	a. - b. - c. - d. 47%	• While both problem-solving therapy and EFT were superior to a waiting-list condition, compared to the former, EFT achieved greater gains on dyadic adjustment, intellectual intimacy, conventionality, and on target complaints. • At 2-month follow-up, couples who had participated in EFT maintained their superior gains on dyadic adjustment, intellectual intimacy, conventionality
15	Johnson et al.	1985b	1. EFT = 14 2. WL = Same couples	8 weekly 1.5h sessions	1 > 2	2 m	a. 0.04 b. - c. - d. -	a. - b. - c. - d. -	• Using the same sample as their own controls, EFT led to superior significant gains which were maintained at 2-month follow-up.
16	James	1991	1. EFT = 14 2. EFT + CT = 14 3. WL = 14	12 weekly 1h sessions	1 = 2 > 3	4 m	a. 0.70 b. 86% c. - d. 79%	a. - b. 71% c. - d. 50%	• A 4-session cognitive therapy component did not enhance the effectiveness of 8-session EFT. • At 4-month follow-up, a significant number of couples had regressed back into the distressed range of marital satisfaction.
17	Goldman & Greenberg	1992	1. EFT = 14 2. IST = 14 3. WL = 14	10 weekly 1h sessions	1 = 2 > 3	4 m	a. 1.52 b. 71% c. - d. 67%	a. - b. - c. - d. -	• While both integrated systemic therapy and EFT were superior to a waiting list condition, integrated systemic therapy showed the greater maintenance of gains at 4-month follow-up on marital satisfaction and goal attainment.
18	Gordon Walker et al. Cloutier et al.	1996 2002	1. EFT = 16 2. WL = 16	10 weekly / bi-weekly 1.5h sessions	1 > 2	5 & 24 m	a. 1.27 b. 62% c. - d. 15%	a. - b. 15% c. - d. 46%	• After treatment and at 5 months follow-up couples who participated in EFT showed significantly greater marital adjustment than couples in a waiting list condition • Improvements in marital functioning were not only maintained but in some cases, enhanced at 24-month follow-up.
19	Johnson & Taltman	1997	1. EFT = 34 2. WL = Same couples	12 weekly 1.5h sessions	1 > 2	3 m	a. 1.26 b. 79% c. - d. 50%	a. - b. 82% c. - d. 70%	• 79% of couples who participated in EFT were clinically improved at post-treatment and this increased to 82% at follow-up. • Initial levels of marital satisfaction accounted for 12% and 4% of variance at post-treatment and 3-month follow-up respectively.
20	Denton et al.	2000	1. EFT = 22 4	8 weekly 50-minute sessions	1 > 2	-	a. 0.99 b. - c. - d. -	a. - b. - c. - d. -	• Controlling for baseline levels of marital distress, participants in EFT showed significantly greater marital satisfaction after treatment compared with waiting list controls.

Note: BCT=Behavior couples therapy, BE=Behavior Exchange, *quid pro quo* contracting and other similar interventions, PSC=Problem-solving and communication training, communication skills training and other similar interventions, CT=Cognitive therapy, cognitive behavior therapy cognitive restructuring or other similar interventions, EFT=Emotionally focused (couple) therapy, WL=Wait-list control condition, EET=Emotional expressiveness training, EBMT=Enhanced behavioral marital therapy, ICT=integrative couples therapy, IOMT=Insight oriented couples therapy, PS=Problem solving therapy, IST=Integrated systemic therapy, h=hour, d=day, w=week, m=month, y=year.

Table 2. Methodological features of 20 BCT and EFT outcome studies for couple distress

Design Feature	Study Number																				Total
	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	S17	S18	S19	S20	
1 Comparison group	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	0	1	18
2 Random assignment	1	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	1	1	0	1	17
3 Pre-treatment assessment	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20
4 Post-treatment assessment	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20
5 Follow-up assessment at 3 months or later	1	1	1	1	1	0	1	1	1	1	1	1	1	0	0	1	1	1	1	0	15
6 Client self-report	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20
7 Partner self-report	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20
8 Therapist ratings	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
9 Researcher ratings	1	1	1	0	0	1	1	0	1	1	1	1	0	0	0	0	0	0	1	0	11
10 Quality of couples relationship assessed	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20
11 Clinical significance of change assessed	0	1	1	1	0	0	0	1	1	0	1	0	1	1	0	1	1	1	1	0	12
12 Experienced therapists used	0	1	0	1	0	0	1	1	0	0	1	0	0	1	0	0	1	0	0	0	7
13 Treatments were manualised	0	0	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	16
14 Therapy supervision was provided	1	0	1	0	1	1	0	1	0	0	1	0	1	1	1	1	1	1	1	0	13
15 Treatment integrity checked	0	0	1	0	0	1	0	1	0	0	1	0	1	1	1	1	1	1	1	0	11
Total	10	11	13	10	9	10	11	14	10	10	14	10	11	12	8	12	13	13	11	9	

Key 0=design feature was absent. 1=design feature was present. S=study.