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Cognitive-behavioral couple therapy

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This article describes how cognitive-behavioral couple therapy (CBCT) provides a good fit for intervening with a range of stressors that couples experience from within and outside their relationship. It takes an ecological perspective in which a couple is influenced by multiple systemic levels. We provide an overview of assessment and intervention strategies used to modify negative behavioral interaction patterns, inappropriate or distorted cognitions, and problems with the experience and regulation of emotions. Next, we describe how CBCT can assist couples in coping with stressors involving (a) a partner's psychological disorder (e.g. depression), (b) physical health problems (e.g. cancer), (c) external stressors (e.g. financial strain), and (d) severe relational problems (e.g. partner aggression).

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Couple relationships are among the most influential resources for enriching people's lives and buffering negative effects that life stressors have on psychological and physical health. Social support from a partner can reduce negative effects of a wide range of stressors such as serious health problems and is associated with greater psychological well-being [1–3]. Ironically, relationships also can be sources of severe stressors that take a toll on members' well-being, with substantial evidence that relationship distress is a risk factor for disorders such as depression [4•]. Furthermore, couples often are exposed to dyadic stress, involving events that affect both partners [5,6]. Such stressors can have direct influences on a couple's functioning, as when a child's severe illness upsets both parents and reduces their opportunities to express caring for each other. Effects of dyadic stressors also can be indirect, initially affecting one member but then spilling into the relationship by influencing how that individual responds to his or her partner (e.g. irritability).

Cognitive factors also play an important role in how stress affects a couple. Consistent with stress and coping theory [7] and family stress theory (e.g. [8]), the degree to which a stressor has negative effects depends on how negatively an individual interprets its severity/danger and appraises his or her ability to cope effectively with it. In couple relationships, this process is more complex, with each person appraising a stressor and own coping resources but also judging the other's appraisal and being influenced by it [5,9]. These appraisals can result in productive joint problem solving, or they may escalate negative thinking and conflict between the partners. The dyadic processes can reduce partners' emotional distress or exacerbate it. Finally, dyadic coping involves collaboration between partners in identifying and carrying out strategies to remove a stressor or reduce its negative effects. If a stressor mainly affects one member, the other may primarily play a supportive role, but if it affects the couple jointly they need to engage in collaborative problem solving [5,6]. Their coping behaviors may benefit both members, but in some cases they benefit one person at the other's expense when partners have conflicting needs and preferred coping styles [5]. Thus, a couple's coping with stressors involves two partners' cognitions, emotional responses, and behavioral interactions.

Cognitive-behavioral couple therapy (CBCT) [10,11•,12,13] provides a good fit for intervening with couples experiencing a wide variety of stressors originating within or outside their relationship. It focuses on the interplay among partners' cognitions, emotional responses and behavioral interactions. CBCT applies cognitive therapy methods for addressing partners' cognitions and emotional responses, as well as behavioral procedures for improving couple communication, problem-solving, and exchanges of pleasing rather than distressing actions. It is a systemic model in that it tracks interaction cycles in which partners continuously influence each other. For example, partner B may fail to respond to Partner A's question; A interprets partner B's behavior as uncaring, becomes angry, and yells at B; B perceives A's behavior as unjustified and walks away; A interprets B's walking away as disrespectful, and so on.

Initially CBCT was designed to improve relationships by reducing aversive behavioral interactions, increasing pleasing behavior, reducing distorted or inappropriate cognitions contributing to conflict and dissatisfaction, and improving partners' abilities to regulate negative emotions such as anger [10]. Regarding behavior patterns, practitioners apply knowledge from studies that identified destructive sequences such as one partner making demands

and the other withdrawing, or both partners escalating verbal or physical aggression (e.g. [14,15]). In addition, CBCT has focused on developing couples' skills for communication (in expressive and empathic listening roles) and problem solving. Studies (e.g. [16]) continue to demonstrate its effectiveness in creating such positive behavior changes as well as improved relationship satisfaction.

CBCT has focused on five types of cognitions involved in relationship distress [12], including three that tend to occur as 'automatic thoughts' in individuals' stream-of-consciousness thinking. *Selective attention* involves noticing particular aspects of events in one's relationship and overlooking others. *Attributions* are inferences about factors that have influenced one's own or a partner's behavior (e.g. that a partner's failure to respond to a question was due to his not caring). *Expectancies* are predictions about the probability that particular events will occur (e.g. that trying to engage one's partner in a discussion will lead the partner to withdraw). Two other forms of relational cognitions involve relatively stable schemas or longstanding constructs or beliefs that individuals have developed during their lives. *Assumptions* are beliefs about natural characteristics of people and relationships (e.g. an assumption held by a man whose parents divorced when he was a child that marriages are inherently unstable). In contrast, *standards* involve beliefs about characteristics that people and relationships 'should' have (e.g. that a partner who cares should be able to sense your feelings without your needing to express them directly).

Because members of couples commonly fail to evaluate the validity of their cognitions about their partner and relationship, the thoughts function as individuals' views of reality, influencing their emotional and behavioral responses to each other [12]. CBCT clinicians monitor couple interactions during sessions and guide partners in identifying and evaluating their cognitions as they occur. Once a distorted or extreme cognition has been identified, the therapist can coach the partners in using a variety of cognitive therapy procedures to modify it. For example, when an individual makes a negative attribution about the cause of a partner's behavior, the therapist can coach the person in considering alternative reasons for the partner's actions.

CBCT also addresses emotions, both positive ones (e.g. love, joy) associated with intimate bonds and negative ones (e.g. anger, sadness, anxiety) that detract from individual and relational well-being. Behavioral interventions, such as increasing a couple's shared pleasant activities and verbal expressions of caring, are used to enhance positive emotions, whereas a variety of emotion regulation strategies such as muscle relaxation training, positive self-instruction for staying calm during conflicts, and challenging of anxiety and anger-eliciting thoughts are used to reduce negative affect.

Epstein and Baucom's enhanced CBCT [12] takes an ecological, contextual perspective in which a couple is influenced by multiple systemic levels. These commonly range from individual partners' needs and traits to conflicts between partners, to interactions with immediate and extended family members and friends, to job demands, to more distal environmental stresses such as community violence. The model includes a stress and coping component, in which relationship quality depends on partners' abilities to cope with life demands from any systemic levels that they experience (e.g. a partner's depression, job stresses). We now describe how CBCT is used with variety of stressors.

CBCT for stressors involving a partner's psychological disorder

Many couples experience stressors associated with symptoms of a member's psychological disorder, and increasingly CBCT protocols have been developed to treat disorders in a dyadic context. The following are examples of such CBCT interventions.

There is substantial evidence of a bi-directional association between depression and couple relationship distress [4•]. Relationship distress is a risk factor for development of depression, and in turn depression is a stressor on a relationship. Consequently, couple interventions were designed to decrease negative behavioral interactions and enhance partners' mutual emotional support [17,18]. Conjoint therapy also can provide psychoeducation for both partners regarding risk factors for depression and regarding interventions that can reduce depression, as well as behavioral interventions to improve relationship quality. Outcome studies found that for individuals who experienced both depression and relationship problems, couple therapy reduced both, whereas individual cognitive therapy did not improve the relationship distress [19,20].

Individuals who experience post-traumatic stress disorder (PTSD) due to events such as warfare and sexual assault commonly exhibit chronic symptoms that are stressors for themselves and their significant others. These symptoms include behaviors (e.g. restricted communication, aggression, avoidance of situations that remind the individual of the trauma), cognitions (e.g. self-blame for the traumatic event, exaggerated expectancies of danger), and emotions (e.g. anxiety, anger, emotional numbing, depression). Monson and Fredman [21] developed a cognitive-behavioral conjoint therapy for PTSD that addresses the disorder's negative effects on couple relationships and harnesses the dyadic bond as a resource for treating symptoms. It uses interventions that address partners' cognitions regarding the stressor of PTSD, including psychoeducation that covers causes and symptoms of PTSD, mutual influences between an individual's symptoms and the couple's behavioral patterns (including