



Changes in dyadic communication during and after integrative and traditional behavioral couple therapy



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ABSTRACT

To examine changes in dyadic communication, as well as links between communication and long-term relationship outcomes, 134 distressed couples randomly assigned to either Traditional Behavioral Couple Therapy (TBCT; Jacobson & Margolin, 1979) or Integrative Behavioral Couple Therapy (IBCT; Jacobson & Christensen, 1998) were observed in video-recorded interactions. Observers rated discussions of relationship problems at 3 time points (pre-therapy, post-therapy, 2-year follow-up) and relationship outcomes (i.e., treatment response and relationship stability) were measured at a 5-year follow-up. Consistent with previous examinations of individual partner communication (K.J.W. Baucom et al., 2011; Sevier et al., 2008), TBCT produced greater improvements from pre-therapy to post-therapy ($d = 0.27$ – 0.43) and superior communication at post-therapy ($d = 0.30$ – 0.37). However, IBCT produced greater improvements from post-therapy to 2-year follow-up ($d = 0.32$ – 0.39). Both levels of, and changes in, dyadic communication were associated with relationship outcomes, even when controlling for individual communication. Our findings lend additional support for theoretical and practical differences between these two therapies and the utility of assessment at the level of the couple. Furthermore, they contribute to a broader pattern of findings in which relationship outcomes are more consistently linked with constructive communication than with destructive communication.

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Interdependence theory defines a close relationship as one in which person A's outcomes are related to person B's outcomes (Thibaut & Kelley, 1978). Consistent with this theoretical framework, couple therapists and researchers alike consider patterns or sequences of interaction in which each member influences the other (e.g., demand/withdraw, negative reciprocity) to be a key relationship process and one of the most robust indicators of relationship functioning (Heyman, 2001). Despite the relevance of dyadic (i.e., couple-level) communication to both relationship theory and clinical practice, traditional observational rating systems used in treatment outcome research have been limited in their ability to adequately capture communication at the level of the couple. As a result, treatment outcome research has primarily focused on communication at the level of the individual (e.g.,

Halford, Sanders, & Behrens, 1993; Sevier, Eldridge, Jones, Doss, & Christensen, 2008). In the current study we examine changes in observed dyadic communication over the course of behavioral couple therapy and follow-up in a large sample of distressed couples. In addition to our examination of dyadic communication in isolation, we examine whether dyadic interaction patterns evidence unique links with long-term relationship outcomes when considered in concert with observed individual communication.

Observational coding systems used to assess communication during couples' time-limited laboratory assessments typically provide detailed descriptions of specific individual behaviors to be coded such that inter-rater reliability is high and replication across sites meaningful (Kerig & Baucom, 2004). Examinations of changes in observed individual communication over the course of behavioral couple therapies typically demonstrate increases in positive communication and decreases in negative communication from pre-therapy to post-therapy (e.g., K.J.W. Baucom, Sevier, Eldridge, Doss, & Christensen, 2011; Halford et al., 1993; Sevier et al., 2008). Despite significant contributions of this work to the broader literature, there are several important limitations to these traditional observational approaches. First, the typical focus of

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these systems on individual partner communication largely neglects the defining characteristic of close relationships: interdependence (Thibaut & Kelley, 1978). Second, the methodological rigor of the large number of observational systems in existence may limit the ecological validity of work in the area of couple communication (e.g., Waldinger, Schulz, Hauser, Allen, & Crowell, 2004).

The vast majority of observational systems do not include a focus on dyadic communication. However, early microanalytic systems allowed for examination of dyadic interaction patterns via sequential analysis (e.g., Margolin & Wampold, 1981). Although treatment outcome work using this approach has demonstrated the importance of examining dyadic rather than individual communication in isolation (e.g., Hahlweg, Revenstorf, & Schindler, 1984), the utility of this approach is limited by low base rates of the initial (e.g., demand) and consequential (e.g., withdraw) behavior, as well as how soon after the initial behavior the consequential behavior must occur in the course of an interaction to assess the pattern (i.e., examination of lag-1 and lag-2 associations). As a result, sequences are usually low in frequency. Macroanalytic (global) ratings of dyadic interaction patterns address these limitations to microanalytic approaches, although only a small number of macroanalytic systems (e.g., Kline et al., 2004) include dyadic codes. In outcome research using these systems, dyadic and individual codes have been collapsed into composite positive and negative communication scales (e.g., Laurenceau, Stanley, Olmos-Gallo, Baucom, & Markman, 2004).

Waldinger et al. (2004) argued that traditional observational systems force coders to adhere to researchers' operationalizations of communication constructs, thus limiting their intuitive ability to make judgments. Recent empirical work in couple and family research demonstrates that untrained or naïve observers can rate complex interactional constructs with high interobserver agreement and high external validity (Baker, Haltigan, Brewster, Jaccard, & Messinger, 2010; K.J.W. Baucom, Baucom, & Christensen, 2012; Lorber, 2006; Waldinger et al., 2004). In the current study we examine dyadic communication rated by naïve² observers using the Naïve Observational Rating System (NORS; Christensen, 2006). NORS ratings are associated with both trained ratings of individual communication and relationship outcomes (K.J.W. Baucom et al., 2012), but they have not yet been used to examine changes in communication over the course of behavioral couple therapies.

Behavioral couple therapies

In the current study we examine dyadic communication over the course of Traditional Behavioral Couple Therapy (TBCT; Jacobson & Margolin, 1979) and Integrative Behavioral Couple Therapy (IBCT; Jacobson & Christensen, 1998) and long term follow up. TBCT and IBCT have different ways of bringing about improvements in communication. TBCT provides rules and guidelines to teach couples specific, positive communication strategies ("rule-governed strategy") while IBCT shapes new communication by exploring partners' emotional reactions to each other's communication ("contingency-shaped strategy"). As a result, TBCT may produce more rapid and obvious changes in communication: couples are explicitly trained in how to communicate and in the presence of the therapist or during a videotaped assessment might engage in those trained behaviors. In contrast, IBCT may produce

slower but more enduring changes in communication: couples are not told exactly how to communicate, but as a result of more open communication that reveals the emotional impact of each partner's behavior on the other, they may naturally shift their communication.

Based on social learning theory (Bandura, 1977), the traditional behavioral perspective is that distressed couples lack the necessary communication skills to solve their problems and as a result engage in excessive negative behavior and limited positive behavior when interacting about problems. As such, TBCT (Jacobson & Margolin, 1979) focuses on increasing positive behaviors and decreasing negative behaviors through the use of three main components: behavioral exchange, communication training, and problem solving training. In behavioral exchange, partners identify behaviors of the other that are positively reinforcing, and work to increase the instances of such behaviors. Behavioral exchange is typically used early in therapy to produce quick (though often short-lived) increases in relationship satisfaction that enable couples to engage in more difficult work on their relationship (Jacobson & Margolin, 1979). In communication training, partners are taught ways in which they can more effectively communicate with each other by use of both speaker skills (e.g., "I" statements rather than blaming "you" statements) and listener skills (e.g., paraphrasing). Finally, in problem solving training, couples learn to communicate differently about areas of disagreement, with the goal being that they come up with mutually agreed upon solutions to problems.

While behavioral researchers initially argued that a lack of positive behavior and a preponderance of negative behavior created distress in relationships, Jacobson and Christensen (1998) argued that distress is caused not just by a lack of skills but also by the individual differences between partners, their emotional sensitivities, the stressful environments in which they function, and the polarizing communication process that often occurs as they attempt to resolve the problems created by their differences, sensitivities and stressors. The therapy they developed, IBCT, was designed to target the couples that did not significantly improve from TBCT or that relapsed soon after treatment ended. In IBCT there is an added emphasis on emotional reactions to one's partner, and in particular on emotional acceptance, in addition to TBCT's focus on change in problem behavior. Three strategies for promoting emotional acceptance – empathic joining, unified detachment, and tolerance building – are the main focus of intervention in IBCT but TBCT techniques are also used. In empathic joining, therapists work to elicit the often hidden "soft emotions" that accompany conflict (e.g., hurt, disappointment) in addition to the often surface "hard emotions" (e.g., irritation, anger). The goal of empathic joining is to help partners experience intimacy around their problems, which can lead to both acceptance and behavior change. In unified detachment, the therapist helps partners to take a more objective, nonjudgmental view of their problems as distant from themselves and their relationship (i.e., to frame a problem as an "it" rather than a "you"). Finally, therapists use tolerance building to increase partners' acceptance of one another, aiming to reduce the conflict that is associated with specific behaviors often by putting that behavior in context (e.g., "it is frustrating that your partner often gets home late from work, but that dedication is also something that you appreciate in her when it is applied to your family"). These interventions may not create immediate changes in communication in that partners are not told what to do differently but the eventual changes in communication and acceptance may come about more naturally and be more enduring.

Consistent with theoretical and practical differences between these two behavior therapies, research supports TBCT's immediate impact and IBCT's later impact on observed communication. Sevier et al. (2008) found TBCT produced greater improvements in

² We use the term "naïve raters" to indicate naïveté with respect to research on couples and training in traditional observational systems. However, we think it is this very naïveté that allows for quite sophisticated intuitive judgments of communication that cannot be made with traditional systems (see K.J.W. Baucom et al., 2012, for discussion of this methodology).

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