



Making Couple Therapy More Effective

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Couple therapy can be very rewarding for all individuals involved. Personally, very little thrills me more than helping to prevent the break-up of a family with young children. Of course, such successes are only possible when the couple works in concert with the therapist towards common goals. However, when a couple in distress decides to seek professional help they may do so for variety of reasons which suit personal goals. For example, one member of the couple may have a hidden agenda to terminate the relationship during therapy hoping that the presence of a neutral third party can facilitate this process. At other times, a member of the couple may be seeking an ally who will “fix” their partner’s character flaws. Of course, some couples do approach couple therapy with the general intention of improving their relationship by seeking to understand their partner and to make changes to their own behavior. Whatever the motivations for seeking couple counseling, this type of therapy is more complex than individual therapy because the desires and fears of two people must be taken into account. For this reason, couple therapy is a specialty to be practiced by qualified professional only.

Far too often, good therapists trained to treat individual difficulties try their hand at couple problems with only moderate success. In fact, studies show that Behavioral Marital Therapy (BMT), an approach which has its roots in Cognitive-Behavioral Therapy for individuals, only helps 50% of couples. In addition, only one in every three couples is no longer distressed following BMT and a sizeable number of couples that do improve relapse after two to four years. These disappointing outcomes have led to attempts to improve traditional BMT. Researchers that are focusing on improving BMT are doing so by adding innovative techniques hypothesized to upgrade positive emotions in couple interactions. For example, Jacobson and his group of researchers (2001) tested a new treatment for couples that added the component of fostering emotional acceptance between partners to traditional BMT. Results showed that adding the emotional acceptance component improved traditional BMT significantly.

Highly qualified couple therapists are familiar with what works and place emotions at the core of their therapeutic interventions. In fact, many well-trained professionals choose to use Emotion-Focused Therapy (EFT) to help couples in distress. This is a scientifically validated approach that teaches couples to express their needs in a manner which facilitates intimate emotional connections. Outcome studies suggest that EFT helps approximately 70% of couples to recover from marital distress. Moreover, these gains are maintained over time!

Despite the relative success of EFT compared to BMT with rates comparable to cognitive behavioral therapy for many individual difficulties, not all couples benefit from EFT. This begs the question, how can couple therapy be improved? The answer to this important question may lie in combining techniques from EFT and BMT. Change during couple therapy likely occurs for different reasons depending on the intervention being used. Specifically, EFT appears to help couples mostly by increasing intimacy or positive interactions, whereas BMT’s effectiveness is said to result from minimizing negative interactions. Pioneers in the field of couple therapy such as John Gottman argue that working on both positive and negative affect increases the effectiveness of couple interventions. Thus, integrating techniques from EFT and BMT may achieve the goal of improving positive interactions while decreasing negative interactions. In sum, combining therapies which are known to be effective on their own can make couple therapy even more effective. Specifically, combining EFT and BMT can have an additive effect thus improving the overall effectiveness of existing couple therapies.

Main Reference: Sue Johnson (2003): The Revolution in Couple Therapy: A Practioner-Scientist Perspective. In the Journal of Marital & Family Therapy, pgs 365-384.