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# Relationship science and interventions: Where we are and where we are going

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# Relationship Science and Couple Interventions: Where We Are and Where We Are Going

Kieran T. Sullivan and Erika Lawrence

## Abstract

Relationship distress and divorce often have profound effects on couples and their children. Relationship science has long sought to prevent and alleviate relationship distress; this chapter is a summary of many important recent developments in the field. Ongoing challenges in studying and assisting intimate relationships are also discussed.

**Key Words:** long-term relationship, intimate relationship, couple intervention, marriage, relationship distress, divorce, distressed marriage, marital distress

The purpose of this book is to describe and integrate cutting edge research in the basic and applied study of relationship development, maintenance, and dysfunction. We hope you, the reader, will gain a sense of the critical importance of studying relationship functioning, the current state of the field of relationship science, and what top research scientists view as the crucial next steps to understanding intimate relationships in all their complexity in order to effectively assist couples who experience distress and dysfunction. In this final chapter, we summarize the key developments and future challenges for relationship scientists and practitioners described in this book.

## Summary of Key Developments in Couple Research and Interventions

### *Defining and Classifying Couple Dysfunction*

Perhaps the most fundamental contribution for scientists and practitioners has been the development of reliable and precise standard definitions of key relational processes to guide assessment, diagnosis, and research, which have taken place in the context of the recent *DSM* and *ICD* revisions. The increased focus of these classifications systems on

relational processes and efforts to base the description of such processes on empirical evidence mark a substantial move forward for the field. Experts call for continued improvement, particularly in developing greater precision in the conceptualization of relational processes, which will facilitate meaningful inquiry into the causes of couple dysfunction, encourage innovation in applied research, and result in better empirical data on which to base policy decisions (Beach et al., Chapter 2). A focus on the dissemination of current definitions and assessment instruments and related training across countries and settings is also needed to maximize the potential of the new, more precise definitions (Foran et al., Chapter 3).

### *Causes and Correlates of Couple Dysfunction*

Perhaps the most innovative and leading edge of recent relationship research is the integration of genetics and epigenetics. An emerging body of work provides compelling evidence that understanding molecular genetics and epigenetic processes that affect gene expression and activity is essential for understanding relationship functioning and outcomes. Furthermore, examining the interactions

among genetics, epigenetics, and key family processes will assist in the development of more precise models that will better capture the transactional processes between family and genetic factors (Beach, Brody, & Kogan, Chapter 4) and how these processes affect individual health and well-being. Recent rapid improvements in the technology for genotyping has spurred on research in this area and the continued development of such technology, and associated reduced costs, is expected to encourage the inclusion of genetic and epigenetic variables in couple and family research.

Several other key areas of research into couple dysfunction that are described in this book are the associations between physical and mental health and relationships, the connections between sexual and relationship functioning, and the effects of partner aggression and infidelity. Decades of research on health and couple functioning have provided abundant evidence of the strong link between physical health and relationship satisfaction. Recent research has elucidated the complexity of the relations between physical health and relationship processes, which is best conceptualized as a reciprocal, longitudinal feedback loop, wherein relationship factors influence health processes and health issues influence relationship processes. Longitudinal designs that include multiple assessments of couple functioning—from prediagnosis through recovery—are needed in order to understand the complexity of the relationship between health and relationship functioning (Pieczynski et al., Chapter 5). Such research will help practitioners maximize the effectiveness of interventions before, during, and after illness, and to attenuate couple expectations regarding relationship functioning throughout this process.

Research on relationship factors and mental health has examined the complexity of associations between psychopathology and relationship functioning by controlling for third variables (e.g., personality variables) and employing twin studies to test whether genetic and/or shared environment selection effects can account for these associations. Research in this field has also expanded to include mental disorders that have not been examined previously (e.g., binge eating disorder), and to identify specific aspects of relationship functioning that contribute to the development and maintenance of psychopathology, such as expressed emotion and perceived criticism. Future research is needed to explore interactions between other risk

factors for mental illnesses and relationship processes (Whisman & Robustelli, Chapter 6).

Research on the association between sexual functioning and relationship functioning remains limited. Basic research on sexual functioning and relationships is scarce and there are currently no randomized clinical trials of sex therapy, in part due to the medicalization of sexual dysfunction. Clinical researchers have argued for a psychobiosocial approach to treatment and cognitive-behavioral therapy for sexual dysfunction has been developed and implemented in recent years. McCarthy and Wald (Chapter 7) call for an empirical study of models of sexual functioning and its association with relationships functioning, as well as efficacy trials for sex therapy.

Regarding partner aggression, recent research has highlighted the importance of psychological aggression and its relationship to physical aggression. Indeed, evidence from treatment research indicates that reducing psychological aggression is the key to reducing physical aggression. There are a number of treatments that have been shown to reduce partner aggression, such as behavioral couple therapy, treatment for substance dependence, and couple therapy designed to specifically treat partner aggression, as well as individual services for men and women followed by dyadic interventions. It remains critical for practitioners to identify couples who can benefit from dyadic interventions, particularly because there is little evidence that mandated individual services for males are effective (Salis & O'Leary, Chapter 8).

Recent research on infidelity indicates that attitudes about infidelity, marital satisfaction, and sexual satisfaction are important predictors of engaging in infidelity. These findings have important treatment implications and suggest optimal targets when helping couples understand why the extramarital infidelity occurred and helping couples prevent future occurrences. The good news regarding treatment is that though it is difficult, there is evidence that suggests that it can be successful; empirically validated treatment approaches include the forgiveness-based approach developed by Gordon and colleagues (Howell, Gilbert, & Gordon, Chapter 9), behavioral couple therapy, integrative behavioral couple therapy, and emotionally focused couple therapy (see also Chapter 13).

### *Assessment, Design, and Data Analysis*

A series of recommendations for best practices in the assessment of couple distress have been

developed based on empirical findings regarding couple distress (Balderrama-Durbin, Fissette, & Snyder, Chapter 10). Key elements of optimal assessment include an initial screening of couple and individual functioning, a tailored in-depth assessment based on the couple and the psychometric characteristics of each assessment technique, and assessing communication, aggression, substance use, affective disorders, and emotional or physical involvement with someone other than the relationship partner. Multiple assessment methods (e.g., self-reports and partner reports, interviews, behavioral observations) should be used whenever possible and the assessment of couple distress should be ongoing.

The ubiquity and ongoing rapid development of information technology have dramatically improved our ability to design and analyze research on couple dysfunction. Relationship researchers are now evaluating and improving measurements using Item Response Theory (e.g., relationship satisfaction, Funk, Rogge, & Ronald, 2007). There are many new options for collecting data in more naturalistic settings, such as the use of mobile devices to assess in-the-moment behaviors, feelings, and thoughts, direct observation outside the laboratory using voice- and video-streaming (e.g., Skype), and passive monitoring for collecting naturalistic behavior samples that requires little or no effort on the part of participants. Automated coding programs based on acoustic speech features and video are being developed and show great promise for coding behavior in a fraction of the time it currently takes. Finally, new statistical techniques, such as multilevel modeling and actor-partner interdependence models, are allowing researchers to analyze the ongoing mutual influence of intimate partners (Atkins & Baucom, Chapter 11).

### ***Treating Couple Dysfunction and Distress***

There are a number of empirically validated approaches to treating (Benson & Christensen, Chapter 13) and preventing couple distress (Halford, Petch, & Bate, Chapter 14) that have the potential to increase the effectiveness of couple interventions. Two challenges, however, limit actualizing their potential in clinical settings. The first is the lack of research on treating diverse couples (e.g., people of color, gay and lesbian couples). Additional research that focuses on whether empirically supported treatments (ESTs) are effective for couples from diverse cultural backgrounds and whether cultural adaptations of ESTs do, in fact, improve outcomes for diverse groups is sorely needed (Sevier, Brew, &

Yi, Chapter 16). When working with stigmatized or marginalized groups, such as lesbian, gay, bisexual, and transgender (LGBT) couples, couples with low socioeconomic status (SES), or couples who belong to a disadvantaged minority group, it is critical to address the unique challenges faced by these couples (Mitchell, Chapter 17).

Another challenge to actualizing the promise of ESTs is dissemination to practitioners. The APA, among other organizations, is attempting to meet this challenge by developing specific processes for establishing treatment guidelines based on empirical findings and clinical experiences (Sexton & LaFollette, Chapter 12). There are also exciting new approaches to intervening with couples, such as the Marriage Checkup and web-based programs such as Power of Two and Our Relationship, that show promise for improving our efforts to prevent and treat couple distress (Fleming & Córdova, Chapter 15).

### **Suggestions for Moving the Field Forward**

Our first recommendation for the field is to *actualize the promise of empirically supported treatments*. Researchers have already taken steps to address the challenge of dissemination of efficacious interventions. An excellent model is the training of Veteran's Administration therapists to implement Integrative Behavioral Couple Therapy (IBCT) to assist veterans who are suffering from posttraumatic stress disorder (PTSD). Evidence indicates that IBCT is an effective treatment for PTSD, especially for those suffering from comorbid couple distress (Monson, Macdonald, Fredman, Schumm, & Taft, 2014). This is a great example of how researchers and government can work together to get interventions out and assess their effectiveness in community settings.

Our second recommendation is to *expand the system for specialization in couple and family psychology*. Couple distress is the most common complaint of those who seek therapy, but most couples do not receive empirically supported treatments and/or do not work with a trained couple therapist. Ineffective couple therapy is costly for those who receive it and contribute to the myth that couple therapy is largely ineffective. Stanton and Welsh's (2011) seminal text on *Specialty Competencies in Couple and Family Psychology* "provides a comprehensive explanation of the competencies involved in the specialty and illustrates how complexity, reciprocity, interdependence, adaptation, and self-organization are important aspects of the epistemology of a couples and family approach." Indeed, the American Board

of Couple and Family Psychology, which administers the examinations that allow professionals to become Board Certified as Couple and Family Psychologists, evaluates individuals based on this set of competencies. These certification processes and established, operationalized competencies are the key to determining which professionals are truly qualified to provide couple or family therapy and will allow potential clients to make better informed decisions about where to seek couple therapy.

Third, we call for efforts to *clearly establish the cost effectiveness of couple interventions*. Government research and funding emphasize the need for cost-effective interventions; thus there has been great interest in funding for the prevention of marital distress through implementation of empirically supported premarital education programs. Making the cost effectiveness of couple therapy clear (e.g., saving the costs of distress-related depression and anxiety, improving child outcomes, and reducing missed days of work) would help to fund and implement tertiary interventions.

Finally, we encourage training programs to *more fully integrate couple and family psychology into clinical and counseling psychology training*. Couple and

family psychology encompasses a broad orientation to human behavior that occurs in the context of relationships as well as larger macrosystemic dynamics (Stanton & Welsh, 2011). Research clearly demonstrates that the couple and family context is bidirectionally related to individual adult and child well-being. Assessing the effectiveness of integrated care, for example, relationship and health outcomes when family interventions are merged with primary health care, or when interventions for physical aggression are merged with public health efforts, is critical for optimizing outcomes and minimizing cost.

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