



Effective Health Care

Couples Therapy for Relationship Distress

Results of Topic Selection Process & Next Steps

The nominator, American Psychological Association (APA), is interested in an evidence review on the effectiveness of different types of couples therapy to develop new guidelines.

We identified a systematic review protocol from the United Kingdom National Institute for Health Research (NIHR) covering the scope of the nomination. Therefore, a new AHRQ review would be duplicative of an upcoming evidence review. No further activity on this nomination will be undertaken by the Effective Health Care (EHC) Program.

Topic Brief

Topic Number and Name: 0828 Couples Therapy for Relationship Distress

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Conflict of Interest: None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

Background

Research on the effectiveness of couples therapy interventions and the factors that lead to relational distress and dissolution has been expanding in the last decade¹. The Diagnostic and Statistical Manual of Mental Disorders characterizes relationship distress as behavioral, cognitive, or affective dysfunction resulting from the quality of relationship with a spouse or intimate partner². Negativity, conflict, and ineffective decision-making are correlates of relationship distress³ and can perpetuate further psychological dysfunction. In addition, the probability of a marriage remaining intact until its twentieth anniversary is less than 60% in the United States⁴.

Relationship distress plays a critical role in multiple psychological comorbidities. Associations have been described between marital distress and anxiety, mood, and substance use disorders⁵. Similarly, relationship distress has been associated with general distress, work impairment, poor perceived health, and suicidal ideation⁶. Relationship distress, as a consequence and contributor to comorbid psychological disorders, is intricately linked to social function and is a primary target for therapeutic intervention.

In the largest international survey of psychotherapists, 70% of participants indicated that they treat couples¹. Couples therapies are generally based on behavioral modification and commitment to a dyadic union. A 2005 meta-analysis of Behavioral Marital Therapy (BMT) found BMT to be more effective than no treatment in reducing marital or psychological distress⁷. Many forms of couples therapy exist, but their relative effectiveness has yet to be established as only a few therapies have been compared directly. For example, a 2010 study compared Integrative Behavioral Therapy to Traditional Behavioral Couple Therapy and both therapies showed sustained benefits of improved marital satisfaction at five years follow up⁸. As such, a systematic review of relative effectiveness of these interventions would be valuable.

Nominator and Stakeholder Engagement

The nomination expanded over several areas of couples therapy research and required additional refinement. Topic experts were consulted in the process of scoping the nomination. The nominator, APA, was engaged in this process through email communication and a phone call to communicate changes to the key questions and population, interventions, comparators and outcomes (PICOs). APA confirmed that the NIHR systematic review protocol would meet their needs.

Key Questions and PICOs

The key questions for this nomination are:

1. What is the effectiveness of couples therapy interventions to reduce relationship distress in committed relationships?
2. Does effectiveness vary by population factors: mental health diagnosis (depression and anxiety), race, ethnicity, age, social economic status, sexual orientation status?
3. What are the harms of couples therapy interventions that aim to reduce relationship distress in committed relationships?

To define the inclusion criteria for the key questions, we specify the PICOs of interest (Table 1).

Table 1. Key Questions and PICOs

Key Questions	1. What is the effectiveness of couples therapy interventions to reduce relationship distress in committed relationships?	2. Does effectiveness vary by population factors: mental health diagnosis (depression and anxiety), race, ethnicity, age, social economic status, sexual orientation status?	3. What are the harms of couples therapy interventions that aim to reduce relationship distress in committed relationships?
Population	Long-term committed (married or 1 year living together) couples (heterosexual and same sex) experiencing relationship distress*; over 18	Long-term committed (married or 1 year living together) couples (heterosexual and same sex) experiencing relationship distress*; over 18	Long-term committed (married or 1 year living together) couples (heterosexual and same sex) experiencing relationship distress*; over 18
Interventions	Couples therapy (e.g., Behavioral Marital Therapy, Integrative Behavioral Couple Therapy, Insight Oriented Couple Therapy, Emotion Focused Therapy, Cognitive Behavioral Therapy)	Couples therapy (e.g., Behavioral Marital Therapy, Integrative Behavioral Couple Therapy, Insight Oriented Couple Therapy, Emotion Focused Therapy, Cognitive Behavioral Therapy)	Couples therapy (e.g., Behavioral Marital Therapy, Integrative Behavioral Couple Therapy, Insight Oriented Couple Therapy, Emotion Focused Therapy, Cognitive Behavioral Therapy)
Comparators	Any therapies listed above; treatment as usual; no therapeutic intervention; waitlist; placebo	Any therapies listed above; treatment as usual; no therapeutic intervention; waitlist; placebo	Any therapies listed above; treatment as usual; no therapeutic intervention; waitlist; placebo
Outcomes	Physical health Mental health Relationship stability Relationship satisfaction	Physical health Mental health Relationship stability Relationship satisfaction	Any harms reported

*Relationship distress as measured through a validated scale

Methods

We assessed nomination 0828 Couples Therapy for Relationship Distress for priority for a systematic review or other AHRQ EHC report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one. See Appendix A for detailed description of the criteria.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.
2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.
4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

Desirability of New Review/Duplication

We searched for high-quality, completed or in-process evidence reviews published in the last three years on the key questions of the nomination. See Appendix B for sources searched.

Results

See Appendix A for detailed assessments of all EPC selection criteria.

Appropriateness and Importance

This is an appropriate and important topic. More than half of marriages end in divorce⁴, which has significant sociological and economic impact. A majority of therapists report treating couples in therapy¹, yet no guidelines exist for which couples therapies are the most effective in reducing relationship distress.

Desirability of New Review/Duplication

A new evidence review would be duplicative of an upcoming evidence review. We identified one protocol for a systematic review and meta-analysis on the effectiveness of couples therapy⁹.

The protocol as detailed addresses Key Questions 1 and 2, but not Key Question 3. The proposed study will report on mental health, relationship stability, and relationship satisfaction, but not report on physical health outcomes. We confirmed through email communication with the current lead researcher that the study is moving forward. The study will be conducted by the United Kingdom NIHR (National Institute for Health Research).

We also identified an existing 2018 Cochrane review on the effectiveness of couples therapy. However, the review was not considered duplicative as it compared couples therapy against individual therapy, antidepressant drug therapy, and no or minimal treatment, but did not compare individual therapy types to each other¹⁰. The review also compared couples therapy plus drug therapy against drug therapy alone. Couples therapy was broadly defined in the review to be inclusive of all types of couples therapy, and these types of couples therapy were not compared against one another to investigate relative effectiveness.

Summary of Findings

- Appropriateness and importance: The topic is both appropriate and important.
- Duplication: A new review would be duplicative of an existing protocol. We identified one protocol for a systematic review and meta-analysis which will evaluate the effectiveness of couples therapy⁹. This protocol as detailed met the needs of the nominator.

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Appendix A. Selection Criteria Assessment

Selection Criteria	Assessment
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	Yes
1b. Is the nomination a request for a systematic review?	Yes
1c. Is the focus on effectiveness or comparative effectiveness?	Yes, the focus is on comparative effectiveness.
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes, the nomination is supported by a logic model and is consistent with what is known about the topic.
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	Yes this topic represents a significant disease burden to a large proportion of the population. More than half of marriages end in divorce ⁴ , which has significant sociological and economic impact. A majority of therapists report treating couples in therapy ¹ .
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population	Yes, this topic is of high public interest and affects a large portion of the US population.
2c. Represents important uncertainty for decision makers	Yes, there are currently no APA guidelines that exist regarding evidence-based couples therapy.
2d. Incorporates issues around both clinical benefits and potential clinical harms	Yes
2e. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes, this topic represents high costs due to common use for patients, health care systems, and payers.
3. Desirability of a New Evidence Review/Duplication	
3. Would not be redundant (i.e., the proposed topic is not already covered by available or soon-to-be available high-quality systematic review by AHRQ or others)	No. A new evidence review would be duplicative of a planned systematic review and meta-analysis to be conducted by the UK NIHR ⁹ . Of note, the protocol as detailed addresses Key Questions 1 and 2, but not Key Question 3. The proposed study will report on mental health, relationship stability, and relationship satisfaction, but not report on physical health outcomes. The nominator confirmed that this review will meet their evidence need.

Abbreviations: AHRQ=Agency for Healthcare Research and Quality; KQ=Key Question; US = United States; APA = American Psychological Association; UK = United Kingdom; NIHR = National Institute for Health Research; NIH = National Institutes of Health

Appendix B. Search for Evidence Reviews (Duplication)

Listed below are the sources searched, hierarchically

Primary Search
AHRQ: Evidence reports and technology assessments https://effectivehealthcare.ahrq.gov/ ; https://www.ahrq.gov/research/findings/ta/index.html ; https://www.ahrq.gov/research/findings/evidence-based-reports/search.html
VA Products: PBM, and HSR&D (ESP) publications, and VA/DoD EBCPG Program https://www.hsr.d.research.va.gov/publications/esp/
Cochrane Systematic Reviews http://www.cochranelibrary.com/
HTA (CRD database): Health Technology Assessments http://www.crd.york.ac.uk/crdweb/
PubMed http://www.ncbi.nlm.nih.gov/pubmed/
Secondary Search
AHRQ Products in development https://effectivehealthcare.ahrq.gov/
VA Products in development https://www.hsr.d.research.va.gov/publications/esp/
Cochrane Protocols http://www.cochranelibrary.com/
PROSPERO Database (international prospective register of systematic reviews and protocols) http://www.crd.york.ac.uk/prospéro/

Listed below is the additional topic-specific source which we searched.

Psychology or Behavioral Health
PsycINFO http://www.apa.org/pubs/databases/psycinfo/index.aspx