Couple-based Interventions
When one Partner Suffers from
Chronic Distress

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Why Work with a Couple?

- Patient
- Partner
- Individual Problem
- Couple’s Relationship
Intervening with Couples and Individual Distress

- What does the individual need to change and maintain in order to respond to the disorder?

- How do the disorder and the couple’s relationship influence each other?

- How can the couple assist both individuals and contribute to healthy relationship functioning?
Three Couple-based Intervention Approaches

- Partner-assisted interventions
- Disorder-specific interventions
- Couple therapy

Partner-assisted Interventions

- Employs partner as surrogate therapist or coach in addressing individual’s problems- no major focus on changing relationship
Disorder-specific Interventions

- Targets couple's relationship, but only as:
  - Relationship appears to influence individual disorder directly
  - Individual disorder influences relationship
Couple Therapy

- Targets couple's relationship broadly, beyond individual’s symptoms
- Based on rationale that relationship distress is broad-based, chronic stressor for vulnerable individual
- Employ mainly when relationally distressed
Couple-based Interventions for Health Concerns: Cancer, Arthritis, Heart Disease, Smoking, Chronic Obstructive Pulmonary Disease
CanThrive: A Couple-based Intervention for Early Stage Breast Cancer

Don Baucom, Laura Porter, Jennifer Kirby, Frank Keefe
CanThrive Couples Intervention

1. Introduction and brief education of model
2. Decision-making about medical issues and practical, day-to-day issues
3. Sharing thoughts and feelings about cancer
4. Sexuality, body image, and femininity
5. Focusing on positives and finding meaning
6. Continuation of relevant issues and closing
Study Design

- Pilot investigation
  - 14 couples, early stage breast cancer
  - CanThrive vs. Treatment-as-Usual

- Multisite study recently completed
  - 166 couples, early stage breast cancer
  - CanThrive, Cancer Education, Treatment-as-Usual
## Pilot Study Effect Sizes - Between Group Change Pre to Follow-up

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
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</thead>
<tbody>
<tr>
<td>Psychological Distress</td>
<td>0.45</td>
<td>0.31</td>
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<tr>
<td>Functional Well-being</td>
<td>1.14</td>
<td>---</td>
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<tr>
<td>Body Image - Self</td>
<td>1.02</td>
<td>---</td>
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<tr>
<td>Fatigue</td>
<td>0.90</td>
<td>---</td>
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<tr>
<td>Relationship Satisfaction</td>
<td>0.77</td>
<td>0.34</td>
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Couple-based Interventions for Psychopathology
A Couple-Based Treatment for Obsessive-Compulsive Disorder

Don Baucom and Jon Abramowitz
Psychology Department, UNC
OCD as an Individual Phenomenon

- Obsessions - various concerns, thoughts, images, etc. increase anxiety

- Compulsions - person lowers anxiety by engaging in mental or behavioral rituals - avoidance and escape
OCD as an Interpersonal Phenomenon

- Person with OCD structures environment to minimize distress
- Partners often become part of “OCD World”
  - Partner helps person *avoid* anxiety
  - Partner *participates in* compulsive rituals
  - Partner provides ongoing *reassurance*
Reasons for Partner Accommodation

- Out of desire to help person feel better
- To avoid conflict, arguments, and distress
Treating OCD in a Couple Context

- Educate couple regarding OCD and exposure-response prevention
- Partner-assisted exposure
- Alter couple’s relationship relative to OCD
- Alleviate relationship distress, enhance relationship functioning
## OCD Measures: Pretest to Posttest

<table>
<thead>
<tr>
<th></th>
<th>Severity (Y-BOCS)</th>
<th>Insight (BABS)</th>
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</thead>
<tbody>
<tr>
<td><strong>Pretest</strong></td>
<td>26.0 (5.37)</td>
<td>8.31 (5.14)</td>
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<tr>
<td><strong>Posttest</strong></td>
<td>12.07 (5.56)</td>
<td>4.07 (3.83)</td>
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## Couple Measures

<table>
<thead>
<tr>
<th></th>
<th>DAS-Person with OCD</th>
<th>DAS-Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pretest</strong></td>
<td>107.9 (16.07)</td>
<td>107.1 (13.7)</td>
</tr>
<tr>
<td><strong>Posttest</strong></td>
<td>115.23 (15.95)</td>
<td>115.31 (13.2)</td>
</tr>
</tbody>
</table>
Couple-Based Interventions for Anorexia Nervosa

Don Baucom, Cindy Bulik, & Jennifer Kirby

University of North Carolina at Chapel Hill
Anorexia Nervosa (AN): Diagnostic Criteria

- Refusal to maintain body weight at or above a minimally normal weight for age and height
- Intense fear of gaining weight, becoming fat, even though under-weight
- Distorted body image, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight
- Amenorrhea
AN as an Interpersonal Phenomenon

- Person structures environment to avoid eating or lower weight
- Much AN behavior happens in secret or is minimized
- Maintain control by excluding others
Partner Responses to AN

- Unaware of disorder or specific behaviors
- Avoids due to fear
- Monitor or become food “police”
- Criticize or frustrated at person for not eating
- Provide reassurance about size, attractiveness
UCAN: Uniting Couples in the treatment of Anorexia Nervosa
UCAN Treatment: Creating a Foundation for Later Work

- Psychoeducation of AN - important for both partners
- Communication skills for the couple
  - Emotional expressiveness
  - Decision-making
Addressing Anorexia-Specific Issues

- Restricting, purging, bingeing, etc.
- Mealtimes and eating together as a couple/family, friends, eating out
- Body image
- Physical affection/ sexuality
UCAN Pilot Findings, N=12

- Average weight gain of 18.3 lb, greater than any previous investigation
- 5% dropout compared to average of ~25% in previous AN psychotherapy trials
Concluding Comments

- Therapists- You can do this!
  - Gain understanding of the disorder from client or experts
  - Decide how to employ partner-assisted, disorder-specific, and couple therapy interventions to address disorder
- Expand your range of interventions and ability to assist couples over lifespan