The Problem-Solving Component in Cognitive-Behavioral Couples' Therapy

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ABSTRACT. The treatment of couples has taken somewhat of a backseat to other populations in the professional psychotherapy literature, namely individuals suffering from depression, anxiety, personality disorder, or schizophrenia. This is of particular interest given that nowhere else in the professional literature is the problem-solving factor needed as much as with couples in crisis. One of the core components of cognitive-behavioral therapy with couples involves the technique of problem-solving, aside from the other techniques of cognitive restructuring and behavioral change. However, in the literature, the technique of problem-solving has received less attention than other techniques when the topic is working with couples.

The present article addresses in detail the problem-solving component in the cognitive-behavioral approach with couples and how the focus places particular emphasis on the restructuring of thought and perception. It is this problem-solving component that may be considered to be one of the pivotal factors that bind a couple together and facilitate future progress in the relationship. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2006 by The Haworth Press, Inc. All rights reserved.]*

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INTRODUCTION

Cognitive-behavioral couple therapy (CBCT) has clearly emerged from its early stages and is now recognized as a major theory in the marital and family field. Only in the last decade has the field of couple and family therapy really acknowledged the power and effectiveness of cognitive-behavioral approaches, whether it be as a mode of integration with other forms of family therapy (Dattilio, 1998; Dattilio & Epstein, 2003) or as an independent modality unto itself (Dattilio, 2001).

By way of history, the cognitive-behavioral therapies (CBT) were initially developed to treat depression and anxiety, which has certainly had a tremendous impact on the field of contemporary psychiatry and mental health. The application to problems with intimate relationships began some 40 years ago with the earliest writings first introduced by Albert Ellis (Ellis & Harper, 1961). It was Ellis and his colleagues who acknowledged the important role that cognition played in couples relationships based on the premise that dysfunction occurs when partners maintain unrealistic beliefs about the relationship and make extreme negative evaluations about the sources of their dissatisfaction (Ellis, 1977; Ellis, Sichel, Yeager, DiMattia, & DiGiuseppe, 1989). Earlier, in the 1960s and 1970s, behavior therapists had experimented with applying principles of learning theory to address problematic behaviors of both adults and children. Many of the behavioral principles and techniques that were used in the treatment of individuals found their way to being applied to couples in distress. For example, Stuart (1969), Lieberman (1970), and Weiss, Hops, and Patterson (1973) presented the use of social exchange theory and principles from operant learning to facilitate more satisfying interaction among couples who complained of distress. A significant part of this process also involved the use of problem-solving training. This set the stage for research that subsequently followed, causing couple therapists to recognize the importance of intervening with cognitive factors as well as behavioral interaction patterns. Long before major theories of couple therapy came into existence, it was noted that cognitions could be used as auxiliary components of treatment within a behavioral paradigm (Margolin & Weiss, 1978). It was during the 1980s that cognitive factors became an increasing focus of the couples' research and therapy literature. Cognitions were addressed in more direct and systematic fashion than what was be-

ing proposed in other theoretical approaches to couple therapy (Baucom, Epstein, Sayers, & Sher, 1989; Dattilio, 1990; Epstein, 1982; Epstein & Eidelson, 1981; Fincham, Beach, & Nelson, 1987; Van Hout, 2002; Weiss, 1984). As modified distortion and inappropriate perceptions became the focus with couples, therapists began to direct more of their attention towards the use as well as inferences and beliefs that partners held about each other (Baucom & Epstein, 1990; Dattilio & Padesky, 1990; Epstein, 1992; Epstein & Baucom, 1989). The establishment of cognitive assessment and intervention methods was borrowed from individual therapy and adapted for the use with couples. As in individual therapy, CBCT interventions were designed to enhance partners' skills for evaluating and modifying their own problematic cognitions as well as skills for communicating and solving problems constructively (Epstein & Baucom, 2002).

In the same regard, behavioral approaches with couples broadened to include members' cognitions about one another. Ellis (1982) was also one of the pioneers in introducing a cognitive approach to couples therapy, utilizing his rational emotive perspective.

Substantial empirical evidence has since accumulated from treatment outcome studies indicating effectiveness of CBCT, although most studies have focused primary on behavioral interventions and only a handful have examined the impact of cognitive restructuring procedures (refer to Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998 for a complete review). There has been much less research on the actual problem-solving skills as an integral component of the change process.

The growing adoption of cognitive-behavioral methods by couple therapists appear to be due to several factors: (a) research evidence of their efficacy; (b) their appeal to clients, who value the proactive approach to solving problems and building skills that the couple can use to cope with future difficulty; (c) their emphasis on collaborative relationships between therapists and clients. Recent enhancements of CBT (Epstein & Baucom, 2002) have broadened the contextual factors that are taken into account, such as aspects of the couple's physical and interpersonal environment (e.g., extended family, the work place, neighborhood violence, national economic conditions). CBCT has become a mainstream theoretical approach in the couple therapy literature, but continues to evolve through the creative efforts of its practitioners as additional research enhances its applicability to the couple therapy field.

THE PROBLEM-SOLVING COMPONENT

CBCT as described in this article includes a strong emphasis on problem-solving. Emphasis is placed not only on solving the existing problem(s) with which couples present, but on increasing their problem-solving skills in general in order to cope with difficulties that may arise in the future. Couples are trained to use these skills in the prevention of future problems as well. In order to strengthen their problem-solving abilities, partners learn to accomplish specific interventions that involve the restructuring of thoughts and beliefs that impede the decision making process. During the course of treatment, they acquire knowledge and skills concerning the identification of problems and problem behavior, formulating a course of action, selecting the most appropriate interventions, and the accomplishment of established goals. Such a problem-solving approach requires motivation, responsibility, and an investment by both partners. At the same time, two essential therapeutic elements are collaboration, meaning working together in an active way in order to identify and to solve their problems jointly, and commitment to resolution and change.

The problem-solving component of CBCT consists of the following phases: acknowledgment and acceptance of the problem; investment and motivation to change; evaluation of the relationship; successively drawing upon holistic theory, functional analysis, target analysis; developing a plan of action; executing the interventions; and evaluation of the treatment process.

A detailed explanation of these phases are outlined in the next section. The manner in which this approach varies from the individual cognitive-behavioral approach is highlighted, especially concerning the analyses of the problems and the specific interventions that are being implemented.

Acknowledgment and Acceptance

Most therapists are aware that not every couple that presents for treatment is fully motivated, willing, and able to enter into therapy. The notion of therapy for some couples can be very frightening and intimidating. Sometimes, spouses fail to recognize that they even have any problems at all and, as a result, their resistance may manifest itself in any number of ways, from concern about themselves or their children, to, most often, issues with their partner. Therefore, the first step in solving relationship problems is to acknowledge their existence. This is

often one of the most difficult steps because for many it signifies human vulnerability and the possibility of failure. This initial phase may require intervention for dealing with resistance on the part of one or both spouses.

Already, in this first phase, an important cognitive component appears to be essential because acceptance is mostly a matter of thought. Not accepting problems in a relationship implies that partners have specific beliefs that may hold them back from admitting to their problems. This resistance is something that can be viewed as "acceptance and roadblock" cognitions. For instance, couples may state "We don't deserve to have these problems. I'm not to blame." The opposite response is also possible: "It's all my fault." Acceptance implies that a cognitive process occurs that allows for a form of resolution. Both partners develop alternative thoughts, using the various techniques with the armamentaria of cognitive behavior therapy. Consequently, an early homework assignment for spouses may be to make an inventory of the acceptance-obstructing thoughts and then to challenge them, and replace them with 'acceptance-advancing' cognitions. A perfect example of this process is offered by Tim and Ann, who sought couples therapy because of family problems.

Case Example

Tim, age 37, and Ann, age 35, are a married couple who have known each other for a total of 16 years. They lived together for 5 years and have been married for 11 years. In the beginning of their relationship they had a honeymoon period in which they recall very little difficulty with each other. They enjoyed each other's company and while maintaining their own independence and life styles, which they recall was very complimentary. They claim that things went along quite well, until their only child, Carina, reached 10 years of age. The responsibility of the child grew increasingly demanding and they were simply unable to get use to the adjustment that was required in their role as parents. Both Tim and Ann blamed each other for the problems that they experienced with their daughter. When one would easily give into the other's request, things went well, but sparks would fly when there was a difference of opinion and they were unable to reach a resolution. However, both Tim and Ann agreed that they did not blame their child for the problems. They realized that the problems had more to do with their disjointed parenting and inability to agree on what was in the best interest of the child.

With respect to the issue of acceptance, Tim and Ann found it difficult to admit to problems after living together for years without any difficulties. One of the most pronounced problems was that they had a tendency to blame each other. After some challenging techniques, they grew to understand that just as they were responsible for the happy times in the relationship, they were also responsible for the tough times. As a consequence, they realized that they could only solve their problems by working together. Since there was at least some willingness to agree, they easily consented to a contract of not blaming each other and of accepting responsibility for their own actions. Accepting the problem was also a part of the contract in that each agreed to share equally in taking responsibility for the problem and owning up to contributing to the discord.

The idea of not waiting for the other to take the first step and taking responsibility to do this simultaneously seemed to help stave off the tendency that most couples have of putting the other on the block and stating, "Well, I won't make any changes until my partner does. I'm always the one making the changes and this time he/she has to take the first initiative." In this particular respect, the concept of acceptance is very important since, once Tim and Ann were both able to agree that there was a problem and that they had to accept responsibility jointly, it was much easier to go forward with treatment.

Investment and Motivation to Change

Even when partners accept their problems and are motivated to work toward a resolution, there may be a variety of factors that serve to preclude change. Consequently, at the start of treatment there must be some display of investment in their motivation to change. When these thresholds are not dealt with explicitly, they can obstruct change by surfacing during the course of treatment and undermining progress.

A simple but important topic involves the question of whether both partners truly desire to rid themselves of their problem. Sometimes, having problems may entail some secondary gain, such as the tension in the relationship, allowing partners to avoid intimacy. In some cases, these problems may actually serve as "solutions" for other problems.

In the example of Tim and Ann, even though their motivation for therapy may have been somewhat tenuous, they were still pressured by the fact that their quarrels were becoming more frequent and they were concerned about the effect that this would have on their child. Their quarrels allowed them to recognize that something needed to be ad-

dressed, particularly since a third party was now dependent on them. Interestingly, both Tim and Ann stated that the chances were good that prior to the birth of their child, they would have coped with a problem by simply going their own way and maintaining space until the situation settled down. This approach was no longer an option and, therefore, they had to consider alternative problem-solving strategies because of their child and the fact that they simply could not get up and leave whenever they felt like it. Thus, the motivation for developing new coping skills became indelibly clear.

In addition, solving relationship problems can be arduous, especially when negative partners' interactions have become pervasive. And even when the couple is dissatisfied with the actual situation, they may know what is missing from the relationship, but just can't seem to establish a mechanism for resolve. They may even be convinced that change is not possible. The first question that partners should strive to answer is, what do they wish to solve. Jointly defining the problem may be an early key to their being able to agree and work in harmony.

Whenever the level of motivation for change is insufficient, one of the therapist's tasks is to try and motivate both partners. This intervention can also help the couple to restructure their cognitions and deal with the roadblocks that may impede change.

Reevaluating the Relationship

Prior to broaching their relationship problems, both partners must agree that it is in their best interest to continue to improve their relationship. Every couple must revisit the question of whether they care enough for each other, and whether their relationship is satisfying enough to invest in it and in each other? In addition, they must ask themselves if they are both prepared to make the necessary adjustments to facilitate positive growth? To make a proper decision, it is necessary to clarify whether or not the relationship is equally important to both partners. It is optimal to establish a baseline measure so that both the couple and the therapist have a solid understanding of the degree to which the partners are satisfied or dissatisfied with the relationship and the changes they desire. Certain self-report measures may also help to shed light on additional areas of focus (Dattilio, 1998).

In problematic relationships, much emphasis is placed on the presenting problems, perhaps causing the couple to forget about the many positive aspects of the relationship. Because of this, it is very important that a cost-benefit analysis occur during the evaluation of the relation-

ship. This can serve as a counterbalance by accenting the problems, and it can motivate the couple to work on their relationship.

Holistic Theory

The analyses and rules for decisions used in the described approach are based on the behavioral therapeutic process first outlined by Stuart (1980). In this approach, the diagnostic phase is more straightforward, but it is our experience that this method of analysis is well received by most couples. If needed, the therapist can make modifications to suit the couple and their specific issue.

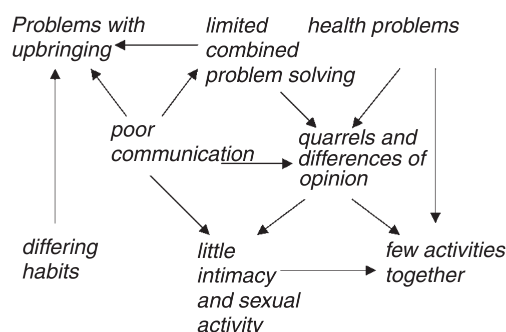
When relationship conflict consists of multiple problems, it is best to handle them one at a time. To make a well reasoned decision as to which issues to address first, it is important to discern the connection between the various problems. In order to gain insight into the problematic relationship, for the couple as well as for the therapist, in behavior therapy, an holistic theory is established.

In couples therapy, such a holistic approach may look like Figure 1.

Initially, the development of a holistic theory may be designated as a homework assignment for both partners. At the same time, the therapist can also take on this task so that, in the subsequent session, the definitive version of the holistic theory can be elaborated on.

In order to figure out which are the initial problems to be addressed, both the therapist and the couple should use this type of guideline:

FIGURE 1. Holistic theory of the relationship problems of Tim and Ann.



a. Define the problem that both partners are willing to address first.
b. What problem is most distressing to them?
c. What problem appears to occur most frequently?
d. What problem appears to have the most impact on the relationship?
e. What problems require further definition in the relationship?
f. What problem appears to be the least challenging?

Functional Analysis

After taking a holistic approach and selecting the initial problem to be addressed, a functional analysis is outlined. In relationships, everything that spouses do and don't do has clear consequences. Each partner may react to a certain behavior differently and each reaction can spark quite distinct counter reactions. The same situation or event can result in very different thoughts, feelings, or actions for each partner. To describe the behavior of both partners, two analyses are required. In couples therapy, the functional analysis appears as Figure 2.

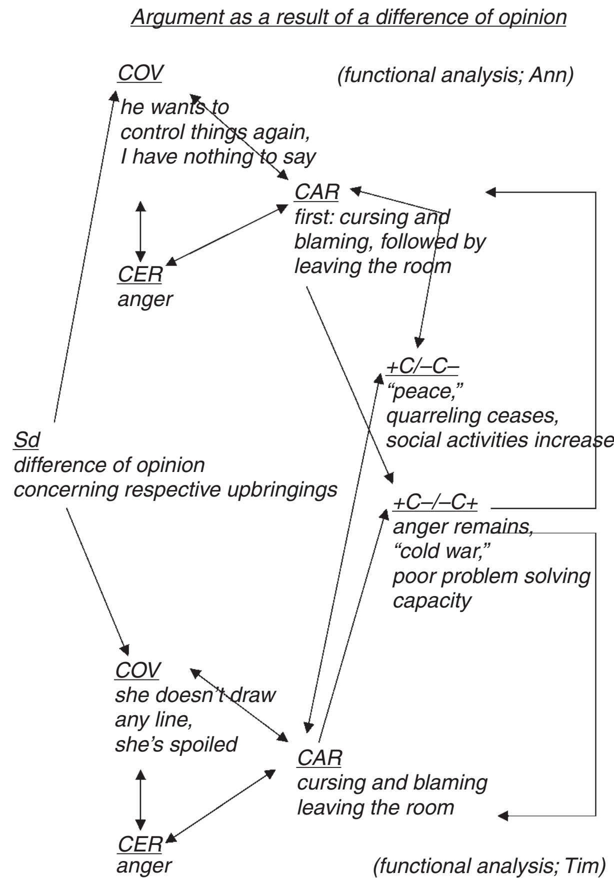
Undoubtedly, partners have differing perceptions about the nature of their problems. This may be the result a global reproduction, mostly emphasizing the overt behavior and, presumed cognitions and emotions of their partner. However, it is of utmost importance to obtain a very specific picture of the couple's problems and have each partner take a good look at their own behaviors. When both partners record their own behavior, each gains insight into his or her own contribution to the problems, thereby making it more difficult to externalize blame. It is very clarifying and motivating to have both partners register non-problematic or desired behavior as well. They see that in some situations they are already behaving in a satisfying manner, and also realize that what they think, feel, and do can prevent certain problems. On the one hand, this motivates them to invest in their relationship, and, on the other hand, they gain insight into the desired behavior and their various capacities and abilities.

First, each partner independently identifies his or her thoughts, feelings, and actions and draws a number of topographic analyses. In the subsequent session(s) the couple and therapist attempt to make a joint description and, eventually, a functional analysis of their interactions.

Target Analysis

After completing the functional analysis, the problem is more clearly described and both partners develop greater insight into the problem and areas that need modification or change. Subsequently, it is important to determine the most desirable manner in which to interact, making a so-called "target analysis." This can be of help in obtaining a clear view of this substitute behavior and to achieve some agreement between the two concerning this target. By constructing a target analysis, the

FIGURE 2. Functional analysis of quarreling after a difference of opinion between Tim and Ann.

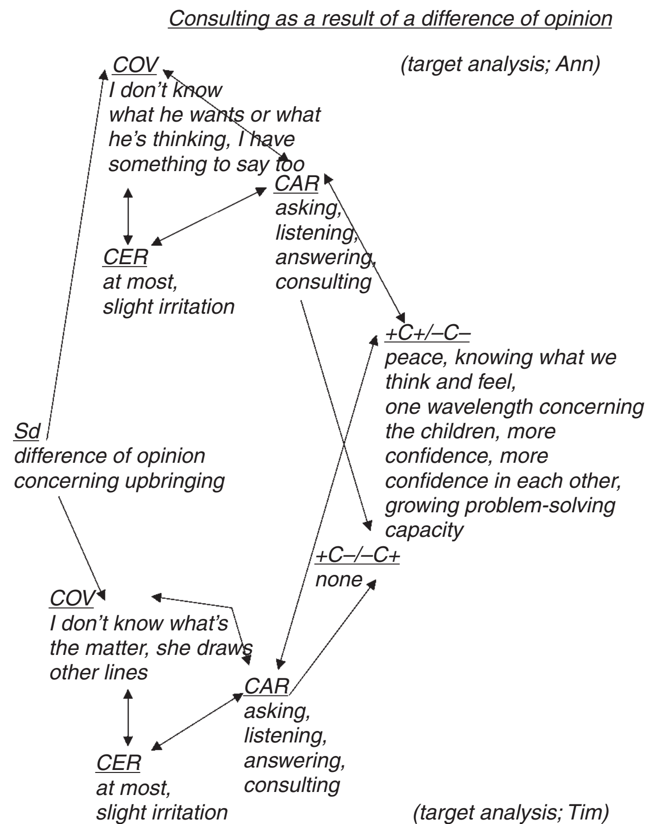


couple, as well as the therapist, can gain greater insight into what cognitions, emotions, and overt behavior will contribute to solving the relationship discord.

Based on the functional analysis described, the target analysis might appear like Figure 3.

A helpful homework assignment for both partners, together or for each to work on independently, is to construct a target analysis based on the functional analysis made in the previous session. It is important to instruct them to establish feasible and specific targets. In preparation, the therapist can also construct a target analysis. In the following ses-

FIGURE 3. Target analysis of consulting after a difference of meaning between Tim and Ann.



sion, both target analyses are compared and a combined target analysis is formulated.

Treatment Plan

Selecting the Target Behavior

After constructing the target analysis, the ideal behavior of both partners is discussed. This suggests a direction for treatment. Often, it may be too overwhelming to confront the problem (behavior) on all fronts simultaneously. It is better to address one behavioral component (cognitions, emotion, or overt behavior) at a time. In order to change the total behavior, it may be necessary to treat all three components. Since all the aspects influence one another, it might be best to address them in order of priority to the couple.

With respect to selections of the components of the target behavior, we can utilize the following two decision points:

I. What behavior component is in the foreground? That is, what appears more evident and which appear less evident.
II. What behavioral component is preferred by both partners–are they mainly "doers," "thinkers," or "feelers"?

Interventions

Interventions Aimed at Addressing Cognitions

Attempting to change cognitions within a relationship in general is similar to that which is practiced in individual cognitive therapy. The most important difference is that subsequent to the assessment phase, both partners are usually present. One of the characteristics for cognitive couples therapy is that it does not focus only on cognitions partners hold about themselves and each other, but also on cognitions about the relationship and themselves. Some couples, for instance, strive after an ideal relationship, mostly in vain. The ideal relationship for one partner may not be defined as such by the other. In some cases, it may be more effective to make compromises, perhaps allowing some wishes to go unfulfilled. There are different ways to react to the "disappointment" of unfulfilled wishes. Partners may have to accept that such wishes will not be fulfilled, they may be less demanding or critical, or they may look for fulfillment of their wishes in other aspects

of their lives. It is extremely important for couples to realize, and to accept the notion that the ideal partner and the ideal relationship may not exist.

Interventions Aimed at Emotions

It should be noted that when looking at relationship discord, there are not only excessive emotions, such as anger and grief, but also deficiencies in emotional expressions, such as the expression of love and warmth, as well as deficiencies in experiencing emotions. Both excessive and inhibited expression of emotions can holster undesired thoughts and the emotions that lead to conflict.

Time-out procedures have been instituted successfully for emotionally volatile interaction, particularly among couples. The time-out period typically allows them to employ various cognitive techniques and to examine their thinking. Taking "a break" can also reduce some of the emotional volatility that can easily accelerate as a result of heated discussions. Adjoining this technique is the negotiation of a standard period of time that allows both individuals to regroup. This may require anywhere from a half hour to an hour to several hours at which point partners can re-approach each other and inquire as to whether or not the conversation can resume. This may be considered a de-escalation phase and an opportunity for them to think in a non-emotionally charged manner about both the kinds of things that they are telling themselves and inferring from with each other.

Interventions Aimed at Dysfunctional Behaviors

The art of addressing dysfunctional behaviors often falls within the realm of relying on alternative behavioral patterns to employ during periods of conflict. Taking the risk of engaging in an alternative behavior may also elicit a new kind of reaction, which can then be used to pave the way to changing subsequent cognitions. Take, for example, spouses who move from stomping their feet or slamming doors in the heat of an angry discussion to considering the alternative behavior of pacing instead. This choice may send the message to that the partners are more in control of their anger and emotions and are making a serious attempt to contain their rage and work things through successfully.

Interventions Aimed at Communication

Good solid communication is usually difficult during passionate periods of anger or rage, particularly when couples are in conflict more generally. Therefore, some aspects of nonverbal communication may be modified. If both members of the couple sit down and compose a letter to each other, after some calm has set in, the effect may be cathartic and, at the same time, quite productive. Such an activity allows them to mediate their thoughts and emotions or to just get everything out by writing it down, and then revisiting and editing the contents to contour it more specifically to the point. This is a non-verbal communication skill, which simultaneously may serve to eventually elicit a verbal dialogue.

Communication Training

The goals of communication training are to increase family members' skills in expressing their thoughts and emotions clearly, effectively listening to others' messages effectively, and sending constructive rather than aversive messages. Central to achieving these goals is training the members in expressive and listening skills. Guerney's (1977) educational approach is widely used by couple and family therapists for teaching clients to take turns acting as expresser and as empathic listener, according to specific behavioral guidelines (Dattilio & Padesky, 1990). For example, in the expresser role, one's job is to state views as subjective perceptions rather than as facts; to include any positive feelings about the listener when expressing criticisms; to use brief, specific descriptions of thoughts and feelings; and to convey empathy for the other person's feelings as well. In turn, the listener is to attempt to empathize with the expresser's ideas and emotions (even though this need not indicate agreement with the expresser's ideas) and to convey that empathy to the expresser. The listener is to avoid distracting the expresser by asking questions or offering opinions that shift the focus of the topic in order to avoid judging the expresser's ideas and emotions; and to convey understanding of the expresser's experience by reflecting on (summarizing and restating) the key thoughts and emotions expressed. Detailed guidelines for the expresser and empathic listener, as well as procedures for teaching these skills, can be found in Baucom and Epstein (1990) and Guerney (1977). The therapist typically presents instructions about the specific behaviors involved in each type of skill, both orally and in written handouts that the family members can take home. The therapist can also model expressive and receptive communication skills, or show

the clients videotaped examples, such as the tape that accompanies Markman, Stanley, and Blumber's (1994) book *Fighting for Your Marriage*. The clients then practice the communication skills repeatedly, with the therapist coaching them in following the guidelines. Typically, a therapist asks the clients to begin their practice of the skills with relatively benign topics, so that any strong emotions associated with highly conflictual topics do not produce "sentiment override" and interfere with the learning process. Once the couples are able to enact expressive and listening skills effectively, they graduate to more difficult topics.

In addition to reducing misunderstandings between couples, the use of expressive and listening skills reduces the emotional intensity of conflictual discussions, increasing each person's perception that the others are willing to respect his or her ideas and emotions. Even when spouses are expressing negative feelings about each other's actions, the polite and structured interactions created by the procedures often reduce destructive messages.

Problem-Solving Training

Problem-solving skills constitute a special class of communication that can be used to identify a specific problem in their relationship. Such problems require a solution, or to simply generate a potential solution that is feasible and attractive to all parties, and to implement the chosen solution is usually the central focus. Problem-solving is cognitive and oriented toward resolving issues, in contrast to the skills described above, which focus on emotional and empathic listening.

As is done with teaching expressive and listening skills, cognitive-behavioral therapists use verbal and written instructions, modeling, and behavioral rehearsal, along with coaching to help family members develop effective problem-solving communication. The major steps involved in problem solving include (1) achieving a clear, specific definition of the problem, in terms of behaviors that are or are not occurring (and that spouses agree is a problem in their relationships); (2) generating one or more specific behavioral solutions to the problem (using a creative "brainstorming" period if necessary), without evaluating one's own ideas; (3) evaluating each alternative solution that has been proposed, identifying advantages and disadvantages to it, and selecting a solution that appears to be feasible and attractive to all of the involved parties; and (4) agreeing on a trial period for implementing the solution and evaluating its effectiveness. Details on conducting problem-solving

training can be found in texts such as Baucom and Epstein (1990) and Robin and Foster (1989).

Behavior Change Agreements

Even though formal behavioral contracts have become less central to behavioral couple therapy than they have previously been (e.g., Jacobson & Margolin, 1979), the general strategy of devising "homework" assignments is based on spouses' agreement to follow through with assignments between sessions. This is paramount to the learning-based model underlying cognitive-behavioral therapy, and behavior change agreements, which are still used extensively (Dattilio, 2002; Dattilio, in press). Therefore, it is common to end each therapy session with an agreement specifying what behaviors each spouse will enact during the period between sessions. A written record of the agreement (with a copy for the therapist and a copy that the couple takes home for daily reference) is very helpful when the therapist checks on the success of the homework at the next session.

If a therapist attempts to establish an agreement between spouses that they will decrease particular negative behaviors, it is important to define the behaviors clearly, and to devise a more positive behavior that each can substitute for the negative one. The therapist can also ask each spouse to list some positive behaviors that he or she might find pleasurable from each other. Cognitive-behavioral couple therapists sometimes ask each partner to engage in "love days" (Weiss, Hops, & Patterson, 1973) or "caring days" (Stuart, 1980), in which he or she enacts some positive behaviors from the other person's "desired" list.

Webster-Stratton and Herbert (1994) provide detailed guidelines for establishing written contracts. They note that some couples may initially find the idea of written, business-like contracts to be a rather stoic way of resolving emotionally-laden issues; however, they emphasize that it is exactly the detached, objective aspect of behavioral contracts that can counteract long-standing patterns of verbal and physical altercations, which are often common with spouses in distress. The therapist coaches the spouses in a process of discussion and negotiation that may be quite new and reinforcing to them as a means of encouraging the development of a different perspective.

Another type of behavioral change agreement is focused on increasing a couple's positive shared activities. Distressed couples commonly complain of a lack of intimacy and of little positive time together. Whether the current lack of shared time and activities is a result of mem-

bers' negative feelings toward one another or of competing demands on their time (jobs, school activities, friends), the therapist discusses with them the role that continued behavioral disengagement would have in maintaining their lack of intimacy. Often, spouses who have not shared activities for some time tend to become concerned that, if they finally do spend time together, they will discover that they have little in common. Consequently, the therapist can engage them in a problem-solving session in which a variety of activities that they might share are considered. A written list of joint activities (e.g., Baucom & Epstein, 1990) can help clients identify activities that appeal to all members. Homework involves an agreement to engage in one or more of the joint activities for a specified amount of time, on a given day. For spouses with a history of conflict, a contingency plan for how to handle any tension or conflict during the shared times is an important component of the behavioral agreement.

CONCLUSION

The cognitive component of problem-solving behavior adds an emphasis of restructuring of beliefs and perceptions that are not always emphasized in other modes of problem-solving models. It is the possibility of changing one's thoughts and perceptions that promises a more significant impact on the overall process of change than with models that do not have such restructuring as an essential feature.

REFERENCES

Baucom, D.H., & Epstein, N. (1990). *Cognitive-behavioral marital therapy*. New York: Brunner/Mazel

Baucom, D.H., Shoham, V., Mueser, K.T., Daiuto, A.D., & Stickle, T.R. (1998). Empirically supported couples and family therapies for adult problems. *Journal of Consulting and Clinical Psychology*, 66, 53-88.

Dattilio, F.M. (1990). Cognitive marital therapy: A case report. *Journal of Family Psychotherapy*, 1(1), 15-31.

Dattilio, F.M. (1993). Cognitive therapy with couples and families. *The Family Journal*, 1(1), 51-65.

Dattilio, F.M. (1998). *Case studies in couple and family therapy: Systemic and cognitive perspectives*. New York: Guilford.

Dattilio, F.M. (2001). Cognitive-behavioral family therapy: Contemporary myths and misconceptions. *Contemporary Family Therapy*, 23(1), 3-18.

Dattilio, F.M. (2002). Homework assignments in couple and family therapy. *Journal of Clinical Psychology*, 58(5), 570-583.

Dattilio, F.M. (in press). Homework for couples. In N. Kazantzis, F.P. Deanne, K.P. Ronan, & L.L.L'Abate (Eds.), *Using homework assignments in cognitive-behavior therapy*. New York: Brunner-Routledge

Dattilio, F.M. & Epstein, N.B. (2003). Cognitive-behavioral couple and family therapy. In T.L. Sexton, G.R. Weekes, & M.S. Robbins (Eds.), *The family therapy handbook*. New York: Routledge

Dattilio, F.M., & Padesky, C.A. (1990). *Cognitive therapy with couples*. Sarasota, FL: Professional Resource Exchange.

Ellis, A. (1977). The nature of disturbed marital interactions. In: A. Ellis & R. Greiger (Eds.), *Handbook of rational-emotive therapy* (pp.77-92). New York: Springer.

Ellis, A. (1982). Rational-emotive family therapy. In A.M. Horne & M.M. Ohlsen (Eds.), *Family counselling and therapy* (pp.302-328). Itasca, IL: Peacock.

Ellis, A., & Harper, R.A. (1961). *A guide to rational living*. Englewood Cliffs, N.J. Prentice Hall.

Ellis, A., Sichel, J.A., Yeager, R.J., DiMattia, D.J., & DiGuiseppe, R. (1989). *Rational-emotive couples therapy*. New York: Pergamon Press.

Epstein, N. (1982). Cognitive therapy with couples. *American Journal of Family Therapy*, 10(1), 5-16.

Epstein, N. (1982). Marital therapy. In A. Freeman & F.M. Dattilio (Eds.), *Comprehensive casebook of cognitive therapy* (pp.267-275). New York: Plenum Press.

Epstein, N., & Baucom, D.H. (1989). Cognitive-behavioral marital therapy. In A. Freeman, K.M. Simon, L.E. Beutler, & H. Arkowitz (Eds.), *Comprehensive handbook of cognitive therapy* (pp.491-513). New York: Plenum Press.

Epstein. N., & Baucom, D.H. (2002). *Enhanced cognitive-behavioral therapy for couples: A contextual approach*. Washington, DC: American Psychological Association.

Epstein, N., & Eidelson, R.J. (1981). Unrealistic beliefs of clinical couples: Their relationship to expectations, goals and satisfaction. *American Journal of Family Therapy*, (4), 13-22.

Fincham, F.D., Beach, S.R.H., & Nelson, G. (1987). Attribution processes in distressed and nondistressed couples: 3. Casual and responsibility attributions for spouse behaviour. *Cognitive Therapy and Research*, 11, 71-86.

Guerney, B.G., Jr. (1977). *Relationship Enhancement*. San Francisco: Jossey-Bass.

Jacobson, N.S., & Margolin, G. (1979). *Marital therapy: Strategies based on social learning and behavior exchange principles*. New York: Brunner/Mazel.

Liberman, R.P. (1970). Behavioral approaches to couple and family therapy. *American Journal of Orthopsychiatry*, 40, 106-118.

Margolin, G., & Weiss, R.L. (1978). Comparative evaluation of therapeutic components associated with behavioral marital treatments. *Journal of Consulting and Clinical Psychology*, 46, 1476-1486.

Markman, H.J., Stanley, S., & Blumberg, S.L. (1974). *Fighting for your marriage*. San Francisco: Jossey Bass.

Robin, A.L., & Foster, S.L. (1989). *Negotiating parent-adolescent conflict: A behavioral-family systems approach*. New York: Guiford.

Stuart, R.B. (1969). Operant-interpersonal treatment for marital discord. *Journal of Consulting and Clinical Psychology*, 33, 675-682.

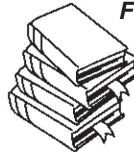
Stuart, R.B. (1980). *Helping couples change: A social learning approach to marital therapy*. New York: Guilford Press.

Van Hout, G.C.M. (2002). *Maken we er iets van?-samen je relatieproblemen in kaart brengen en oplossen*. Lisse: Swets & Zeitlinger.

Webster-Stratton, C., & Herbert, M. (1994). *Troubled families–problem children*. Chichester, England: Wiley.

Weiss, R.L. (1984). Cognitive and strategic interventions in behavioural marital therapy. In K. Hahlweg & N.S. Jacobson (Eds.), *Marital interaction: Analysis and modification* (pp.309-324). New York: Guilford Press.

Weiss, R.L., Hops, H., & Patterson, G.R. (1973). A framework for conceptualizing marital conflict, a technology for altering it, some data for evaluating it. In L.A. Hamerlynck, L.C. Handy & E.J. Mash, (Eds.), *Behavior change: Methodology, concepts, and practice* (pp. 309-342). Champaign, IL: Research Press.



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