

EMOTIONALLY FOCUSED COUPLE THERAPY FOR PARENTS RAISING A CHILD WITH AN AUTISM SPECTRUM DISORDER: A PILOT STUDY

Nicholas A. Lee
Radford University

James L. Furrow
Fuller Graduate School of Psychology

Brent A. Bradley
The Couple Zone

Many couples raising children diagnosed with an Autism Spectrum Disorder (ASD) are often resilient in confronting unique parental demands, while others experience greater risk for relational distress. Research has shown that Emotionally Focused Couple Therapy (EFT) is efficacious with couples raising chronically ill children and relevant to the relational demands of parents of children diagnosed with an ASD. This pilot study tested the effectiveness of EFT with seven couples presenting with moderate to severe distress, who were also parents of a child diagnosed with an ASD. Results demonstrated significant decreases in marital distress at posttreatment and 6-month follow-up. The study also identified several unique themes associated with couple distress and the parenting experiences of this population.

The impact of raising a child diagnosed with Autism Spectrum Disorder on parents has received increased attention. According to recent estimates, approximately one child out of 68 has been diagnosed with an Autism Spectrum Disorder (ASD) in the United States (Centers for Disease Control, 2016). ASD impairment varies from child with most prominent effects being shown in difficulties with communication, problematic social interactions, including restricted/rigid behavioral patterns, limited interests, and reduced activities (American Psychiatric Association, 2013). The impact on the family system can be tremendous as parents must learn to adapt and provide for the needs of a child diagnosed with an ASD. Estimates suggest that approximately 85% of individuals with an ASD will not be able to live independently (Volkmar & Pauls, 2003). As such, the active parenting of these children is often extended, thereby increasing stress and changing how families must navigate typical life cycle transitions. Likewise, Karst and Van Hecke (2012) noted that a couple's parental role confidence is challenged, and parents raising children diagnosed with an ASD are at higher risk for mental health disorders, such as depression and anxiety, and greater marital discord than parents with children not diagnosed with an ASD.

Moreover, research estimates vary regarding the degree to which ASD family and parenting stressors are associated with an increased likelihood of divorce. Hartley et al. (2010) compared 391 parents of children with an ASD to a representative sample of parents with children following a

Nicholas A. Lee, PhD, Department of Psychology, Radford University, Radford, Virginia. James L. Furrow, PhD, Fuller Graduate School of Psychology, Fuller Seminary, Pasadena, California. Brent A. Bradley, PhD, President and CEO of The Couple Zone, Houston, Texas.

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Address correspondence to Nicholas A. Lee, Department of Psychology, Radford University, Radford, Virginia 24142; E-mail: nlee11@radford.edu

typical developmental trajectory. The researchers found that couples with a child diagnosed with an ASD had a higher incidence of divorce (23.5% divorce rate) than their comparison group (13.8% divorce rate). These researchers found that the risk of divorce lasted longer for these parents, consistent with the aforementioned stressors of delayed launching and increased home stress. Together these challenges heighten stress and place couples at risk for higher rates of marital dissatisfaction. Alternatively, Freedman, Kalb, Zablotsky, and Stuart (2012) failed to confirm a higher divorce rate among a sample of over 900 parents of children facing ASD symptoms. These children were between the ages of three and 17. Regardless of whether an ASD diagnosis actually leads to increased risk of parental divorce, the literature is clear that parenting a child with an ASD is associated with greater strain on a couple's relationship. Furthermore, couples raising children with autism often experience greater levels of emotional distress than those raising children on a more typical developmental course (Lecavalier, Leone, & Wiltz, 2006).

Given the significant strain placed on parents' marital relationship, a need exists to better understand what types of interventions may be suitable to alleviate such strain and enhance connection. Research focusing on families with children diagnosed with an ASD has primarily focused on the etiology of the disorder, as well as the mental health consequences associated with raising a child on the spectrum (e.g. Gau et al., 2012; Higgins, Bailey, & Pearce, 2005). Research studies examining the preventative and clinical resources for couples raising children diagnosed with an ASD remains limited (Harper, Dyches, Harper, Roper, & South, 2013; Hock, Timm, & Ramisch, 2012; Karst & Van Hecke, 2012; Ramisch, 2012; Ramisch, Onaga, & Oh, 2014).

As such, the purpose of the present study was to explore the effectiveness of Emotionally Focused Couple Therapy (EFT) in lowering couple distress and strengthening a couple's relationship in the face of the particular demands of raising a child with an ASD. While there are numerous approaches to addressing relationship distress, Emotionally Focused Couple Therapy (EFT; Johnson, 2004) has consistently demonstrated positive clinical outcomes in randomized control trial research (Furrow & Bradley, 2011; Johnson, Hunsley, Greenberg, & Schindler, 1999). In a 10-year review of the field of couple therapy, Lebow, Chambers, Christensen, and Johnson (2012) noted that EFT meets criteria as an empirically supported treatment approach. Furthermore, researchers found EFT to be an effective and lasting treatment for couples facing the pervasive distress associated with parenting chronically ill children (Cloutier, Manion, Gordon-Walker, & Johnson, 2002; Gordon-Walker, Johnson, Manion, & Cloutier, 1996). In these studies, the focus on chronically ill children was broadly defined and included children diagnosed with an ASD, but was not limited to this population. Given the limited research on relationship-focused interventions within this population specifically and the established empirical support for EFT, one might expect that EFT would offer clinically significant results for couples seeking relationship support while facing the unique demands of raising a child diagnosed with an ASD.

EMOTIONALLY FOCUSED COUPLE THERAPY

Emotionally Focused Couple Therapy is an empirically supported approach to treating couple distress (Lebow et al., 2012). The overarching goal of EFT is to foster secure attachment between partners using emotion as a key vehicle of change (Johnson, 2004). EFT is an integrative theory that blends elements of adult attachment, experiential psychotherapy, and systemic techniques to improve relationship functioning. According to Johnson (1986, p. 260), "this approach assumes that affect is primary in relationships between intimate adults and that a new synthesis of affective experience is the most efficient way to restructure intimate bonds (i.e., attachment)."

In recent years, EFT outcome studies have moved beyond focusing on general couple distress to examine more complex clinical presentations. Gordon-Walker et al. (1996) first examined the effect of EFT on parents with a chronically ill child in a randomized control trial. Thirty-two couples with a chronically ill child, broadly defined and not exclusive to ASD, were randomized to either an EFT treatment or waitlist control group. Treatment consisted of 10 sessions lasting ninety minutes. Couples were assessed on measures of dyadic adjustment, intimacy, and communication skills prior to treatment, after 10 sessions of EFT, and at 5-month follow up. Results indicated that the treatment group's overall level of marital adjustment was significantly higher than

the control group at posttreatment and follow-up. Interestingly, the treatment group's scores on intimacy within the marriage were not significantly higher than that of the control group; however, scores trended toward improvement. Cloutier et al. (2002), conducted a 2-year follow-up with 13 of the 16 couples and found improvement in marital adjustment had been sustained.

In another study with parents raising a child with an ASD, Ramisch, Timm, Hock, and Topor (2013) explored the impact of a 10-week, in-home couple therapy intervention based on EFT with three couples. Treatment consisted of 10, weekly, one-hour sessions of EFT provided in the home. No quantitative measures were used to evaluate the effect of the intervention; rather, a semistructured qualitative interview was used within 4 weeks of the final session asking couples, "Has participating in this project changed your relationship?" (Ramisch et al., 2013, p. 379). All three couples reported improvements in their relationship stemming from a clearer picture of their conflict patterns and how to be more understanding of one another's emotional responses during conflict.

These three studies represent a crucial addition to the literature on families with a child diagnosed with an ASD. However, the dearth of literature evaluating the effectiveness of interventions specifically targeting key aspects of relationship distress within this population is concerning. In the present study, we tested the hypothesis that participation in EFT for couples would produce significant and clinically meaningful changes on primary outcome variables associated with dyadic adjustment and intimacy, and secondary relationship variables associated with dedication commitment, attachment security, and trust. These measures were chosen as targets of change based upon the aforementioned stressors noted in the literature concerning parents raising a child with an ASD. A secondary goal of the present study was to replicate and extend the work of Gordon-Walker et al. (1996) by solely focusing on parents raising a child with ASD symptoms. A final goal focused on identifying specific themes related to how couples in this study attributed their relationship issues to factors associated with parenting a child diagnosed with an ASD.

METHOD

Participants

Seven couples, consisting of one male and one female partner, participated in the study. The mean age for participants was 41.4 years old. One participant identified as African American (7.1%); two participants identified as multiracial (14.3%); one participant identified as Hispanic (7.1%); one participant identified as international (7.1%); and, nine participants identified as White (64.3%). Each couple had one child with an ASD diagnosis and reported currently experiencing relationship problems.

Measures

Dyadic adjustment scale. The Dyadic Adjustment Scale (DAS; Spanier, 1976) is a 32 item measure completed by both partners. Scores on the DAS range from 0 to 151. Lower scores are reflective of poor relationship adjustment. The DAS is comprised of four subscales—dyadic satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. Internal consistency for both the total score and the subscales is high ($\alpha = .96$ for total score; range from $\alpha = .73$ for affectional expression to $\alpha = .94$ for dyadic satisfaction). Gordon-Walker, Manion, Cloutier, and Johnson (1992) reported that a mean DAS score of 110 is more reflective of relationship distress within this population than a score of 97 as proposed by Jacobson, Schmaling, and Holtzworth-Munroe (1987). As such, this cut-off was used in the present study. Four of the wives (57%) and three of the husbands (43%) reported pretreatment DAS scores at or below 97.

Miller social intimacy scale. The Miller Social Intimacy Scale (MSIS; Miller & Lefcourt, 1982) is a 17-item measure aimed at capturing current levels of intimacy within a close relationship. The researchers suggest a mean cut-off score for distress among couples experiencing relationship difficulties of 154 and the measure has well established internal consistency ($\alpha = .91$).

Experience in close relationships—revised. The Experience in Close Relationships-R (ECR-R; Fraley, Waller, & Brennan, 2000) is a revised version of the Experience in Close Relationships Scale developed by Brennan, Clark, and Shaver (1998). The ECR-R is a 36-item questionnaire that assesses attachment strategies employed by partners within intimate relationships along anxious

and avoidant dimensions. Internal consistency has been previously documented in the literature (Fraley et al., 2000) as high with $\alpha = .90$. The internal consistency of each subscale, avoidance and anxiety, has produced similar results (Fraley et al., 2000; Sibley & Liu, 2004).

Trust scale. The Trust Scale (TS; Rempel, Holmes, & Zanna, 1985) is a 17-item questionnaire designed to assess levels of trust between partners on the following dimensions: predictability, dependability, and faith. Rempel and colleagues found the internal consistency of the total TS score to be $\alpha = .80$. Convergent and discriminant validity was established by comparing scores on the TS with instruments measuring similar constructs, such as love and happiness (Rempel et al., 1985).

Dedication commitment subscale. The Commitment Inventory (Stanley & Markman, 1992) measures interpersonal commitment (dedication) and constraint commitment. The 36 dedication items were used in the present study to assess each partner's sense of desire for the relationship, for making it a priority, and willingness to make sacrifices for the good of the relationship (Stanley & Markman, 1992). Constraint commitment refers to factors that make it challenging for couples to separate, such as intertwined finances or social pressures to stay together. The internal consistency of the subscales has shown to be moderate to strong reliability with Chronbach's alpha ranging from .70 to .94 (Stanley & Markman, 1992).

Procedure

Couples were recruited through advertisements in the local schools, ASD-related caregiver support groups, a university applied behavioral analysis clinic, autism speaking engagements that occurred locally (i.e., Autism Speaks), and word of mouth. Couples interested in participating in the study called a research line or sent an email to the research team requesting a phone screening. During the phone screening each partner was asked questions about their current relationship satisfaction, substance use, mental health issues, history of domestic violence, history of or current participation in counseling, and history of emotional and/or sexual abuse. Couples were included in the study if they met the following criteria: (a) Reported being together as a couple for at least 3 years, (b) Have at least one child diagnosed with an ASD by a physician, (c) Not involved in active treatment for relationship concerns; and (d) No reports of substance use problems, physical violence, emotional and/or sexual abuse, and or legal issues (e.g. custody disputes, child abuse investigations, court mandated treatment).

After the initial phone call, a screening appointment was made where couples completed a demographic questionnaire and treatment measures. To be included in the study, at least one partner for each couple had to obtain a score of 110 or lower on the DAS. Once the demographic and initial measures were completed, couples were assigned to one of four, marriage and family therapy graduate students for treatment. Couples were assessed prior to session one, at the end of session 12, and at 6-months posttreatment. There was no attrition of couples during the course of the study. Couples were offered a \$20 stipend per session to help offset the cost of transportation and childcare, as well as \$50 for completing follow-up measures 6 months after treatment had concluded. It is important to note that in this study recruitment began with a random assignment and waitlist control, however, difficulty in recruiting a sufficient number of couples that met inclusion criteria with moderate levels of distress resulted in a decision to forgo the use of a waitlist comparison sample. Baucom, Hahlweg, and Kuschel (2003) have noted that under certain circumstances it is impractical to use a waitlist control sample, especially when the intervention's efficacy has been well-established in prior investigations.

Intervention

All couples received 12 sessions of EFT treatment with each session lasting 75 minutes. Four MFT female graduate students conducted the treatment under supervision from the third author, a certified EFT supervisor and trainer. Supervision meetings involved videotape review and feedback regarding treatment adherence. Live supervision via bug-in-the-ear technology was used when available or requested by the therapist. Live supervision was most often used for more demanding periods of treatment (e.g. blamer softening attempts, alliance difficulties). Prior to the study, each therapist had received specialized training in EFT through graduate coursework and completed a four-day EFT externship, a basic requirement for certification as outlined by the

International Center for Excellence in EFT (www.ICEEFT.com). All treatment followed Johnson's (2004) introductory text as the treatment manual. Treatment followed the nine steps of EFT treatment including: (a) Identifying conflict issues and establishing an alliance, (b) Identifying negative interaction sequences and cycles, (c) Accessing unacknowledged primary emotion underlying interactional positions, (d) Reframing conflict issues in terms of the negative cycle of interaction, (e) Promoting identification with attachment needs, wants, and desires, (f) Promoting acceptance of other partner's experience, (g) Having each partner express their attachment needs/wants to one another within a high degree of emotional experiencing, (h) Explore new solutions to old problems, and (i) Solidify new interactional positions characterized by more secure attachment.

EFT Fidelity Analysis

Ten-minute segments of videotape were randomly selected from the recording of each couple's treatment. Segments were selected from the second to eleventh sessions using simple random sampling (e.g. lottery method). The first and final session were omitted as they were more likely to include information gathering and termination review questions not specific to EFT interventions. Videotaped segments were transcribed and then coded by two graduate students not previously involved in the study. Both raters had received previous EFT training and were trained in how to use the Emotionally-Focused Coding Scheme (EFT-CS; Bradley, 2001; Bradley & Furrow, 2004), a coding systems used to identify EFT interventions. Raters were instructed to code therapist talk turns "yes" for each talk turn where an EFT intervention was used and "no" when therapist statements did not include an EFT intervention. For example, a therapist giving advice or information was coded "no" because this is not an EFT-CS intervention.

Keeping in step with previous research on EFT and chronically ill children (i.e., Gordon-Walker et al., 1996), a minimum of 80% of therapist statements were required to be "EFT" to establish treatment fidelity. A total of 156 therapist statements were coded with 129 coded as consistent with the use of an EFT intervention (82%). Inter-rater agreement was calculated using Cohen's kappa (Cohen, 1960). Kappa coefficients for the two raters ranged from $\kappa = .79$ to $\kappa = 1.0$.

Thematic Analysis

A thematic analysis was conducted following the recommendations outlined by Braun and Clarke (2006) to identify unique themes linking individual couple reports of relational distress to unique stressors associated with raising a child with an ASD. This approach involved a realist inductive analysis focused on themes identified across all couple's descriptions of their presenting problem and conflict patterns (Braun & Clarke, 2006). This content focused analysis provided an assessment of the ways couples might perceive their relationship and parenting issues specific to an ASD.

Video recordings from the first three sessions of each couple were collected and transcribed, as these sessions were more likely to include descriptions of a couple's presenting complaints and references to related parental demands associated with ASD. Two graduate students not associated with providing treatment coded the transcripts. Braun and Clarke (2006) acknowledge that thematic coding can be either data-driven or theory driven. The former produces codes that emerge from the data, whereas the latter involves approaching the data with a specific set of questions in mind. For the present study, the thematic analysis followed a data-driven approach whereby each graduate student independently reviewed the transcripts making note of unique recurring themes, patterns, and references that captured the experience of parenting a child with an ASD diagnosis. These codes were distilled into themes and a list of final themes were identified through coder consensus. Together coders evaluated the individual coherence of each theme and its uniqueness among other themes (Braun & Clarke, 2006).

RESULTS

We conducted repeated measures ANOVAs on the primary outcome variables and secondary relationship measures. Main effects for treatment, gender, and gender by treatment interaction were examined and analyses were corrected for violations of sphericity and a Bonferroni correction

was applied to significance tests. The clinical significance of pre–post–follow-up differences were assessed using Cohen’s *d* statistic, where effect sizes of .2, .5, and .8 are considered small, medium, and large, respectively. The analysis of effect size for each outcome measure was conducted using the between-group difference in pre–post change scores as the numerator, and the pooled standard deviation of difference scores used as the denominator. Table 1 lists average pretest, posttest and follow-up scores on the treatment measures and effect sizes.

Primary Treatment Outcomes

A repeated measures ANOVA with a Greenhouse-Geisser correction determined that partner rating of dyadic adjustment significantly improved over time [$F(2,12) = 9.10, p = .017$]. Post hoc tests using the Bonferroni correction showed that partners reported significantly better dyadic adjustment at posttest ($p = .03$) and these gains were sustained at six-month follow-up ($p = .10$). There were no significant effects for Gender [$F(1,6) = .67, p = .44$] and the effect of Time was not moderated by Gender [$F(2,5) = 1.56, p = .29$].

A second repeated measures ANOVA examined EFT treatment effects on partner reported intimacy (MSIS) scores. These analyses showed that partner’s intimacy scores increased across treatment; however, these treatment differences only approached statistical significance [$F(2,12) = 3.15, p = .079$]. There was no main effect for Gender [$F(1,6) = .003, p = .995$], nor evidence of a significant Time x Gender interaction effect [$F(2,12) = .946, p = .415$].

Table 1
Primary and Secondary Treatment Outcomes and Effect Sizes

	Pretest		Posttest		6-month Follow-up		Post 6-month Test Follow-up	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	ES	ES
DAS								
Husband	100.00	8.76	110.29	7.43	111.43	5.97	1.33	1.50
Wife	96.70	10.05	110.71	7.32	108.29	11.15	1.72	1.18
MSIS								
Husband	131.43	15.04	138.00	7.30	136.29	17.42	0.60	0.32
Wife	125.71	21.54	138.14	15.75	140.57	17.22	0.71	0.82
ECR-ANX								
Husband	45.14	19.22	36.71	8.32	40.00	19.08	0.61	0.29
Wife	60.57	20.17	41.29	15.04	43.86	19.90	1.71	0.90
ECR-AVD								
Husband	43.00	16.59	39.86	9.94	41.29	18.00	0.25	0.11
Wife	59.14	22.16	45.57	15.44	40.57	15.32	0.77	1.05
DC								
Husband	87.71	4.27	88.14	9.60	89.29	6.80	0.06	0.30
Wife	87.29	7.99	90.71	6.34	88.00	5.07	0.51	0.12
TS								
Husband	18.43	7.57	20.71	3.52	21.14	3.93	0.42	0.49
Wife	15.57	9.11	19.14	7.77	20.43	10.23	0.46	0.54

Note. Effect sizes (ES) were computed by Cohen’s *d*. DAS = Dyadic Adjustment Scale; MSIS = Miller Social Intimacy Scale; ECR-ANX = Experience of Close Relationships – Revised, Anxiety Sub-scale; ECR-AVD = Experience of Close Relationships – Revised, Avoidance Sub-scale; DC = Dedication Commitment; TS = Trust Scale.

Clinical Significance

Individual partner DAS scores ranged from severe to moderately distressed. All partner scores fell at or below the clinical cut-off (DAS = 110) previously established by Gordon-Walker et al. (1992). Following Jacobson and Truax (1991), two criteria were used to establish the clinical significance of treatment effects on the DAS. First a clinical cut-off score was defined. We used a DAS score of 114 as the cut-off based on Gordon-Walker et al. (1996) recommendations for adjusting DAS norms to better anticipate the experience of couples with chronically ill children (Gordon-Walker et al., 1992). Second a reliable change index was calculated using the difference between pretreatment and posttreatment scores divided by the standard error of difference, which resulted in a score of 5.44 (rounded to 5 for DAS scores).

Table 2 compares the percentage of couples who showed clinical improvement, recovery, and deterioration in the current study compared to the distributions from the Gordon-Walker et al. (1996) study. Percentages are based on changes across treatment and follow-up assessment using the partner score with the lowest DAS score at pretest to assess the degree of change over time (Baucom & Mehlman, 1984; Gordon-Walker et al., 1996). In this study, five couples showed improvement through the course of 12 EFT sessions and two couples reached recovery from relationship distress at posttest. One couple demonstrated limited improvement (i.e. less than the reliable change index) and the partner with the low pretest score evidenced deterioration based upon that partner's posttreatment DAS rating; however, this partner's posttreatment and follow-up ratings did not exceed 5 points beyond her pretreatment score.

A comparison of treatment effects between this pilot autism study and the chronic illness study suggests that the EFT intervention with couples with children who have an ASD attained similar effects. The pilot study demonstrated moderate to large effect sizes – exceeding the average effect size $d = .86$ for efficacious marital therapies (Shadish & Baldwin, 2003). The treatment effects for the Dyadic Adjustment Scale exceeded the Gordon-Walker study at posttest ($d = 1.127$) compared to this study ($d = 1.58$). This was also the case in comparison of the follow-up assessments in both studies, Gordon-Walker et al. ($d = 1.28$) and this study ($d = 1.38$). The EFT treatment effects on Marital Social Intimacy were similar for wives but not husbands compared to findings from Gordon et al. (1996). Moderate to large effects sizes were evident for wives at post-treatment and were similar to couples in the Gordon et al. study at post treatment ($d = .88$) and follow-up ($d = .75$).

Secondary Outcomes

Couples also completed measures to assess for changes in ratings of attachment related avoidance and anxiety, dedication commitment, and trust. Results were based on an identical repeated measures ANOVA procedure including Bonferroni corrections and adjustments for violations of sphericity.

Significant treatment effects were found for time on ratings of attachment related anxiety [$F(2,12) = 4.56, p = .034$]. Couple scores differed significantly between pretreatment and

Table 2 <i>Treatment Outcome: Percentage of Couples Who Improved, Recovered, or Deteriorated</i>						
	% Improved		% Recovered		% Unchanged/ Deteriorated	
	Posttreatment	Follow-up	Posttreatment	Follow-up	Posttreatment	Follow-up
Current Study	71%	71%	29%	43%	0%	29%
Gordon-Walker et al., 1996;	69%	75%	38%	38%	0%	0%

Note. Percentages based on lowest partner DAS score at pretest.

posttreatment ($p = .03$) and these reductions were sustained at follow-up ($p = .10$). There were no significant effects for Gender [$F(1,6) = 1.64, p = .248$] and the interaction effect of Time and Gender was also not significant [$F(2,12) = 1.41, p = .282$]. Couples reported significantly less attachment related anxiety at posttreatment ($p < .01$) suggesting treatment gains were maintained. By contrast, there were no significant changes on partner ratings of attachment related avoidance for Time [$F(2, 12) = 1.257, p = .319$], Gender [$F(1, 6) = 2.034, p = .204$], and the interaction of Time X Gender [$F(2, 12) = 2.575, p = .117$]. Effect sizes varied with wives' scores demonstrating large effects for ratings of anxiety at posttreatment and avoidance at follow-up, but moderate to small effects for husbands at posttreatment and follow-up.

There were no significant EFT treatment effects on couple reports of trust and dedication commitment. For both partners, dedication commitment improved over the course of treatment and follow-up with average scores increasing at each assessment. However, these differences were not statistically significant for time [$F(2, 12) = 1.232, p = .326$] nor for gender [$F(1,6) = .561, p = .482$]. No interaction effect of Time X Gender was evident [$F(2,12) = .105, p = .901$]. Effect sizes for treatment differences on dedication commitment ranged from .06 to .51.

Similarly, EFT effects on partner's rating of trust showed modest increases across treatment and follow-up for husbands and through posttreatment for wives. These changes were not statistically significant across time [$F(2, 12) = .257, p = .777$], gender [$F(1,6) = .024, p = .882$], and the interaction effect of Time X Gender [$F(2,12) = .390, p = .686$]. Treatment effects for trust at post-treatment and follow-up approached a medium effect size for both wives and husbands.

Thematic Analysis

Results from the thematic coding of transcripts from each of the seven couples first three sessions identified nine themes related to couple distress and caregiving. These themes have been summarized here using the following categories: (a) Emotional Distance and Demand Patterns, (b) Finding a New Normal, and (c) Alienation and Isolation.

Couples identified a common struggle to remain emotionally connected in the face of the parental demands associated with caregiving. Three interrelated themes illustrate the category "Emotional Distance and Demand Patterns." First, wives expressed feelings of loneliness in bearing the primary responsibility for medical treatment and caregiving of the couple's child with autism. A second theme is the absence of the husband's emotional availability. For example, one husband described his impression that his wife was "over involved" with the needs of their child. For some husbands the experience of this lack of support increased indifference toward involvement in family life, over-involvement in work, or simply being emotionally "checked out". As caregiving demands and emotional distance increases, partners report a third theme of feeling as if they are "losing their connection" and having "put their relationship on the shelf."

In the second category "Finding a new normal" couples described the joint task of making meaning out of how their lives as a couple and as a family had changed with the ASD diagnosis. In their initial sessions, couples often spoke about the emotional demands of caring for a special needs child which are illustrated by the themes of "being in survival mode", "constant state of anxiety", and the imminent "now or never" needs of their relationship. Parents often lack respite from caregiving responsibility and express physical and emotional exhaustion. As a couple they often do not have what they need as partners because they are functioning in "survival mode". The experience of persistent stress often has couples torn between the immediate needs of their family and child and the urgency of the increasing distance as a couple. Couple therapy provided a unique context where this desperation and urgency could be expressed.

A second set of themes related to a couple's need to find a "new normal" in their relationship. Partners expressed a need to give attention to the impact that having an autistic child had on their relationship. One theme focused on the need to "mourn the loss of not having a mentally healthy child." Similarly, couples expressed a desire to revisit when they first learned of the diagnosis. As one partner expressed, "the Autistic diagnosis changes everything." Couples also expressed a need to define a new understanding of their relationship. This theme was expressed as a desire to go forward and not simply try to recapture what they had as a couple before having children.

A final category emphasized themes of "alienation and isolation" often as consequence of limited support. Couples in this study reported feeling disconnected from others. Their experience of

parenting and caregiving was socially isolating practically and emotionally. Some couples emphasized the ways in which family and friends expressed caring but failed to really comprehend what these partners were going through. One couple illustrated this emotional distance by describing how others would not volunteer to take their place given their situation and as a result, these couples often reported not having the social support they desperately needed.

DISCUSSION

This study furthers support for the application of EFT treatment with couples raising a child diagnosed with an ASD. Findings from this study parallel previous research demonstrating the efficacy of EFT treatment for parents of chronically ill children (Gordon-Walker et al., 1996). Effect sizes for primary treatment outcomes were similar to, if not larger than, the previous study. The majority of the couples in the present study demonstrated clinically significant improvement that was sustained at a 6-month follow-up. These positive results are consistent with previous EFT related studies of couples raising children with an ASD (Ramisch et al., 2013) and those with chronically ill children (Gordon-Walker et al., 1996). Thematic analysis of initial sessions also highlighted similar stressors and relationship demands reported by couples raising children with an ASD.

The primary treatment effects of this study consistently met or exceeded the effect sizes commonly reported for EFT treatment of couple distress. The effect size for DAS scores at posttreatment and follow-up in this study exceeded the EFT weighted average effect size of $d = 1.31$ (Johnson et al., 1999). Treatment effects from this pilot study corresponded to those reported by Gordon-Walker et al. (1996) for couple distress, $d = 1.27$ at posttreatment and $d = 1.28$ at follow-up. One additional couple reached recovery at the 6-month follow-up assessment and two couples lost treatment gains, remaining unchanged at follow-up. No couple reported evidence of deterioration. Four of the seven couples (57.4%) reported further gains at follow-up, which was more than the 38.5% of the couples of chronically ill children (Cloutier et al., 2002). Almost half the couples in this study were recovered at follow-up, which was less than the 70% reported by (Johnson & Talitman, 1997). It should be noted that the follow-up periods vary across these comparison studies: 3 months (Johnson & Talitman, 1997), 5 months (Gordon-Walker et al., 1996), 6 months for the study, and 2-year follow-up (Cloutier et al., 2002).

Couples reported increased marital intimacy through treatment and this trend continued for wives at follow-up. This trend approached statistical significance ($p = .08$) with the largest difference occurring between pretest and follow-up and with wives reporting a large effect size ($d = .82$). Gordon-Walker et al. (1996) found a similar trend with their treatment couples compared to controls. The average range of marital intimacy scores was similar across both studies.

Findings from secondary treatment outcomes demonstrated only one statistically significant treatment effect and moderate effect sizes were found on measures of trust and dedication commitment. Although these differences were not statistically significant, each measure demonstrated a positive trend. The null finding for dedication commitment may also relate to the sensitivity to measure change over time. Rhoades, Stanley, and Markman (2010) more recently modified this measure to clarify the constructs and items used to assess dedication commitment and an earlier version of this scale was used in this study.

Wives ratings evinced large treatment effects for avoidance at follow-up and anxiety at post-treatment. The significant reduction in anxiety is consistent with recent reports by a study examining EFT treatment effects on attachment related outcomes (Burgess-Moser et al., 2015). These researchers reported a significant reduction in attachment related anxiety for couples who achieved blamer softening in the process of treatment. Researchers also reported a significant reduction of attachment avoidance through the course of EFT treatment. This study differed from the current study in its use of the ECR as process measure evaluating session by session change. Nonetheless, reductions in attachment related anxiety and avoidance both predicted increases in couple satisfaction (DAS).

Dagleish et al. (2014) found that partners with the highest levels of pretreatment attachment anxiety were likely to report the greatest gains in couple satisfaction through EFT treatment. The authors highlight how the process of EFT treatment offers targeted intervention for the expression

of unmet attachment needs in a new context of a safe emotional connection, thereby enabling partners to express the needs underlying the often demanding and critical protests which drive insecurity and conflict between partners. Research with couples raising children with an ASD has shown strong inverse correlations ($r > .70$) between both wife and husband attachment anxiety and dyadic adjustment (Harper et al., 2013).

Researchers used thematic analysis to identify content themes common in discussion of marital distress and conflict. Parents raising children with an ASD face increased parental and financial demands which are often experienced differently by each partner (Harper et al., 2013). These demands increase threats to marital satisfaction and well-being (Higgins et al., 2005) and pose greater risk to personal well-being, particularly for mothers (Gau et al., 2012).

Couples in this study described the emotional pressures and demands that organized their experience of parenting and marriage. Ramisch (2012) characterized research finding similar tensions for couples raising a child with an ASD, which included feelings of depression and anxiety. These daily experiences can be compounded by the frustrations associated with not having a normal life. Couples may then struggle to find the support together even as family and friends withdraw or respond negatively to that which they do not understand or fully comprehend (Woodgate, Ateah, & Secco, 2008).

The combination of a decrease in social support and an increase in reliance on their own relationship puts couples at risk for distress, particularly when partners manage their grief and stress in different ways. EFT focused on identifying the unique attachment strategies in responding to threats of distress and disconnection. The EFT therapists enabled partners to access their more vulnerable primary emotions and through these experiences make more explicit contact with their attachment related needs. Couples capable of sharing at this level began to take new steps toward security, which better enabled partners to work together as parents as they faced the unique challenges and unanticipated rewards associated with raising a child with an ASD (Harper et al., 2013).

Although findings from this study suggest that EFT may be used to reduce couple distress and reduce attachment related anxiety for couples raising children with an ASD, a number of considerations limit the generalization of these results. First, the study was based on seven couples and a substantially larger sample is needed to establish the effectiveness of EFT with this clinical population. The use of a randomly assigned comparison treatment group is needed and this is preferred over a waitlist comparison design given ethical considerations of the relationship demands and risks faced by these families. Further, the study does not account for how findings may be influenced by socio-economic factors including minority and diversity differences that impact parental stress, access to treatment, and EFT's relevance to culture or identity specific particularities.

Because the present study utilized a quasi-experimental design, a no-treatment control group was not available for comparison purposes. Because of this, we compared the effect sizes of results from this study with a previous EFT randomized clinical trial with a related population (Cloutier et al., 2002; Gordon-Walker et al., 1996) and with average weighted effect sizes from a previous meta-analysis (Johnson et al., 1999). Criteria for couple distress were set using the Gordon-Walker et al. (1996) protocol rather than 97 as suggested by Jacobson et al. (1987). Baucom et al. (2003) demonstrated merit in comparing existing effect sizes of a given study with previously reported effect sizes from well-established treatments. Johnson et al. (1999) presented support that EFT meta-analytic findings do possess sufficient reason to warrant consideration as an established treatment for couple distress.

Thematic analysis provided insight into a couple's descriptions of their experience of relationship distress and its relationship to parenting a child with an ASD. These themes are specific to the couples who participated in this study and no causal inferences should be inferred given the limitations of this small purposive sample and the use of thematic analysis. However, therapists working with couples raising children with an ASD may find these themes useful in normalizing and attuning to the unique stressors experienced by couples raising children with an ASD.

Despite these limitations, this pilot study makes an important contribution to the literature supporting treatment resources for couples raising children with an ASD. Extending previous findings by Ramisch (2012) this study demonstrates the positive benefits of EFT treatment for couple distress in this specific population and provides further support for its use with couples facing the

emotional and situational demands of raising children with a chronic health concern. This study also offers further support for EFT's impact on attachment related anxiety, which may prove an important role in a couple's ability to regulate the emotional demands that they together uniquely face in raising a child with special needs. Further research is needed to determine how EFT treatment and home-based intervention (Ramisch, 2012) might be more effectively utilized by couples who are often in need of respite from caregiving, yet are without strong social and practical support.

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