THESIS

GOAL MATCHING IN COUPLE THERAPY: INDIVIDUAL AND COUPLE LEVEL TRAJECTORIES

Submitted by

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ABSTRACT

GOAL MATCHING IN COUPLE THERAPY: INDIVIDUAL AND COUPLE LEVEL TRAJECTORIES

In couple therapy, the degree to which partners are aligned in their therapy goals is important and is understudied in the psychotherapy literature. Individual and couple level factors likely influence whether a couple has matched or mismatched goals at the first session. These factors include open expression and flexibility of each individual partner, as well as the relational factors of commitment and sexual satisfaction. The therapeutic alliance was also examined to investigate the association with belonging to a relationship with matched versus mismatch goals. Data were gathered from couples who were in naturalistic couple therapy, from sessions one through ten. Growth models were performed to examine base line differences and trajectory differences between goal matched versus goal mismatched groups. Results revealed that couples reported significantly lower commitment and sexual satisfaction in the goal mismatched group, as compared to the goal matched group, at the initial therapy session, and no significant trajectory differences were found between these two groups for these variables across sessions. In addition, those in the goal matching group reported higher ratings of the individual alliance and between partners alliance (within-alliance) at the initial session. As sessions progressed, couples in the goal mismatch group displayed significantly higher within-alliance ratings, as compared to those couples in the matched group. These data suggest that couples with matched versus mismatched therapy goals start therapy in different places in regard to commitment and

sexual satisfaction, and therapist may play an important role in helping couples become more aligned as therapy progresses. Implications for therapists who are working with couples that present with goal match or mismatch are offered.

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Literature Review

Psychotherapy, and more specifically couple therapy, has been shown to be an effective treatment method for improving functioning across a range of symptoms (American Psychological Association, 2013; Carr, 2009; Lebow, Chamber, Christensen, & Johnson, 2012). The therapeutic alliance (i.e. the relationship between the therapist and the client) is associated with positive therapeutic trajectories (Bourgeois, Sabourin, & Wright, 1990; Horvath, 2001; Johnson & Talitman, 1997; Knobloch-Fedders, Pinsof, & Mann, 2007). Goal matching of couples in therapy is a potential factor that is related to the strength of the therapeutic alliance. If individuals have different goals for therapy, they might view their relationship with their therapist more negatively if they feel the therapy sessions are focused more on their partner's goal and not their own. In addition to understanding the relationship between the therapeutic alliance and goal matching, it is also necessary to understand factors, such as open expression, flexibility, commitment uncertainty, and sexual satisfaction, that may be related to goal matching at the start of and during the therapeutic process.

Effectiveness of Psychotherapy

Psychotherapy refers to the intentional use of clinical and interpersonal methods based in psychological theories to help clients achieve desired changes (Norcross, 1990). Research on the effectiveness of psychotherapy treatment has, on average, demonstrated significant and large sized effects (American Psychological Association, 2013; Carr, 2009). Furthermore, psychotherapy has demonstrated similar effectiveness for children, individuals and groups, across many different diagnoses and approaches to treatment (American Psychological Association, 2013; Carr, 2009; Horvath & Symonds, 1991). Based on the current body of

research regarding psychotherapy, the American Psychological Association (2013) concludes that psychotherapy is an effective treatment method for reducing symptoms and improving functioning.

Effectiveness of Psychotherapy for Couples

Couple therapy is an effective treatment for distressed couples, with approximately 70% of couples showing significant positive change (Lebow et al., 2012) with effect sizes comparable to other forms of psychotherapy (Shadish & Baldwin, 2003; Pinsof, Wynne, & Hambright, 1996). In particular, couple therapy has demonstrated significant effects for relational problems such as marital distress or couple conflict, as well as individual mental health, and improved coping abilities at both termination and at long-term follow-ups (Lundblad & Hansson, 2006; Pinsof et al., 1996). Though couple therapy has been shown to be effective, there are process variables that can impact the effectiveness of therapy.

Impact of the Therapeutic Alliance

One psychotherapy process variable is the therapeutic alliance, which is strongly associated with positive trajectories in therapy (Anker, Owen, Duncan, & Sparks, 2010; Fluckiger, Del Re, Wampold, Symonds, & Horvath, 2012; Karam et al., 2015; Knobloch-Fedders et al., 2007). Results have revealed the relationship between alliance and treatment outcomes is consistent across studies, over and above variables that have been proposed as moderators of the relationship (Martin, Garske, & Davis, 2000). As initially conceptualized by Bordin (1979) the most basic form of the therapeutic alliance is the relationship between a person who is seeking change, the client, and a person who is an agent of change, the therapist. Furthermore, the alliance can be conceptualized as consisting of three parts; the agreement on therapy goals between the therapist and client, agreement on the tasks that will occur in therapy,

and establishment of a bond between therapist and client (Bordin, 1979). Research has also shown that the therapeutic alliance accounts for 3-22% of the variance in outcome, such as increases in relationship satisfaction in couple therapy (Bourgeois, Sabourin, & Wright, 1990; Johnson & Talitman, 1997; Knobloch-Fedders et al., 2007).

In systemic therapy, such as couple or family therapy, the individual alliance extends beyond the individual one-on-one alliance described by Bordin (1979). Since there is more than one client in family or couple therapy, it is important to examine the alliance not only between the therapist and each individual client, but also the relationship that the therapist has with all the individuals who are seeking treatment (Friedlander et al., 2006; Pinsof, 1983; Pinsof, 1994). In couple's therapy, the other-alliance refers to the relationship between the client's partner and their therapist. The systemic alliance further includes the within-system alliance which refers to the alignment between partners engaged in couple therapy (Friedlander, Lambert, and Muniz de la Pena, 2008; Pinsof, 1994). It is important that both partners hold agreement about their view of how therapy is going and the goals that they have for therapy. Research has shown that holding a strong within-system alliance is important, if not necessary, for change to occur (Friedlander et al., 2006). Importantly, the alliance that exists between clients is associated with positive outcomes, in that clients who reported strong alliance ratings with their partner were more likely to report positive outcomes following the termination of therapy (Anker et al., 2010).

In summary, the working alliance in couple's therapy is comprised of the individual, within, and other alliances. For clarity, the following case example is provided. Anna and Noah are currently in couple therapy with their therapist, Jordan. Anna feels a strong connection with Jordan (bond) and feels that they agree on why she in coming to therapy (goals) and how they should go about making changes (tasks). This shows that there is a strong individual-alliance for

Anna. Anna also feels that Noah and Jordan share a connection (bond) and agree on how and what they should be doing in therapy (goals and tasks) which means that Anna is also reporting a strong other-alliance. Lastly, Anna feels that she and Noah are connected with one another and relate well as a couple with Jordan (bond) and that they share a mutual agreement over their desires for therapy (goals) and the ways they are making progress towards these goals (tasks). This shows that Anna is also reporting a strong within-alliance. See Figure 1 for a visual model of the therapeutic alliance in couple's therapy.

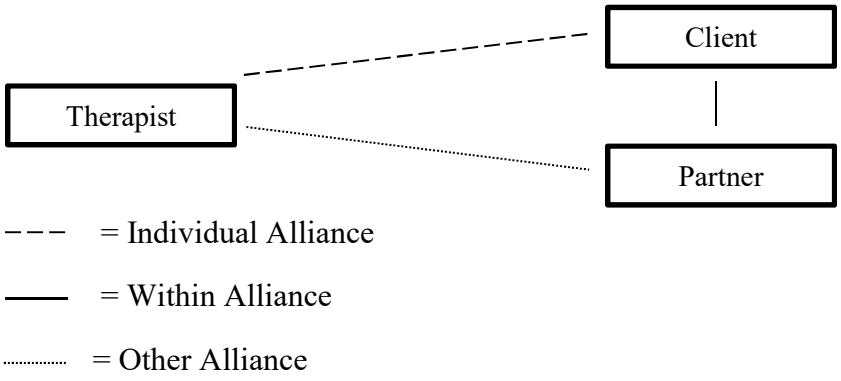

Figure 1. Visual Model of the Therapeutic Alliance

In couple therapy, it is perhaps more likely for a split alliance to occur, as there are multiple clients present during therapy. A split alliance occurs when one client reports a stronger alliance with the therapist than the other client (Karam et al., 2015; Pinsof & Catherall, 1986). For example, one partner may feel strongly aligned with the therapist, while the other partner may feel the therapist has "taken sides" and is not working in service of their own goal. Often, split alliances occur during a particular session and do not extend throughout the entirety of therapy and in these situations do not impact the outcome or trajectory over the course of treatment (Anker et al., 2010). However, in situations when a split alliance continues throughout

the therapeutic relationship, this may reduce momentum and positive outcomes (Karam et al., 2015).

Goal Matching

Due to the significant role that the therapeutic alliance has in the process of therapy, it is important to investigate the factors that may help to explain this relationship. One such variable is goal matching. In individual psychotherapy, the goals element of the alliance is conceptualized as the agreement on therapy goals between the therapist and the client (Bordin, 1979). For example, if a client sought therapy expressing a desire to reduce symptoms of anxiety and the therapist also felt that this would be beneficial for the client to work towards in therapy, there would be agreement on the goals of therapy. In systemic therapy such as couple therapy, establishment of goals becomes more complex as it incorporates the goals of two different individuals (Friedlander et al., 2006; Friedlander et al., 2008; Pinsof, 1983; Pinsof, 1994). With regard to the within-alliance, agreement on goals would be defined as the client feeling that they are on the same page as their partner for what they want to achieve as a couple and that the therapist agrees with the couple.

More specifically, goals in couple therapy can be conceptualized based on the specific content that they wish to work on, such as improvement in communication, or the overall goal that the couple has for their relationship which includes keeping the relationship the same, improving the relationship, clarifying the relationship, or ending the relationship. Examining the overarching relationship goal in the context of therapy is beneficial as it may be difficult for couples' to work towards content goals when they differ in their relationship goals. A theoretical understanding of why couples may differ in their overarching goals for their relationship can be gained through interdependence theory and theories of commitment.

Theoretical Background

Interdependence theory (Rusbult & Arriaga, 1997) holds that relationships develop through investments into the relationships, positive exchanges between the individuals in the relationship, and the development of an increased feeling of concern when thinking about loss of the relationship (Owen et al., 2014b; Rusbult & Van Lange, 2003). Healthy relationships are thought to consist of high levels of interactions that produce rewards for the individuals involved and fewer interactions that result in negative costs (Rusbult & Van Lange, 2003). Through the occurrence of interactions that result in rewards for both individuals, the relationship is strengthened (Rusbult & Van Lange, 2003). The process of engaging in positive exchanges allows couples to become more united, or committed to one another, which may lead to a higher likelihood of goal matching.

High levels of interdependency often lead to higher levels of commitment in romantic relationships. A prominent theory of commitment by Stanley and Markman (1992) furthers this idea by focusing on what motivates individuals to stay in a relationship. This theory holds that there are two key elements that form commitment; dedication and constraint (Stanley & Markman, 1992). Dedication is characterized by a strong sense of identity as a couple, having a long-term focus for the relationship, and willingness from both individuals to make individual sacrifices for the sake of the relationship (Stanley & Markman, 1992; Rhoades, Stanley, & Markman, 2010).

In contrast, constraint refers to reasons why an individual chooses to stay in a relationship, regardless of their personal level of dedication to the relationship (Stanley & Markman, 1992; Rhoades et al., 2010). There are three levels of constraint that increase commitment to a relationship. *Perceived constraint* refers to the internal or external forces that

encourage a couple to stay together such as social pressures, concern about leaving the relationship, or worry about finding another partner (Stanley & Markman, 1992; Rhoades et al., 2010). *Material constraints* refer to the tangible resources that are shared by a couple that can make leaving a relationship more difficult such as shared debt, a lease signed by both individuals, or shared ownership of a pet (Rhoades et al., 2010). Lastly, *felt constraint* refers to the degree to which a person feels trapped or stuck in a relationship due to perceived and material constraints (Rhoades et al., 2010). Relationships in which dedication is higher than constraint tend to have higher relationship satisfaction than relationships that are characterized by high levels of constraint commitment (Owen, Rhoades, Stanley, & Markman, 2011).

When relationships are characterized by high constraint commitment, individuals may experience fluctuations in their confidence in the relationship. Commitment uncertainly, which can be conceptualized as the questioning of the viability or desirability of a relationship by one or both partners, commonly occurs in relationships that are defined by high levels of constraint commitment and lower levels of dedication, which may cause individuals to be uncertain about how they want the relationship to continue (Owen et al., 2014a). Commitment uncertainty is often manifested as fluctuations in a sense of identity as a couple, reduced confidence in the longevity of the relationship, and lowered investments of time or energy in the relationship (Owen et al., 2014b). In therapy, commitment uncertainty may express itself as one or both partners reporting an initial therapy goal of wanting to clarify whether the relationship should continue.

Commitment Uncertainty and the Therapeutic Alliance

Commitment uncertainty is a common reason why couples seek therapy, as approximately 46% of couples' initial goal is to clarify whether a relationship should continue

(Doss, Simpson, & Christensen, 2004). Furthermore, couples who had higher levels of commitment uncertainty were more likely to terminate their relationship than couples with less uncertainty (Owen, Duncan, Anker, & Sparks, 2012; Quirk et al., 2016). Research has shown that the presence of commitment uncertainty accounts for approximately 8% of the variance in outcomes for couples (Owen et al., 2014a).

While preliminary research has established that commitment uncertainty impacts therapeutic outcomes for couples, little research has been conducted regarding the impact of goal mismatch, which may be a product of commitment uncertainty, on the process of therapy and on the therapeutic alliance. To form a successful alliance, it is important for the therapist to be able to share mutually established goals and attend to each client equally (Owen et al., 2014a). As the initial connection with a therapist is related to whether a client will terminate or continue in therapy after the initial session, it is important for a therapist to be able to establish a strong relationship with each individual early in the therapeutic process (Knobloch-Fedders, Pinsof, & Mann, 2004). It is likely that this would be more difficult to do in cases where couples have diverging goals. Furthermore, marital distress, which may be more common in cases where couples disagree in regard to why they are seeking treatment, has been demonstrated to be associated with weaker alliances (Knobloch-Fedders et al., 2004). It seems clear that goal matching may have important implications in the formation and strength of the alliance, as goal matching may be a mechanism for understanding commitment uncertainty.

Variables that May Impact Goal Matching

Due to the impact that goal matching may have on the therapeutic alliance, it is important to understand what variables may impact the occurrence of goal matching in couples seeking

therapy. In the current study, the variables examined can be usefully categorized as individual and relational variables.

Individual Variables

Individual variables may reduce the occurrence of goal matching in couples seeking therapy, as individual differences impact the way in which partners are able to connect with one another. In particular, the ability to openly express emotions and the ability to be flexible are likely to be related to differences in goals.

Open expression of emotions. The ability to express emotions with one's partner is important for the success of romantic relationships as the development of intimacy is an emotionally challenging process (Mirgain, 2007). Expression of emotions facilitates the development of intimacy through the reciprocal process of one partner engaging in emotionally vulnerable behavior or sharing and their partner responding in a supportive manner (Cordova & Scott, 2001). In addition, couples in which both partners are able to identify and express their emotions are more likely to report positive marital satisfaction than couples who had lower levels of open expression (Cordova, Gee, & Warren, 2005).

It seems that open expression of emotions may be importantly related to goal matching in couple therapy. As open expression of emotions is linked with marital satisfaction and intimacy (Cordova & Scott, 2001; Cordova et al., 2005), it is likely that partners who report low levels of open expression may also experience lower levels of the connectedness to the relationship. The ability to openly express emotions may be an underlying factor that leads to a mismatch in goals, as an individual may not feel able or willing to tell their partner that they are not on the same page in regard to their thoughts on the future of their relationship. This may become exacerbated over time, with partners drifting further apart as the discontent in their relationship continues to

be unexpressed. In this way, open expression may be conceptualized as a corollary for communication in a relationship. Communication skills have been shown to be significantly related with relationship satisfaction even when controlling for other variables related to relationship satisfaction such as problem-solving skills and attachment style (Egeci & Gencoz, 2006). Ultimately partners need to be able to express to one another both positive intimacy-building experiences and experiences of doubt or dissatisfaction so that the relationship can continue to grow in the desired direction. Without the ability to express themselves, partners may find that they have difficulty communicating regarding their desires for their relationship and thus partners may have different goals for therapy.

Flexibility and resilience. In addition to the importance of open expression of emotions, flexibility and resilience in response to stress or problems may help to explain goal mismatch in therapy. Stress spillover refers to the process by which stress in one domain, such as home or work, results in stress in the other domains of that person's life (Bolger, DeLongis, Kessler, & Wethington, 1989). When individuals experience higher levels of stress, they often report lower levels of satisfaction in their marriage and maladaptive coping mechanisms such as blaming their partner for problems in their relationship (Neff & Karney, 2004). However, exposure to stressors early in marriage can help couples to learn positive coping mechanisms that help them to be more resilient to future stressors (Neff & Broady, 2011).

The ability to be flexible and resilient in regard to managing stress may be related to goal matching in couple therapy. The relationship between being flexible and resilient with increased marital satisfaction and decreased blaming behavior suggests that individuals who possess these traits may be more content with their relationship than those who lack these traits. This relationship could help to explain why couples experience a mismatch of goals in therapy, as

individuals who lack flexibility and resilience may be less likely to work on a relationship than individuals who possess these traits.

Relational Variables

Relational variables, or variables that are generated between two people, may influence the existence of mismatched goals or commitment uncertainty in couples seeking therapy. Simply, it is not only the individual characteristics that partners bring to a relationship that influences the quality and trajectory, but also the interaction between two people in the relationship. In particular, commitment uncertainty, sexual satisfaction, and partner positivity may contribute to the occurrence of goal mismatch.

Commitment. As previously mentioned, commitment uncertainty is associated with an increased likelihood for relationship termination (Owen et al., 2012; Quirk et al., 2016). Furthermore, commitment uncertainty is related to lower confidence in the longevity of the relationship and time investments into the relationship, as well as a decreased likelihood that couples will engage in positive maintenance behaviors (Dainton, 2003; Owen et al., 2014b). Commitment uncertainty is likely to help explain the occurrence of goal mismatch as couples may seek therapy in order to clarify their commitment and the future of their relationship. If partners have different levels of commitment, it is likely that they might also have different goals for therapy.

Sexual satisfaction. Sexual satisfaction is positively correlated with relationship satisfaction (Byers, 2005; Christopher & Sprecher, 2000; Mark, 2012). Intuitively, when couples report sexual dissatisfaction, they are at an increased risk for relationship instability (Yeh, Lorenz, Wickrama, Elder, & Conger, 2006). Furthermore, sexual desire discrepancy refers to a mismatch in partners' preferred frequency and type of sex desired, and greater discrepancy is

associated with lower levels of sexual satisfaction and relationship satisfaction for couples (Mark, 2012; Mark, 2015). In addition to being related to overall relationship satisfaction, sexual satisfaction is related to positive communication about both sexual and non-sexual topics (Mark & Jozkowski, 2013; Theiss, 2011). This indicates that couples who have low levels of sexual satisfaction may also have difficulty communicating with one another. Due to the relationship that sexual satisfaction has with communication and relationship satisfaction, it is possible that sexual satisfaction would be related to goal mismatch as unsatisfied couples may experience lower commitment or ability to communicate regarding their goals.

The Present Study

Understanding the role of goal matching in maintaining a strong therapeutic alliance seems critical for couple therapy outcomes. The literature has demonstrated that the therapeutic alliance is strongly associated with positive outcomes in couple therapy (Anker et al., 2010; Fluckiger et al., 2012; Karam et al., 2015; Knobloch-Fedders et al., 2007); however, the role of goal matching has not been investigated. We hypothesize that individuals in the goal mismatch group are more likely to report weaker therapeutic alliance than those in the goal matching group at the levels of the individual-alliance (Hypothesis 1a), within-alliance (Hypothesis 1b), and other-alliance (Hypothesis 1c). In addition, we predict that individuals in the goal mismatch group will exhibit lower open expression (Hypothesis 2a), lower flexibility (Hypothesis 2b), lower commitment (Hypothesis 2c), and lower sexual satisfaction (Hypothesis 2d). Lastly, we predict that couples belonging to the goal mismatch group will exhibit worse trajectories in therapy as measured by lower levels of open expression (Hypothesis 3a), flexibility (Hypothesis 3b), commitment (Hypothesis 3c), and sexual satisfaction (Hypothesis 3d), at the last session of

therapy as compared to couples in the goal matching group. See Figures 2 and 3 for a visual depiction of hypotheses.

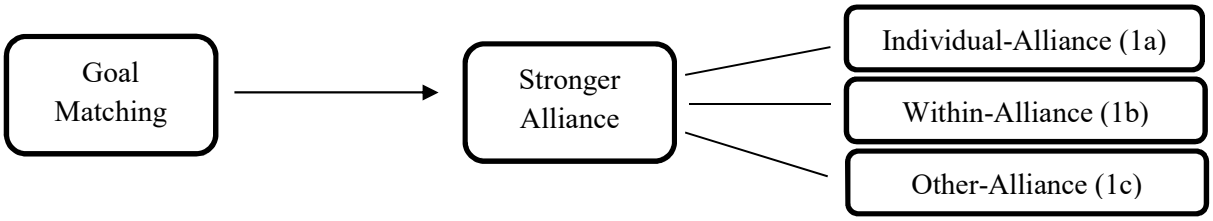

Figure 2. Visual Representation of Hypothesis 1

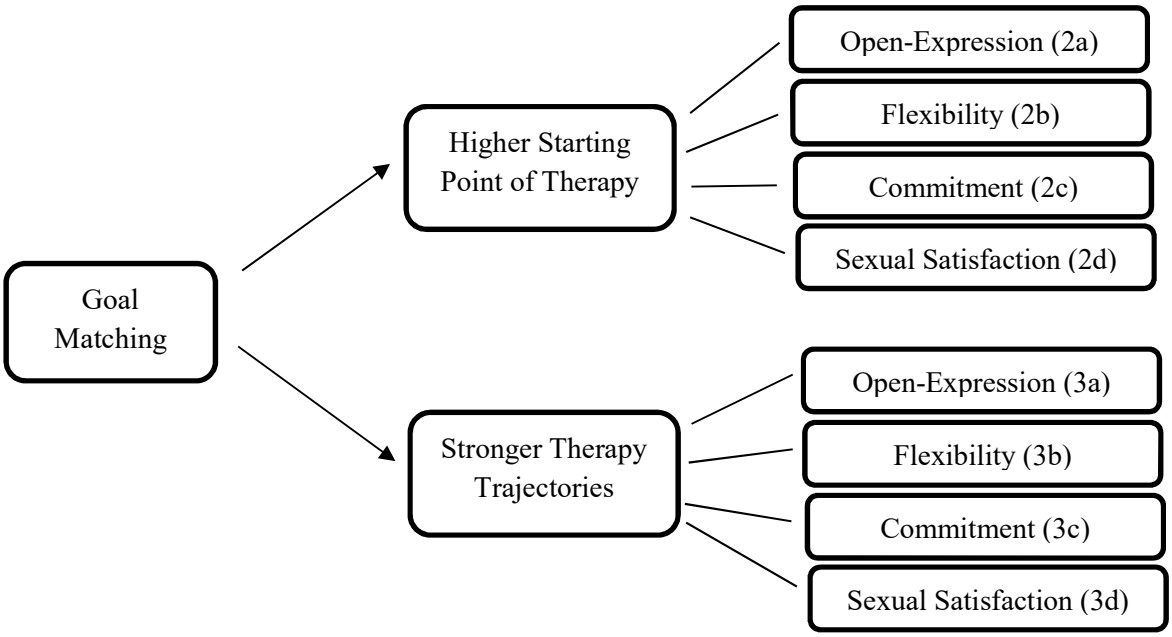

Figure 3. Visual Representation of Hypotheses 2 (Staring Point) and 3 (Trajectories)

Methods

Participants

Participants in the study were outpatient clients engaged in couple psychotherapy at a Midwestern outpatient mental health organization. The sample included 442 individuals who were engaged in couple therapy. Participants were excluded from this sample if they did not report an initial therapy goal, if they reported that they did not have a romantic partner, or if they did not participate in more than one therapy session. One participant was also excluded for reporting the goal of ending the relationship due to the low frequency of this goal in the sample. After removing participants based on the specified criteria, the final sample consisted of 278 individuals (139 couples) of which 45 couples belonged to the goal mismatch group at the initial therapy session.

Of this sample 24.7% identified as female, 21.3% identified as male, 0.1% self-identified as a trans-female, and 53% did not respond. 74% of participants identified their race as White, 3.7% identified as Black/African American, 4% as Chinese/Filipino, 0.5% as American Indian, 0.2% as Asian Indian, 0.1% as Japanese, and 0.2% as Korean, 8.3% as Hispanic, and 9% of the sample did not indicate their racial identity. The average age was 36.4 years old (SD = 17.3). 93.2% described their sexual orientation as heterosexual, 4.8% identified as gay or lesbian, and 2% as bisexual. The average income was in the bracket of $70,000 to $80,000. Of the sample, 74.3% were married, 13.6% were in a committed relationship, 7.9% were dating, and 4.2% were engaged. In addition, 15.4% of the sample held a Bachelor's degree, 10.2% held a Master's degree, 3.6% obtained a professional degree, 3.1% held an Associate degree, 1.1% attended a

technical school, 8.8% indicated they attended some college, 3.2% reported no post-high school education, 0.8% reported not completing high school, and 53.8% did not respond.

Procedure

A large outpatient therapy practice in the Midwest utilizes a comprehensive psychotherapy measurement tool and feedback system. Individuals, couples, and families seeking psychotherapy were invited to complete questionnaires embedded in the feedback system. Those who agreed to participate first completed an informed consent document. Responses were collected as an ongoing research study evaluating the reliability and validity of the feedback system. Each week, an automated email was sent to clients actively engaged in therapy, with an electronic link embedded in the email that directed individuals to the questionnaires. The first questionnaire included many more measures related to static non-changing variables (e.g., demographics and family of origin experience), and the weekly questionnaires asked about more dynamic factors such as symptomology or relationship satisfaction.

Number of session ranged from 2 – 42 sessions. For the sake of parsimony and examination of early change in therapy, only sessions 1-10 were examined in our analyses. Approximately 10% of the participants ended therapy after each session. To retain as much of the sample as possible and to be consistent with previous research regarding the therapeutic process and early therapy change, only the first 10 sessions were utilized for the purposes of this study.

Measures

The Systemic Therapy Inventory of Change (STIC)

The STIC (Pinsof et al., 2009) consists of several broad systemic areas that contain subscales. For the current study, two of these broad areas will be examined; individual and relational domains. The first system scale, *Individual Problems and Strengths (IPS)*, assesses individual adult/adolescent functioning with 28 items that load on eight factors/subscales. Within this domain, two subscales will be examined including *Flexibility and Resiliency* (three items, Cronbach alpha = .67) and *Open Expression* (three items, Chronbach alpha = .74). The second system scale, The *Relationship with Partner (RWP)* Scale, addresses the patient's relationship with a partner in a committed relationship with 24 items on seven factors. For this study, two subscales will be examined which include *Commitment* (two items, Chronbach alpha = .84) and *Sexual Satisfaction* (two items, Chronbach alpha = .86). Clients rate items (e.g., "After we hurt each other, we are good at making up") on five-point Likert-type scales ranging from *Never* to *All of the Time*. Clients fill out all demographically appropriate scales, regardless of therapy type (e.g., individual, couple, etc.). Research on the reliability and validity of the STIC has found that each system scale assesses an independent phenomenon and each of the sub-scales targets a specific element of that phenomenon (Pinsof et al., 2015). Furthermore, the factor structures have been shown to be reliable when tested between clinical and community samples and when the initial and intersession versions are compared (Pinsof et al., 2015). See Table 1 for the correlations of the content measures.

Table 1

Correlation Table for Open-Expression, Flexibility, Commitment, and Sexual Satisfaction

Measure	1	2	3	4
1. Open Expression	---			
2. Flexibility	.44*	---		
3. Commitment	.03	.04	---	
4. Sexual Satisfaction	.06	.01	.71*	---

Note: * $p < .001$

The Individual Treatment Alliance Scale Revised Short-Form (ITASr-SF)

The ITASr-SF (Pinsof, Zinbarg, & Knobloch-Fedders, 2008) consists of 15 items that comprise three Content subscales (Goals, Tasks and Bond) and four Interpersonal subscales (Self, Other, Within and Group). Clients are asked to rate items (e.g., "The people who are important to me would approve of the way my therapy is being conducted") on seven-point Likert-type scales ranging from *Completely Agree* to *Completely Disagree*. Factorial analyses have shown a reliable structure for three subscales (Content, Self/Other combined and Within/Group combined) with scales being combined due to high correlations between the scales (Owen, 2012). Furthermore, factorial analyses have confirmed that the measure adequately measures the interpersonal nature of the therapeutic alliance (Owen, 2012). For the current study, we utilized the subscales of the within-alliance (three items, Chronbach alpha = .84) the other-alliance (Chronbach alpha = .95) and the individual alliance (Chronbach alpha = .94). See Appendix for a list of the specific items in each subscale. See Table 2 for the correlations of the alliance measures.

Goal Matching

During the initial survey, clients were asked to list their goal for therapy with the options of to 1 = keep their relationship with their partner the same, 2 = to improve their relationship

with their partner, 3 = to clarify their relationship with their partner, or 4 = to end their relationship with

Table 2

Correlation Table for Individual-Alliance, Within-Alliance, and Other-Alliance

Measure	1	2	3
1. Individual-Alliance	---		
2. Within-Alliance	.61*	---	
3. Other-Alliance	.82*	.67 *	---

Note: * $p < .001$

their partner. Couples were given a code of either 0 for goal matching or 1 for goal mismatch. Of this sample, 82.0% reported that they wanted to improve their relationship, 14% reported that they wanted to clarify the future of the relationship, and 3.3% reported that they wanted to keep the relationship the way it is. Additionally, 0.1% (one participant) reported that they wanted to end their relationship and was dropped from the study as described previously. Of the couples in the goal mismatch group, 81.0% reported goals of keeping the relationship the same and improving the relationship, 18.0% reported goals of keeping the relationship the same and clarifying the relationship, and 1.0% reported goals of clarifying the relationship and improving the relationship.

Data Analysis

For each of the hypotheses, we employed a two-level model, using the Mplus software package (Version 3.11, L. K. Muthe´n & Muthe´n, 2004). Mplus uses maximum likelihood estimation and an accelerated expectation maximization procedure and allows for estimation of models with missing values in continuous outcome variables. For the first and second hypotheses, we examined the intercept values for each of the variables and compared these between goal match and goal mismatch groups. This allows for determination of baseline

differences in the variables as compared between the two groups. For the third hypothesis, we examined the difference in slope values between the goal matched and goal mismatch groups, allowing for determination of different trajectories over time. Individuals (Level 1) were nested within couples (Level 2) to account for the interdependency inherent in couples' data.

Results

The Therapeutic Alliance

There were significant differences in the intercept of the individual-alliance, (b = -0.45, SD = 0.20, p = .01, CI: b = -0.85, -0.06), and the within-alliance, (b = -0.49, SD = 0.12, p < .001, CI: -0.69, -0.22), such that the relationship between the client and their therapist (individual-alliance) and the relationship between partners (within-alliance) were worse at the start of therapy for the goal mismatch group compared to the goal matching group. There were also significant differences in the slope of the within-alliance, (b = 0.06, SD = 0.03, p = .01, CI: 0.01, 0.13), such that the relationship between partners (within-alliance) improved over the course of 10 therapy sessions for the goal mismatch group as compared to the goal matching group. Thus, Hypothesis 1a was supported and 1b was partially supported. There were no significant differences for the other-alliance for either intercept or slope, or for the individual-alliance for the slope at the p < .05 level, thus Hypothesis 1c was not supported. See Table 3 and Figure 4 for results.

Group Differences in Outcome Variables

There were significant differences in the intercept of commitment, (b = -0.55, SD = 0.11, p < .001, CI: -0.32, -0.76), and sexual satisfaction, (b = -0.34, SD = 0.18, p = .03, CI: -0.03, -0.68), such that both commitment and sexual satisfaction were lower for the goal mismatch group at the start of therapy compared to the goal matching group. Thus Hypotheses 2c and 2d were supported. There were no significant differences in open-expression or flexibility based on goal matching at the start of therapy at the p < .05 level, thus Hypothesis 2a and 2b were not supported. None of the predictors were significant at the p < .05 level for slope

Table 3

Differences in the Therapeutic Alliance based on Goal Matching

	Intercept			Slope		
	b	*SD*	Credible Interval	*b*	*SD*	Credible Interval
Individual-Alliance	-0.45*	0.20	[-0.85, -0.06]	-0.001	0.03	[-0.06, 0.06]
Other-Alliance	-0.25	0.21	[-0.66, 0.16]	-0.02	0.03	[-0.09, 0.05]
Within-Alliance	-0.49**	0.12	[-0.69, -0.22]	0.06*	0.03	[0.01, 0.13]

Note: * $p < .05$, ** $p < .001$; Individual-Alliance refers to ITASr-SF, Individual Alliance subscale (Pinsof, 2008); Other-Alliance Refers to ITASr-SF, Other Alliance subscale (Pinsof, 2008); Within-Alliance refers to ITASr-SF, Within Alliance subscale (Pinsof, 2008).

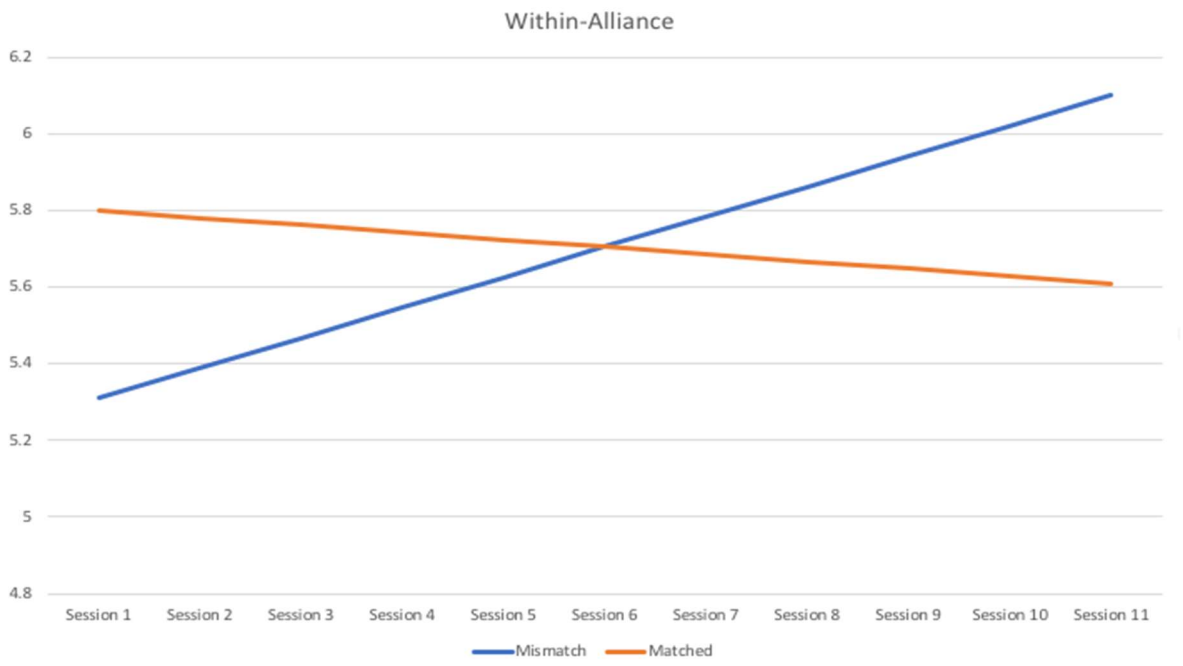

Figure 4. Within-Alliance Trajectories of Change for Goal Matched and Mismatched Groups

meaning that there were no significant differences based on goal matching in therapy trajectories related to open-expression, flexibility, commitment, or sexual satisfaction, thus Hypothesis 3a-d was not supported. See Table 4 for results.

Table 4

Differences in Outcome Variables based on Goal Matching

	Intercept			Slope		
	b	*SD*	Credible Interval	*b*	*SD*	Credible Interval
Open Expression	-0.21	0.18	[0.15, -0.56]	0.34	0.27	[0.82, -0.28]
Flexibility	-0.04	.09	[0.14, -.0.21]	0.02	0.02	[0.07, -0.02]
Commitment	-0.55**	0.11	[-0.32, -0.76]	0.03	0.03	[0.08, -0.02]
Sexual Satisfaction	-0.34*	0.18	[0.03, -0.68]	0.02	0.03	[0.07, -0.03]

Note: * $p < .05$, ** $p < .001$; Open Expression refers to STIC, Open Expression subscale (Pinsof et al., 2009); Flexibility refers to STIC, Flexibility and Resilience subscale (Pinsof et al., 2009); Commitment refers to STIC, Commitment subscale (Pinsof et al., 2009); Sexual Satisfaction refers to STIC, Sexual Satisfaction subscale (Pinsof et al., 2009).

Discussion

The goal of the present study was to better understand the relationship between goal matching in couple therapy and the individual, relational, and therapeutic factors associated with belonging to a matched versus mismatched couple. Individuals in the goal matched group had significantly higher reports of the individual-alliance and the within-alliance compared to individuals in the goal mismatch group. This means that individuals who had the same goal for therapy as their partner reported feeling more aligned with their therapist and more aligned with their partner at the start of therapy, as compared to those in the mismatched group. However, the results for therapy trajectories showed that as therapy progressed, couples belonging to the goal mismatched group showed more positive change in the within-alliance as compared to couples in the goal matched group. This suggests that even though partners who had discrepant goals for therapy at the first session reported worse initial within-alliance ratings, they were able to become more aligned with their partner as therapy progressed than those with the same goal. This finding suggests that therapy is beneficial for couples with different goals for therapy, as they may be able to become more aligned with one another throughout the course of therapy as part of the therapy work. While there was no session-by-session measure of goal alignment, or assessment of why couples became more aligned outside of goals, the significant improvement in within-alliance suggests that therapists are able to successfully join with both partners, enabling them to find ways to become more aligned with one another.

Both commitment and sexual satisfaction were significantly higher for individuals in the goal matched group as compared to individuals in the goal mismatch group at the initial therapy session, such that individuals in the goal matching group were more likely to be more committed

to and sexually satisfied with their partner as compared to individuals in the goal mismatch group. The literature has shown that sexual satisfaction is positively related to other relational variables such as relationship satisfaction and communication (Mark & Jozkowski, 2013; Theiss, 2011). As such, it is likely that when couples differ in regard to their goal for their relationship and therapy, they would be less intimate with one another and therefore experience lower levels of sexual satisfaction in their relationship.

In regard to commitment, the possible goals for therapy are to clarify the relationship, improve the relationship, or terminate the relationship. Thus, significant differences in commitment to the relationship are expected at the start of therapy. The individual who reports wanting to clarify or terminate the relationship is likely less committed to the relationship than an individual who reports that they want to work on improving their relationship and thus communicating that they are committed to working towards the success of the relationship. Couples who experience commitment uncertainty are more likely to experience lower confidence in the longevity of their relationship and sense of identity as a couple (Owen et al., 2014b). As commitment uncertainty can be shown as lower levels of commitment, the results from the study add to the body of literature about the negative outcomes associated with commitment uncertainty by showing that couples in this situation have a lower starting point for therapy as compared to couples with higher levels of commitment.

Neither open-expression of emotions nor flexibility were significantly different based on group membership at the initial therapy session. It is possible that couples may be able to openly communicate about their emotions and goals for therapy and yet still have different goals for therapy. Most research on open-expression has examined the importance of communicating about emotions in a relationship (see Mirgain, 2007, Cordova & Scott, 2001). It is possible that

individuals may be able to openly express themselves about their emotions to their partners or others in their life but still may choose to not share with their partner about issues in their relationship or their goals for therapy due to other factors.

Similarly, much of the literature on flexibility in relationships focus on how individuals respond to stress in different domains of life such as home and work (see Bolger et al., 1989; Neff & Karney, 2004; Neff & Broady, 2011). However, it is possible that although the ability to be flexible has been shown to be related to relationship satisfaction, that this would not extend to the overall goals that a couple has for therapy or the degree to which they are on the same page for their goals. It is possible that couple's abilities to be flexible in regard to stress in their relationship does not directly relate to their goals for therapy, but possibly could relate to other variables, such as their commitment to the relationship.

Therapy Trajectories

There were no significant differences between groups for any of the outcome variables at the last therapy session tested. This means that although goal matching may have influences on the starting point of couple's therapy, that these differences no longer occurred at the end of therapy. This suggests that although belonging to the goal mismatch group is related to poorer starting points at the onset of therapy, therapy trajectories are not different based on group matching. It is possible that this finding is tied to the ability of a therapist to successfully build and develop a strong therapeutic alliance with each couple. As previously discussed, there were not significant differences between groups in regard to the individual alliance after the start of therapy suggesting that even though individuals may feel less connected to their therapist at the first therapy session when they have different goals from their partner, this difference is reduced as the therapy process continues. As the therapeutic alliance has been shown to be a strong

predictor of therapy success (see Anker et al., 2010; Fluckiger et al., 2012; Karam et al., 2015; Knobloch-Fedders et al., 2007, Martin et al., 2000) it is possible that therapists who are able to build and maintain a strong relationships with both clients are able to successfully work towards therapy content goals, even if the overall goal that couples have for their relationship are different. Prior literature has highlighted the importance of the therapist sharing mutually established goals and attending to each client equally (Owen et al., 2014a). Through this process, it is possible that therapists and clients are able to successfully work towards therapy goals regardless of goal matching, allowing clients in each group to have similar trajectories. This provides further evidence that the therapeutic alliance is an important process variable for therapy and while couples who have goal matching may have an initial advantage to couples who have goal mismatch, ultimately couples are able to benefit from therapy and have similar trajectories. The mechanisms through which the differences between groups change from the initial session through the therapy process should be further examined in future studies.

Limitations

The present study highlights compelling data regarding the importance of assessing goal matching for couples in couple therapy, and differences in couples who belong to matched versus mismatched group. Still, these results must be understood in the context of limitations. First, the sample size was relatively small after removing subjects based on the described criteria. This led to a reduction in statistical power which may have influenced the ability to find significant results, even if significant associations exist in actuality. Furthermore, this study was based on self-report data which may have been influenced by a social desirability bias in regard to the provided answers. Furthermore, there was no requirement that the couples take the questionnaires separately, thus the presence of their partner may have influenced the ways in

which participant answered the questionnaires. Since goal matching was only examined at the initial therapy session, it was not possible to investigate whether a later change in goal by one or both partners would influence the trajectories of change or therapy outcomes, as couples may have switched to belong in a different group (goal matching or goal mismatch) at any point during the therapeutic process.

Implications

This study provides evidence that attending to the therapeutic goals of both partners in couple therapy is important as, when couples have different therapy goals, they are less aligned with one another and are more likely to express lower commitment and sexual satisfaction at the start of therapy. It is important for therapist to address these areas as they may relate to goal match or mismatch. Ultimately, it may be that poor sexual satisfaction is influencing one's commitment, and this may result in one partner expressing a desire to end or clarify the future of a relationship, which may be one reason for goal mismatching. Furthermore, this study found no significant differences in regard to the trajectories of therapy based on goal matching for these variables. It may be that therapists have been reluctant to examine or directly discuss goal matching, leading to a missed opportunity to correct the course of therapy. Importantly, the results presented here highlight the importance of the within-alliance and the degree to which partners become more or less aligned over time. Even though a couple may present initially with discrepant therapy goals, it is possible, and even crucial, for therapists to remain attuned to both partners and both partner's goals. As the results demonstrate here, this may allow partners to get on the same page for the future direction of their relationship. This study provides a compelling argument for the need to better understand and track goal matching in systemic therapy, as well as the factors that influence therapy trajectories over time.

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Appendix

Items in The Individual Treatment Alliance Scale Revised Short-Form (ITASr-SF)

Individual Alliance
The therapist cares about me as a person.
The therapist understands my goals in this therapy.
The therapist and I are in agreement about the way therapy is being conducted.
Within-Alliance
My partner and I do not accept each other in this therapy.
My partner and I are in agreement about our goals for this therapy.
My partner and I are not pleased with the things each of us does in this therapy.
Other-Alliance
My partner feels accepted by the therapist.
My partner and the therapist are in agreement about the way the therapy is being conducted.
The therapist understands my partner's goals for this therapy.