COUPLES THERAPY

Object Relations Couple Therapy
Already reviewed.

Cognitive-Behavioral Couple Therapy

Like CBT it emphasizes how "an individual's emotional and behavior responses to life events commonly are medicated by idiosyncratic interpretations that may be biased by cognitive distortions. (Baucom, et al., 2008, p 33)"

It also applies behavior theory—seeing people's behavior being influenced (controlled) by the environment and "posits that a couple's relationship consists of reciprocal and circular sequences in which each partner's behavior simultaneously affects and influences that of the other. (Baucom, et al., 2008, p 32)"

The third influence of Cog B Couple Therapy is research of social cognitive processing. Relatively stable constructs like "caring spouse," "indifferent spouse" are formed by past relationship experiences.

Healthy Relations function as one that "contributes to the
growth and well-being of both partners." (Baucom, Epstein, and Sullivan, 2004) Such a relationship must be flexible enough to adjust to changing demands.

"CBCT recognizes the importance of partners' mastery of skills for managing their behavior interactions, their cognitions, and experience and expression of emotions."

CBCT therapists undertake multiple roles.

"Because the ultimate goal of CBCT is the couple's use of the skills learned in therapy in their natural environment as needed, it is important that the therapist's direction and imposition of structure gradually diminish over time, as the partners assume increasing responsibility for managing their concerns."

As with CBT, homework is routinely assigned and designed to promote learning to employ more functional interactions.

**Integrative Behavioral Couple Therapy**
Develop by Andrew Christensen and Neil S. Jacobson.

IBCT theory suggests that improvements in relationship satisfaction and stability comes about through changes in
behavior and changes in the emotional reactivity (i.e., level of acceptance) of that behavior

IBCT focuses on increasing **Acceptance and Tolerance** which in turn promotes change in behavior.

"Happy couples are able to confront their differences with greater acceptance and tolerance. . . acceptance is behavior that occurs in the presence of aversive stimulus. It refers to responding to such stimuli not with behavior that functions to avoid, escape, or destroy, but with behavior that functions to maintain or to increase contact. From a couple's standpoint, acceptance means not being drawn into patterns of coercion, vilification, and polarization. P75"

Conflicts between couples frequently reflect three destructive patterns

  Mutual coercion - they each pressure the other to change
  Vilification - i.e., making disparaging, negative statement about the other
  Polarization - Taking opposite positions without seeing or seeking common ground

IBCT is based on three observations: First, the reality that
in every relationship there are some *unsolvable* problems.

Second, IBCT paradoxically, increased acceptance in one partner may at times also mediate increase change. When pressure to change is eliminated by increased acceptance or tolerance, change may follow. There is decrease emotional reactivity.

Third, IBCT theory suggest that in most cases the reaction to an offending behavior is as much a problem as the offending behavior itself.

IBCT therapists model noncritical behavior by validating each partner's perspective.

In IBCT acceptance-oriented sessions, the focus is on four areas:

1. General discussions of the basic differences between the partners and related patterns of interaction
2. Discussions of upcoming events that may trigger conflict or slip-ups
3. Discussions of recent negative incidents
4. Discussions of recent positive interactions between the partners.
The IBCT therapist is frequently very active and directive. . . The role of the IBCT therapist is to take a non-confrontational, validating, and compassionate stance in interactions with the couple.

The therapist pays close attention to the function—rather than the content—of both verbal and nonverbal communication.

Guiding Questions

In assessing a couple that has entered therapy.

1. How distress is this couple?
2. How committed is the couple to the relationship?
3. What issues divide the partners?
4. Why are these issues such a problem for them?
5. What are the strengths holding them together?
6. What can treatment do to help them?

Acceptance through Empathic Joining

To promote acceptance, the therapist promotes empathic joining around the problem. The goal of empathic joining is to allow partners to express their pain in a way that does not include accusation. "Pain plus accusation equals marital disorder; pain minus accusation equals acceptance."
Emotionally Focused Couple Therapy

EFCT is a treatment approach that focuses on emotion and attachment in couple relationships. "The EFCT therapist is a process consultant who supports partners in restructuring and expanding their emotional responses to each other. In so doing, partners restructure and expand their interactional dance and create a more secure bond" (Johnson, 2008, p 107)

This model is an application of experiential and systemic models.

1. The therapeutic alliance is healing in and of itself.

2. Acceptance and validation of the client's experience is a key element in the therapy. Think unconditional positive regard.

3. The essence of the experiential perspective is a belief in the ability of human beings to make creative, healthy choices, if given the opportunity. Think Free Will.

4. Experiential therapies encourage an examination of how inner and outer realities define each other. The inner construction of experience evokes interactional responses.
5. Experiential approaches take the position that we are formed and transformed by our relationships with others. Our relational experiences have a powerful influence on our experience of who we are.

6. Experiential approaches attempt to foster new corrective experiences for clients that emerge as part of personal encounters in the here and now of the therapy session.

Systemic Influences

This perspective proposes that symptoms and problems are a consequence of recurring patterns of interaction between family members. EFCT draws on the following basic premises of family systems theory:

1. Causality is circular. It cannot be said that action A "caused" action B. In couple conflict, it is the patterns of interaction not an issue of how started it.

2. Behavior must be considered in context. "The whole is greater than the sum of its parts. To understand the behavior of one partner it must be considered in the context of the behavior of the other partner."
3. Patterns of couple relational behaviors are observed in regular, repeating cycles of interactions. In other words, they have forms their pattern of functioning together as a couple.

4. All behavior is assumed to have a communicative aspect. "What is said between partners, and the manner in which it is communicated, defines the roles of the speaker and the listener."

5. The task of the family systems therapist is to interrupt stuck, repetitive, negative cycles of interaction, so that new patterns can occur. To promote more flexibility and less constriction.

   The present experience rather than history.

With EFCT, a healthy relationships is seen as a secure attachment bond. Such a bond is characterized by mutual emotional accessibility and responsiveness.

EFCT promotes Emotional communications between partners as the bridge between inner and outer realities.

Treatment Strategy
1. Create an alliance.

2. Facilitate the identification, expression, and restructuring of emotional responses.

3. The restructuring of interactions, the therapist begins by tracking the negative cycle that constrains and narrows the partners' responses to each other. Problems are reframed in terms of cycles and of attachment needs and fears.

Change in EFCT is not seen in terms of attainment of cognitive insight, problem-solving or negotiation skills, or a process of catharsis or ventilation. "The EFT therapist walks with each partner to the leading edge of his or her experience and expands this experience to include marginalized or hardly synthesized elements that then give new meaning to this experience. (Johnson, 2008, p 123)"

**Solution Focused Couple Therapy**

Developed by Steve de Shazer and Insoo Kim Berg in the late 1980s and 1990s
As the name implies Solution Focused Couple therapy is "directed toward building solutions" rather than increasing insight into the core cause of the couple's problem. "The solution-focused therapist earns his or her fee by recognizing how they are getting bogged down in "problem talk" then intervening appropriately to redirect them toward "solution talk. . .Good intentions need to be translated into specific actions." (Hoyt, 2008, p 270)

The therapist is more active, directive, and confrontational. He or she is "the guardian of the couple's conversation."

Miracle Question: "Suppose that one night there is a miracle and while you are sleeping the problem that brought you into therapy is solved. How would you know? What would be different? What will you notice the next morning that will tell you that there has been a miracle? What you your spouse notice?"

This model takes the position that "a problem is a problem."

While the therapists deliberately encourages clients to look at things different, the therapist does not supply answers.
"The hallmark of solution-focused therapy is the use of questions."

"What would it take to get your partner off your back?"

"How will the two of you know you have solved the problems that bring you here?"

"What will tell you that you are on track?"

"What will your partner see you doing differently that will tell him/her that his/her changes are having meaningful effect on you?"

"When in the past might the problem have happened but didn't?"

"When have you noticed that the two of you are doing better with this problem?"

"Given the terrible situation [you describe] how have you managed to avoid it getting even worse?"

**Brief Strategic Couple Therapy**

This approach was developed at the Mental Research
Institute in Palo Alto.

Ironic Processes

"Less of the Same" i.e., less of the same thing they have been doing to change their partner.

This model is sometimes called "strategic" because the therapist intervenes to interrupt ironic processes deliberately on the basis of a case-specific plan that sometimes includes counterintuitive suggests.

Between People Not Within

"Ironically, what people persistently do (or do not do) to control, prevent, or eliminate their complaints [about their partner]; that is, how people go about trying to solve a problem usually plays a crucial role in perpetuating it." p 302

Structure of Brief Strategic Couple Therapy
1. Define the complaint in specific behavioral terms
2. Set minimum goals for change
3. Investigate solutions to the complaint
4. Formulate ironic problem-solution loops (how "more of the same" solutions leads to more of the complaints,
etc.)
5. Specify what "less of the same" will look like in particular situations
6. Understand clients' preferred views of themselves, the problem, and each other
7. Use these views to frame suggestions for less-of-the-same solution behavior
8. Nurture and solidify incipient change

Therapy ends when the treatment goals have been attained and change seems reasonably stable.

The role of the therapist: "To persuade at least one participant in the couple to do "less of the same" solution that keeps the complaint going.

Couple Therapy for Specific Issues

Couple Therapy and the Treatment of Affairs

Separation and Divorce Issues in Couple Therapy

Couple Therapy and Physical Aggression

"At a minimum one can state that men and women seeking marital therapy do not see
physical abuse as a problem. However, there is a very big different between "abuse" and "aggression." In fact physical aggression may be present in couples seeking marital therapy, but physical abuse may not be reported, because men and women seeking therapy may not perceive the physical aggression as abuse. . .

The bottom line is that on an objective checklist [of aggressive behavior including pushing, grabbing, shoving, slapping, kicking, beating, etc.] two thirds of the couples indicated some physical aggression in their relationship, but very few even mentioned physical aggression as a problem in their relationship. (O'Leary, 2008, p 480-481).

O'Leary reports that at the University of Maryland Marital and Family Program, 46% of the males and 43% of the females reported that they engaged in some act of physical aggression against partners in the past year and that 48% of the males and 51% of the females reported that their partners engaged in physical aggression against them. (O'Leary, 2008, p 481)