Introduction to Couples Counselling Training

DAY FOUR

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Introduction to Couples Counselling

Day 4

Introduction

The basic principles to be explored are relevant to all couple relationships whether they are lesbian, bisexual, gay, transgender, intergender, straight or cross-cultural.

Note:
The workshop will involve some counselling techniques. Participation in any exercises is voluntary. Real-life personal scenarios may be shared and we kindly request that confidentiality is maintained within the group and when working in pairs / smaller groups.

The workshop is intended as an introduction to the theory and techniques of counselling couples and does not constitute accredited training in any of the named therapeutic models.

Day 4 Topics:

- Ethical dilemmas in couples counselling: Domestic Abuse
- Homework for Clients
- The Assessment Session
- How to set yourself up as a couples therapist

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Ethical Dilemmas in Couples Counselling

Issues working with Domestic Abuse

What is domestic violence?

UK Government Definition 2013

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

Statistics: international

- Domestic violence is the major cause of death and disability for women aged 16 to 44, and accounts for more death and ill health than cancer or traffic accidents;
- 1 in 4 women experience domestic violence over their lifetimes, and between 6-10% of women suffer domestic violence in a given year.

Statistics: UK

- On average 2 women a week are killed by a male partner or former partner; DV is more prevalent among young women (under 24);
- In 2011/12, 7.3% women (1.2 million) and 5% men (800,000) reported having experienced domestic abuse;

- Despite an increase in DV prosecutions over the past 5 years, convictions still stand at 6.5% of incidents reported to police;
- 1 in 5 women (20%) have been a victim of sexual abuse;
- 90% of victims of most serious offences knew their perpetrator; only 15% of victims said they had reported offences to the police;
- During 2011-12, the National Domestic Violence Helpline received an average of 445 calls per day, 78% were answered;
- In a study by Shelter, 40% of all homeless women stated that domestic violence was a contributor to their homelessness;
- The overall annual costs of DV are estimated to be £15 billion p.a.;
- 30% of domestic violence starts in pregnancy;
- At least 750,000 children a year witness domestic violence;
- One call a minute to the police (1300 calls per day); but a minority of DV (23 – 35%) is reported to the police.

Source: www.womensaid.org.uk

Controlling or Coercive Behaviour

The Serious Crime Act 2015 created a new offence of controlling or coercive behaviour in intimate or familial relationships (section 76). The offence carries a maximum sentence of 5 years' imprisonment, a fine or both.

Section 76 of the Serious Crime Act 2015 provides that:

(1) A person (A) commits an offence if—

(a) **A repeatedly or continuously engages in behaviour towards another person (B) that is controlling or coercive**,

(b) at the time of the behaviour, A and B are **personally connected**,

(c) the behaviour has a **serious effect** on B, and—

(d) A knows or **ought to know that the behaviour will have a serious effect** on B.

(2) A and B are '**personally connected** if—

(a) A is in an intimate personal relationship with B, or—

(b) A and B live together and— (i) they are members of the same family, or (ii) they have previously been in an intimate personal relationship with each other.

(3) But A does not commit an offence under this section if at the time of the behaviour in question— (a) A has responsibility for B, for the purposes of Part 1 of the Children and Young Persons Act 1933 (see section 17 of that Act), and (b) B is under 16.

(4) A's behaviour has a '**serious effect'** on B if—

(a) it causes B to fear, on at least two occasions, that violence will be used against B, or—

(b) it causes B serious alarm or distress which has a substantial adverse effect on B's usual day-to-day activities.

<u>Extracts from Statutory Guidance from the Government</u>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf

<u>Types of Behaviour</u>

The types of behaviour associated with coercion or control may or may not constitute a criminal offence in their own right. It's important to remember that the presence of controlling or coercive behaviour doesn't mean that no other offence has been committed or cannot be charged. Such behaviours might include:

- Isolating a person from their friends and family;
- Depriving them of their basic needs;
- Monitoring their time;
- Monitoring a person via online communication tools or using spyware;
- Taking control over aspects of their everyday life, such as where they can go, who they can see, what to wear and when they can sleep;

 Depriving them of access to support services, such as specialist support or medical services;

 Repeatedly putting them down such as telling them they are worthless;

 Enforcing rules and activity which humiliate, degrade or dehumanise the victim;

 Forcing the victim to take part in criminal activity such as shoplifting, neglect or abuse of children to encourage self-blame and prevent disclosure to authorities;

 Financial abuse, including control of finances, such as only allowing a person a punitive allowance;

 Threats to hurt or kill;

 Threats to a child;

 Threats to reveal or publish private information (e.g., threatening to 'out' someone);

 Assault;

 Criminal damage (such as destruction of household goods);

 Rape;

 Preventing a person from having access to transport or from working.

This is not an exhaustive list.

When is it safe or unsafe for a therapist or counsellor to work with perpetrators/victims, either in individual or couples counselling?

Practitioner Guidelines

- **Pre-session Questionnaire**

It's important to pre-screen for domestic abuse in a questionnaire, and in particular to ask an important question; whether the 'victim' feels safe in discussing the abuse. If the counsellor is considering couples counselling, and one or both parties indicate that they don't feel safe talking about abusive behaviour with their partner, or where in the therapist's professional opinion there may be safety concerns, then it's advisable to put the couples counselling on hold and if possible, to do a risk assessment for the victim first in an individual session.

- **Risk Assessments**

  There is no standardised UK risk assessment for working with couples and domestic violence. This is largely because couple therapists are discouraged from working with these issues altogether, and many believe that couples counselling isn't appropriate.

  There are indeed some scenarios where couples counselling may not be appropriate or could even dangerous. These situations would largely be where the safety of the victim is compromised. For example, where the victim has been using avoidance as a way of preventing the violence from happening. As couples counselling is often orientated towards facing conflict directly, the breakdown of avoidance might place the victim at increased risk of violence. Furthermore, by proceeding with couples counselling, the therapist might be seen as minimising the abuse, colluding in the view that domestic violence is a 'dance' and the victim is equally to blame as the perpetrator.

- **Intimate Partner Violence**

  Research has shown intimate partner violence (IPV) to be more complex than originally thought, revealing sub-groups of batterers (Holtzworth-Munroe & Stuart, 1994; Gottman et al. 1995; Tweed & Dutton, 1998) and subtypes of IPV (Johnson, 2006; Jacobson & Gottman 1998).

  Therefore, perpetrators or relationships involving domestic abuse do not fit one stereotype.

- **Sub-Types of Perpetrators**

  Essentially, classifications of perpetrators are usually characterised by two main dimensions of violence: (1) overcontrolled v undercontrolled; and (2) impulsive v instrumental.

  Overcontrolled perpetrators often deny their anger and experience chronic resentment and frustration. Their abuse is used in a calculated way to obtain specific objectives, and is used to control and intimidate (instrumental). Undercontrolled perpetrators act out frequently and impulsively.

  In their book '*Breaking the Cycle'* Neil Jacobson and John Gottman sub-divide perpetrators into two types that follow this typology: '**Cobras**' and '**Pitbulls**'.

Cobras

The type of case where the therapist should be particularly wary of doing couples counselling is if either partner has traits of anti-social personality disorder (so-called 'cobras'[1]). According to John Gottman, cobras are cool, calm and abuse their partner to demonstrate power and control. Their heart-rate actually lowers during their violent outbursts. It's been suggested that they represent 5% of the population. Some key indicators of Cobras are that they are or have been violent with a wide range of people outside the marriage, are likely to have a criminal record, and also that they're much more likely to be diagnosed with mental health problems; in particular anti-social personality disorder. With this group, it's very unlikely that the perpetrator would be interested in couples counselling. If you do come across such a perpetrator, advise them to seek group or individual therapy, and check on the safety of the victim.

Pitbulls

According to John Gottman, Pitbulls are much more emotional, jealous and often quite dependent upon their partners. Their aggression is often fuelled by a fear of abandonment. The jealous nature of the Pitbull means that they might control their relationship by tracking their partner's moves throughout the day. If the relationship ends, they're much more likely to stalk their ex-partner, and continue the violence. Depending on the nature of the violence, couples counselling may sometimes be safer with Pitbulls, as the work is not so much about power and control, but more likely to involve help around management and regulation of emotions.

Most domestic violence is not of the Cobra-type, and is far more likely to do with either partner's limited capacity to self-regulate; resulting in what's known as 'common couple violence'. In common couple violence, the conflict may occasionally get physical, and there may be an occasional push or shove, but usually there's no injury and no fear on either side. Couples therapy can be an ideal treatment for these couples. In fact, if couple therapy wasn't made available for these cases, then there would be far less couples counselling taking place. In the USA for example, over half the couples seeking therapy have at least some history of low-level violence.[2]

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[1] *Breaking the Cycle* Neil Jacobson and John Gottman (1998) Bloomsbury Publishing Plc
[2] K. Daniel O'Leary, Dina Vivian and Jean Malone 'Assessment of Physical Aggression in Mariage' Behavioural Assessment 14 (1992): 4-14

- **Subtypes of Intimate Partner Violence: Characterological and Situational Violence**

Another way of looking at different types of domestic abuse is to distinguish between 'characterological violence' and 'situational violence' (Johnson and Ferraro (2000)).

Characterological is defined as IPV in which the perpetrator uses severe violence as a means of inducing fear and controlling the victim.

Situational is mutual, low-level violence (i.e., pushing or grabbing) perpetrated by both partners as a means of conflict management.

Straus and Gelles (1986) found that 50% of physically aggressive couples exhibit low-levels of mutual violence that's situational in nature. Traditional IPV treatment focuses on male perpetrators/ female survivors and follows the standard Duluth model, which operates under the assumption that all violence is patriarchal (Pence & Paymar, 1993). Researchers have argued that this standard treatment ignores typology research and may be ineffective with situational violence (Stith et al. 2003; Babcock, Green & Robie, 2004).

As a result, researchers and clinicians have developed new models for IPV treatment, including couples' therapy. Thus far, this type of intervention has been safely and effectively implemented with situationally violent couples without increasing levels of violence (Stith et al. 2004; Simpson et al. 2008). It's important to note, however, that couples experiencing characterological violence should not be treated jointly, due to the danger of perpetrator retribution for victim disclosures during therapy (Cleary Bradley, R.P., Thatcher, R: J.M. Gottman Relationship Research Institute, Holtzworth-Munroe, 2001)[3]. Therefore, it's vital to distinguish characterological from situational violence.

Where the violence is characterological, it's safer for all parties if the therapist ensures each partner has individual therapy if they wish. Couples counselling will not be appropriate, and the therapist could consider referring the perpetrator to a 'perpetrator programme' such as Respect[4]. The therapist may also offer the victim a risk assessment, a safety plan and possible referrals to relevant organisations such as Women's Aid or Mankind Initiative.

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[3] J Fam Viol DOI 10.1007/s10896-011-9392-2

[4] http://respect.uk.net/

Domestic Abuse, Stalking and Honour Based Violence (DASH 2009) Risk Identification, Assessment and Management Model

The Domestic Abuse, Stalking and Honour Based Violence (DASH 2009) Risk Identification, Assessment and Management Model is used by all police services and a large number of domestic abuse partner agencies across the UK. It's a common checklist for identifying and assessing risk. High risk cases can be referred to a Multi-Agency Risk Assessment Conference (MARAC).

MARAC referral thresholds

Multi-Agency Risk Assessment Conferences (MARACs) exist to support the needs of high risk victims of domestic violence. They're made up of various local agencies, such as the probation service, the police, housing officers, social services and local domestic violence support services. When a domestic violence case is referred to a MARAC for consideration, those attending the conference are able to develop a safety plan and a multi-agency response to ensure the safety of the survivor and other family members, such as children, who may be at risk. There are currently nearly 200 MARACs running across England and Wales.

Cases can be referred to a MARAC by **any** agency signed up to the MARAC protocol.[5]

Who can Use the DASH risk model?

- The DASH is for all professionals (voluntary and statutory agencies) working with victims of domestic abuse, stalking and harassment and honour-based violence.
- Safelives suggest that any professional using the DASH is trained to do so, or refers to a domestic abuse specialist for completion of the DASH.
- Safelives do not have specific guidance on whether or not therapists could conduct these assessments, but if a therapist feels confident to use the assessment, they could certainly try to refer to the MARAC themselves. In addition, referrals to MARAC can be made on the basis of professional judgement, where the therapist believes the victim is at high risk of serious harm or murder, but has not necessarily completed the DASH.

Risk Assessment

Standard Risk: 0-5 while risk factors may be present, they're deemed neither serious nor imminent. The agency or professional should provide information and

[5] http://www.safelives.org.uk

contact numbers. Remember that domestic abuse is a dynamic situation, so it's important for the client to keep the agency or therapist informed.

Medium Risk: 6 – 13 there are identifiable features of risk or serious harm. Therapist should, with client consent, refer to local specialist agency.

High Risk: 14 and above. Imminent risk of harm which could have a serious impact. There may be a need for immediate intervention. It may be necessary to notify the police and/or Social Services even without client consent. An agency referral to MARAC would normally be required.

The risk assessment is based on three principles[6]:

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There'll be occasions when the particular context of a case gives rise to serious concerns, even if the victim has been unable to disclose the information that might highlight their risk more clearly. This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers; particularly in cases of 'honour'-based violence. This judgement would be based on the professional's experience and/or the victim's perception of their risk, even if they don't meet criteria 2 and/or 3 below.

2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you've ticked 14 or more 'yes' boxes, the case would normally meet the MARAC referral criteria.

3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there isn't a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating, and where it's appropriate to assess the situation more fully by sharing information at MARAC. It's common practice to start with 3 or more police callouts in a 12 month period.

Safeguarding Children

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. If such an agency assesses a risk of domestic abuse or harm to a child, it will be appropriate to refer the matter to Social Services.

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[6] http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face

Section 11 places a duty on:

- Local authorities and district councils that provide children's and other types of services, including children's and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services;
- NHS organisations, including the NHS England and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts;
- The police, including police and crime commissioners and the chief officer of each police force in England, and the Mayor's Office for Policing and Crime in London;
- The British Transport Police;
- The National Probation Service and Community Rehabilitation Companies;
- Governors/Directors of Prisons and Young Offender Institutions;
- Directors of Secure Training Centres;
- Principals of Secure Colleges; and
- Youth Offending Teams/Services.

Safeguarding and promoting the welfare of children is defined as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully. [7]

Precautionary Measures for Couples Counselling

When couples counselling goes ahead with even low-level violence, the therapist still needs to take precautions. For example:

[7] Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004

http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eorderingdownload/dfes-0036-2007.pdf

- Check whether one partner feels ashamed when they hit their partner (ego-dystonic), and whether they want to work on themselves. This can be an indicator that couples counselling is a possibility;
- A no-violence contract. This can be a written contract. The contract can also clarify steps the couple might need to take if they find themselves in a potentially violent situation, e.g., a time out;
- The therapist can check on the contract on a weekly basis. Any breach would lead to termination of couples therapy and the start of the individual therapy for the perpetrator;
- Abide by BACP/UKCP Ethical Principles of Counselling and Psychotherapy.

Before the First Session

Pre-session Questionnaires

While for many therapists the first session provides the ideal opportunity for gathering relevant details and attending to housekeeping duties, others prefer to save time by sending forms for the couple to complete prior to an initial consultation. These might be no more than standard proformas, but there's also the opportunity to include questionnaires for gathering some background information about the clients' relationship, intentions and motivations. This might enable further progress to be made during the first session, although some clients may find such an approach too pressured.

The matter of questionnaires needs to be handled with some caution. The idea is to send both individuals an identical form to complete. The therapist needs to pay attention to their policy on confidentiality/transparency and frame their questionnaire accordingly.

Another important aspect of the pre-session questionnaire is to screen for personality disorders, addictions and domestic abuse. Any of these areas may be contra-indications for couples counselling, or may indicate the need for an individual session prior to deciding whether to proceed with couples counselling.

Beware that some individuals will take the opportunity presented by completing such forms to attempt to 'win the support' of the therapist by including damning accounts of their partner's character and behaviour.

First Session/Assessment Session

The first session with a new couple can be approached as an opportunity for assessment. Some therapists offer such assessment sessions at a reduced fee, or

even free of charge, with no obligation for the couple to necessarily continue with further sessions. This is helpful in encouraging those who feel intimidated by the idea of counselling, or for anyone who's uncertain whether counselling is right for them. Indeed, the initial session is not only about the therapist assessing the couple, but also serves as an opportunity for the couple to assess how they feel about the prospect of working with the therapist.

The first session can also be used as an opportunity to start understanding the presenting problem, diagnosing the couple and making an initial treatment plan for the journey ahead.

How to Conduct a First Session/Assessment Session – Details of Stages

1. **Making contact and checking motivation for counselling**

Therapists with experience of working with individuals will recognise that clients generally require a strong motivation to seek assistance in the first place; this motivation often arises after a lengthy period of suffering. The same is true of couples seeking help with their relationship, and often couples will attend couples counselling as a very last resort. As a result, the couple therapist will mostly find themselves working with crisis situations.

One reason why couples fail to seek counselling sooner is because rarely are both individuals similarly inclined towards the idea, and one of them (stereotypically the man in heterosexual couples) is liable to be resistant. Some view having to seek help for their relationship as a sign of weakness and/or an admission of failure, and there's still widespread ignorance of what counselling is about and how it can help.

Checking Motivation

The therapist will already have an initial idea about whether one partner is more motivated than the other from the initial questionnaire. You can certainly check in the first session which partner was the one to initiate couples counselling, and why that was. When one partner says they're motivated and the other says they're not, it's going to be essential for the therapist to make contact with the latter (the 'leaner-outer'), and to offer plenty of empathy for their position. Sometimes it might be as simple as saying, '*It takes courage to explore your relationship and I'll be supporting you with this.*'

It can also be useful to establish if either partner has any previous experience of counselling (individually or as part of a couple) and if so, whether they found this helpful and what the outcome was.

Other aspects of making contact include:

 Being friendly, kind and interested. Settle the client in by perhaps asking about their journey or location;
 Empathising with possible feelings of anxiety. Couples work is more unpredictable than individual counselling;
 Acknowledging that each person lacks control over what their partner says or does and may be anxious as to what might be revealed about them;
 Hearing the couple's story in the context of the structure you provide. The structure is important for safety. For example, if one partner interrupts the other, or keeps saying, '*No, it didn't happen that way,*' you can say, '*Wait, stop. I want to hear the story from each of your perspectives.*' In this way, you get the whole picture and make it clear that you won't allow interruptions;
 Giving lots of positive strokes can be highly valuable in the early sessions. In particular, you may like to offer recognition where you see an individual taking a risk; for example, where you see them making themselves vulnerable.

2. Understanding the presenting problem

A very useful technique to start couples counselling is to use 'circular questioning'.

Ask each partner in turn:

'I am going to ask you an initial question which will help me understand your relationship better. It's an unusual question because it requires you to put yourself in your partner's shoes. The question is: What do you guess or imagine that your partner's top two frustrations are in your relationship at the moment?'

This type of question is disarming, as it forces each partner to step out of their habitual pattern of thinking of their partner's 'faults'. You can also have a supply of blank postcards or paper available so your couple could write down the answers.

After each person shares their guesses at their partner's top two frustrations, you can then ask, *'On a scale of one to ten, how confident are you that you're correct?'* Another option could be to ask each person which of the two frustrations they've thought of might be regarded by their partner as being more important to address.

Then you can turn to the partner (as expert on their own feelings) and see how accurate the guess was. If the guess was indeed accurate, it's a good opportunity to praise and apply positive strokes to the guessing partner.

This exercise will enable the therapist to gain some idea as to the partners' degree of shared awareness and capacity for empathy, and can also be educational for the couple.

3. **Feelings**

As you're listening, name the feelings that you imagine are being experienced, particularly with individuals who dwell on cognitive descriptions. Be able to empathically embellish them. Delineate the importance of each partner containing their reactivity.

Aim to create moments of good empathic connection early on. These might come from commenting on an individual's deep loneliness or their helplessness. For example, you might say:

'You've tried and tried. You've tried everything and you've been really stuck, because nothing at all is changing. In fact, it looks to me like at this point you're beside yourself with frustration and you wonder if there's even a way out.'

Your client will perhaps nod their head or begin to cry, because they'll feel understood, maybe for the first time in a long while.

4. **Dialogue**

If time allows. you could pick one of the top two frustrations and start an Imago dialogue.

5. **Define your role and your expectations of the couple**

The assessment session provides you with an opportunity to make an informed professional decision as to whether you feel suitably able to help the couple partners achieve their stated intentions (bearing in mind they may have conflictual agendas), or whether it might be in their best interests to suggest a referral, or some kind of additional support for one or both individuals. Always be wary of the likelihood that the couple's, or individual partner's concept of their problem (usually 'content'-related) isn't necessarily the real issue at stake, and that what they present will more likely be symptomatic of a process issue. Therefore, be prepared to explore, challenge, clarify and if need be, normalise and educate, so that the direction of the work is clear to all.

The pre-session questionnaire can serve to pre-empt additional presenting issues, such as substance abuse, addictions or domestic violence, and if necessary, you'll

have the option to see the clients in individual sessions first in order to assess the way forward.

During the assessment and early sessions, you should aim to be clear in defining your role as therapist, your expectations of your clients and any ground rules. You may want to spend some time thinking about this. For example, some basics might be:

 How often you'll be meeting; what you will be working on; cancellation policies;
 Set your rules down clearly with regard to issues such as transparency, confidentiality and possible individual sessions;
 Seek permission from the couple to interrupt them as you see fit (particularly if they're reactive);
 Ask the couple if you can give them homework assignments, and if so, whether they'd be willing and have the time to complete homework to the best of their ability;
 Ask that both individuals agree to be honest and truthful with you and one another.

6. Ask the couple if they have any questions

Be sure to do this at least at the beginning and end of the session.

7. Homework assignments

You can have a homework assignment prepared at the end of the first session to either give to your couple in hard copy, or via email. This might be some background reading. A piece about stages of relationship, or an explanation of differentiation would be relevant to most. Or you might see that something like the 'Pursuer/Aloof' handout is applicable. Checking in the next session to see whether this has been read provides some feedback on partner motivation.

8. Treatment Plan

Moving ahead with couples counselling, it's important to have some idea about your direction. These pointers summarise a possible Treatment Plan:

- Be clear on the presenting issue
- Check motivation for both partners
- Diagnose attachment patterns
- Diagnose partner stages in relationship
- Work out the destructive cycle

- Teach dialogue
- Goal Setting

Goal Setting

Goal setting is extremely helpful in couples counselling and can form the basis of a treatment plan giving a sense of focus and direction for the work. Goals can also serve as a means of checking progress and avoiding ambiguity.

Working out the goals for each partner can take a number of sessions. An initial start on goal setting can be established with the pre-session questionnaire. The questionnaire can ask each individual what they would like to achieve from couples counselling, and this can be revisited in the first session. However, beware that clients are likely to either say something quite vague such as 'better communication', or they'll quite naturally want a goal to the effect that their partner changes their behaviour while they do nothing!

Goals are more likely to be effective if they target self-change and are process-orientated. The therapist can focus on the process of differentiation together with the negative dance of interaction, both of which will provide fertile ground for self-change, and shift the couple out of deadlock. Make sure the goal set is SMART (specific, measurable, achievable, realistic and time-specific).

You'll be requesting them to choose for themselves a new standard of behaviour and to hold themselves accountable for maintaining this in the relationship.

Autonomous Change

Couples should be supported to embrace the principle of autonomous change. This is because if one person's motivation to change is only conditional on seeing their partner change first, then it's likely that nothing will start happening at all! Instead of this, the therapist can ask each person to make changes irrespective of what their partner does. Either they'll be pleasantly surprised by the changes that start to happen, or else they'll see that their partner is not changing, and that's revealing in itself.

Check Motivation for Goal-Setting

There's simply no point in setting a goal where the client has no motivation for carrying it through. Therefore, the therapist can check client motivation (e.g., on a scale of 1-10). If the only motivation identified is to please their partner or to avoid conflict, the goal is likely to fail.

Similarly, there's no point in one person setting a goal for themselves that's not meaningful for their partner. Goals should be targeted for maximum benefit relative to the effort required to achieve them.

While resistance to working towards their goal should be named and confronted directly by each partner, this ought to be weighed against recognising the possible benefits to the relationship of achieving it. A useful question for the therapist to ask is, *'Is there anything your partner could do to help you achieve your goal?'* This isn't an invitation to set up some kind of trade in which one partner waits for the other to do something first, but more the seeking of a collaborative alliance. This could be as simple as each partner acknowledging when they see the other stretching towards their goal and offering appreciation.

One very simple piece of homework will help the therapist formulate goals. This is to give the couple two questions to reflect upon:

What do you want to stop doing? Clients might say behaviours such as withdrawing, blaming, criticising or name-calling.
What do you want to start doing instead? This question will help you work out the self-change goal.

Cultural Issues with Cross-Cultural Couples

Typical cross-cultural issues faced by couples can include loss of identity, conflicts over differences in religion and beliefs, differences in parenting styles and dealing with the family members and in-laws.

As therapists, we need to work with sensitivity with cross-cultural couples, allowing each partner to be heard and understood by the other. A relationship needs to be strong to be able to cope with big differences and the cross-cultural couple will need to learn the art of differentiation more than others.

In a way, it could be said that all couple relationships are cross-cultural, in that both people are coming from two different families with all their previous customs and habits. However, some of these differences can be major, such as religion, and others more minor, such as lifestyle choice.

The difficulty for partners in cross-cultural relationships is that each person will find it very difficult to negotiate how to remain loyal to their own family culture or tradition, versus trying to compromise for the sake of their partner and wider family. This is often at the root of major conflicts.

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Counselling Tips for Cross-Cultural Couples

Encourage each partner to talk about their respective backgrounds, including experiences prior to meeting one another. Questions you might ask in support of this are:

- What brought you two together in the first place?
- What's good and positive about your relationship?
- How do your differences impact your relationship?
- How can you balance your own cultural beliefs with those of your partner? Can you find a suitable blend?
- How do you envisage the future?
- What do you want from the relationship?
- What values would you want your future children to have? (If appropriate).

Endeavour to:

- Have an open dialogue regarding religion, ethnicity and race;
- Show no prejudice or bias;
- Understand that each client is unique with different needs;
- Retain an awareness of your own ethnicity and how it influences your interactions with other cultural groups;
- Remember that attitudes towards seeking help vary from one ethnic group to another. For example, one group of people may mistrust the helping profession and prefer to seek assistance from the church, while another may produce physical symptoms when under stress and seek out a medical doctor. For some, the expression of emotional concerns is culturally discouraged;
- Recognise when there may be fears and embarrassment about not being able to speak the language of the dominant culture well enough to express difficulties. You may otherwise suspect the client as being passive and resistant.

<u>Summary of Couples Counselling</u>

These pointers summarise important points and a structure for couples counselling:

1. Questionnaire & risk assessment; Terms and conditions; Price list;

2. Check motivation for both partners:
    a. Consider siding with the 'leaner-outer';
    b. Possibility of Discernment Counselling;

3. Be clear on the presenting issue:
    a. Refer back to the questionnaire;
    b. Circular questions;
    c. Be mindful of process issues beneath the presenting content;

4. Teach the couple a structured dialogue format e.g., Imago dialogue. Use this on main presenting issues;

5. Education on Non-Violent Communication;

6. Education on Unconscious Attraction pattern;

7. Diagnose Attachment Patterns:
    a. Attachment statements;
    b. Adult Attachment Interview;

8. Diagnose stage in relationship:
    a. Check answers to questionnaires;
    b. Establish Self-Change goals with regard to differentiation;

9. Work out the destructive cycle:
    a. When you have enough information, describe the destructive cycle. This will start with a trigger, such as a specific event or a behaviour;
    b. The response will be some kind of defensive behaviour ('adaptation'), which will usually result in further reactivity within the relationship. After a while you'll notice common 'dances' of disconnection between couples. For example, the common pursuer-aloof pattern where one partner criticises and the other withdraws/goes into shame, leaving the critical partner feeling abandoned;
    c. Handout 'Pursuer-Aloof';

10. Continue to address presenting issue; conduct ongoing reviews and undertake regular written feedbacks.

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Recommended Reading

For a list of recommended titles, please visit:
http://www.completecouples.com/resources