



INTRODUCTION TO COUPLES COUNSELLING

DAY TWO

WELCOME!



2 QUESTIONS FROM DAY ONE

- What are the four parts of Non-confrontational Communication?
- What are the three stages of the Imago™ dialogue?

3 NON-CONFRONTATIONAL COMMUNICATION STRUCTURE

- Observation / Description
- Feelings
- Needs
- Request (optional)

4 3-STEP IMAGO™ DIALOGUE

1. SENDER:

- Check if partner is available & send message using 'I' language.

RECEIVER:

- Mirrors - 'I heard you say ...' / 'Did I get that?' / 'Is there more?'
- (Sender continues if there's more. Receiver mirrors as before. Step one is the longest).
- Summary

2. RECEIVER VALIDATES:

- 'That makes sense to me ...' / 'I understand that you ...' / 'Given that ...'

3. RECEIVER EMPATHISES:

- 'And I imagine you might be feeling ...' (suggests feeling words)
- 

5 TRANSPARENCY VS. CONFIDENTIALITY: TWO CASE STUDIES

- Scenario 1: You're due to see Jane & Steve for their second session. Jane arrives on time, but there's no sign of Steve & he's not answering his 'phone. You have no waiting area. Jane wants to start the session with you alone.
- Scenario 2: After your session with Sanjiv & Ranjit, Sanjiv sends you an email to say that he's having an affair, but urges you not to tell Ranjit.

Questions:

1. What might you do in these situations? (Refer to BACP principles if necessary);
2. What types of policies would you want to have in place for the future?

6 TRANSPARENCY VS. CONFIDENTIALITY SCENARIO I

Can you start the session with Jane alone?

Ethical points:

- Who is the 'client'?
- Is it the two individuals (therefore two clients);

Or

- 'The relationship' (i.e., one client)?
- If the latter, then there's no individual client to see!

7 TRANSPARENCY VS. CONFIDENTIALITY SCENARIO I

If you do start the session with Jane alone:

Ethical points:

- Will the session be 'transparent' to Steve?

Or

- Will the session be 'confidential' from Steve?

8 TRANSPARENCY VS. CONFIDENTIALITY SCENARIO 2

If the counsellor receives information from one partner, is this information transparent or confidential? In other words:

- Will the therapist need to disclose this information to Ranjit? ('transparency');

Or

- Will the therapist need to keep this information 'confidential' from Ranjit? ('confidentiality');

Or

- Is there some other solution?

9 TRANSPARENCY VS. CONFIDENTIALITY

A hugely controversial issue in couples counselling.

Examples of where issues of transparency/confidentiality might arise:


- The therapist conducts individual sessions with either of the partners;
- One partner is on time for the session & the other is late;
- The therapist receives communication outside the session from one partner only.

Tip: Draft a written policy on Transparency & Confidentiality. Send it to clients in advance of the first session.

10 TRANSPARENCY VS. CONFIDENTIALITY

- There's no right or wrong answer as to which policy to adopt;
- There's no clear answer over which policy is best; both have different pros & cons;
- Leading couples therapists have adopted different policies;
- There are also hybrid options of both choices.

Most importantly:

- Have you &/or your colleagues considered how you want to operate your practice?
 - Have you consulted BACP/UKCP ethical principles?
 - Have you thought through all the potential ethical problems of each type of policy?
- 

II TRANSPARENCY VS. CONFIDENTIALITY

The most common secrets divulged to therapists:

- Extra-relational affairs; internet affairs/chatting;
- Wanting a divorce;
- Money problems/gambling;
- History of abuse as a victim; &/or history of abuse as the abuser;
- Illness (mental/physical); sexually transmitted diseases;
- History of legal problems; child paternity;
- Drug/alcohol use/abuse; pornography use/abuse;
- Sexual orientation; sexual paraphilia practices.

12 TRANSPARENCY VS. CONFIDENTIALITY FOUR POLICY OPTIONS

Each involves balancing several cardinal ethical principles:

- Being trustworthy: maintaining confidentiality;
- Autonomy: respect for the client's right to be self-governing;
- Beneficence: a commitment to promoting the client's wellbeing;
- Non-maleficence: a commitment to avoiding harm to the client;
- Justice: fair & impartial treatment of all clients & provision of adequate services;
- Self-respect: fostering the practitioner's self-knowledge, integrity & care for self.

13 TRANSPARENCY VS. CONFIDENTIALITY

POLICY I: TRANSPARENCY ('NO SECRETS')

- The therapist will not hold secrets;
- If one partner discloses a secret, the therapist may transparently reveal the secret to the other partner, or at least encourage the client to reveal that secret to their partner within a certain time frame;
- If there's no agreement for transparency, the therapy will terminate.

14 TRANSPARENCY VS. CONFIDENTIALITY

POLICY I: TRANSPARENCY ('NO SECRETS')

Pros:

The therapist:

- Does not risk alienating either partner by holding 'secrets';
- Does not have to face the risks & difficulties of holding secrets;
- Is likely to feel more comfortable with both partners, as s/he will not be holding secrets;
- Is more likely to be trusted by both partners, because s/he will never be hiding anything;
- Is more likely to build a strong working alliance with both partners;
- Will find transparency much easier/cleaner & won't have to work through complex considerations of how to handle confidential information.

Tip: A policy of transparency may be easier for therapists new to couple work.

15 TRANSPARENCY VS. CONFIDENTIALITY

POLICY I: TRANSPARENCY ('NO SECRETS')

Cons:

- A partner may not disclose relevant issues (e.g., recent/current affair), possibly rendering the therapy less effective, or even counter-productive;
- If a partner reveals something they want kept secret, the therapist's options are:
 1. Break confidentiality and tell the other partner;
 2. Compromise the transparency agreement by keeping the secret;
 3. End the couple sessions;
 4. Agree a maximum number of individual sessions to work on supporting the client to disclose the secret to their partner in a couple session. This intermediate solution needs to be shared in advance;
- How does the therapist decide which 'secret' to reveal? What about historical secrets or things that happened long before the partner met their spouse?

16 TRANSPARENCY VS. CONFIDENTIALITY POLICY 2: CONFIDENTIALITY

Any secret revealed to the therapist by a partner (e.g., outside a couple session) will be held by the therapist as confidential.

(Excepting the specific circumstances under which a therapist might be bound to breach confidentiality; as when working with an individual client).

17 TRANSPARENCY VS. CONFIDENTIALITY

POLICY 2: CONFIDENTIALITY

Pros:

- Historically one of a therapist's greatest ethical obligations. Allows clients to speak freely/safely without fear of social condemnation or retribution. Duty to maintain confidentiality is upheld by virtually all professional therapy organisations;
 - Without confidentiality, either partner may feel unable to raise fundamental issues which might be successfully addressed in couple therapy;
 - A client may be more relaxed & forthcoming when seen individually, on the basis that what they say will be treated as confidential;
 - The therapist is arguably able to do better work knowing all the facts;
- (cont....)

18 TRANSPARENCY VS. CONFIDENTIALITY

POLICY 2: CONFIDENTIALITY

Pros: *(cont.)*

- Ethical principle of ‘self-determination’ or ‘autonomy’ requires that clients can decide whether or not they wish to reveal a secret to their partner;
- It’s not up to the therapist to force a decision on a partner to disclose. This might be an imposition of the therapist’s personal values on the couple;
- Some secrets (e.g., historical child abuse, an affair that took place 20 years ago, or occasional illicit drug use many years ago), may be better left undisclosed, since arguably disclosure could be unhelpful or detrimental to the relationship.

19 TRANSPARENCY VS. CONFIDENTIALITY

POLICY 2: CONFIDENTIALITY

Cons:

- If a partner reveals a secret (e.g., an affair), the therapist must hold the secret, which could be to the benefit of one partner & the detriment of the other;
- Therapeutic imbalance created by therapist holding one partner's secret is potentially counter-productive to couple therapy & compromises working alliance;
- Should the unaware partner discover a collaboration between the therapist & their partner, s/he might lose trust in the therapist & terminate therapy;
- On hearing a secret, a therapist may lose empathy/feel resentment towards the secret-holder;
- Therapist may feel guilty for deceiving the unaware partner & consciously or unconsciously collude with that partner to make amends;
- Therapist may not be cognitively able to hold the secret & and it may be accidentally revealed.

20 TRANSPARENCY VS. CONFIDENTIALITY POLICY 3: PROFESSIONAL JUDGMENT

The therapist reserves the right to use their judgment regarding whether or not to maintain individual confidences.

Pros:

- Therapist can make an informed & considered decision as to what will derive the greatest benefit for the couple;
- Therapist can assess & consider the relevance of the secret for the unaware partner by trying to see the situation from their viewpoint as much as possible.

21 TRANSPARENCY VS. CONFIDENTIALITY POLICY 3: PROFESSIONAL JUDGMENT

Cons:

- Therapist's decision to reveal secret requires sensitivity & planning as to the timing, circumstances & consequences of disclosure for both partners, & effort to minimise possibly destructive outcomes;
- Gives much power to the therapist; *remember*, it's not the therapist's life that's affected;
- Detracts from client autonomy.

22 TRANSPARENCY VS. CONFIDENTIALITY POLICY 4: CLIENT CHOICE

The therapist can allow the couple to discuss & decide on whether they prefer transparency or confidentiality.

Pros:

- The clients take the responsibility of decision-making in this sensitive area;
- This discussion in itself can be a useful indicator for the therapist of dynamics within a relationship (e.g., one partner wants transparency & the other wants confidentiality!).

23 TRANSPARENCY VS. CONFIDENTIALITY POLICY 4: CLIENT CHOICE

Cons:

- The clients may not fully grasp the pros & cons of each option;
- A partner who holds a secret would not necessarily vote for a confidentiality policy for fear of alerting their partner to the secret.;
- One partner might dominate the decision-making.

24 TRANSPARENCY VS. CONFIDENTIALITY OTHER AREAS FOR CONSIDERATION

Secrets come in many forms (other than affairs), such as:

- A partner discloses that they've never enjoyed sex with their partner & have never told them;
- A partner discloses that they don't find their partner sexually attractive & hasn't told them;
- A partner discloses that they've been sexually assaulted & chooses not to tell their partner for fear that they would try to injure the assailant.

These types of secrets may be just as catastrophic to reveal as an affair & it's not the therapist who lives with the consequences of the revelation.



25 TRANSPARENCY VS. CONFIDENTIALITY OTHER AREAS FOR CONSIDERATION

Are there some situations in which secrecy may be preferable to transparency?

- Where the betrayed partner may be dangerous if a secret is revealed;
- Where there is a covert agreement between the couple not to talk about an affair;
- American & UK culture - affairs viewed as morally corrupt. Affairs more acceptable in some other cultures; e.g., they complement marriage with romance, passion, sexuality, or autonomy;
- According to Perel, in Latin American or Mediterranean cultures, love triangles are not viewed as solely a moral issue, but rather accepted as a painful but realistic human dilemma in love & sexuality.

26 TRANSPARENCY VS. CONFIDENTIALITY OTHER AREAS FOR CONSIDERATION

'Open relationships'

- Don't necessarily involve lies & deception;
- Gay male couple relationships - sexual monogamy not necessarily the norm; relationship can be negotiated & sex outside the relationship is often allowed/actively encouraged. Commitment based more on emotional than sexual fidelity;
- Polyamory.

27 TRANSPARENCY VS. CONFIDENTIALITY OTHER AREAS FOR CONSIDERATION

If the therapist works with a couple holding a secret, it can be informative to watch how the couple manage the secret.

- Does one partner have suspicions?
- Is it obvious that one partner knows but has chosen not to say anything?
- Is there enough of a relationship to work with?

28 TRANSPARENCY VS. CONFIDENTIALITY WHAT ABOUT ONGOING AFFAIRS?

A very tricky issue!

- Question re partner motivation for couple counselling?
- Working with transparency - therapist might never know about the ongoing affair;
- Working with confidentiality - affair more likely to be revealed, but what does the therapist do?
 - Encourage that partner in an individual confidential session to end their affair;

Or

- Insist contact with 3rd party is suspended while couple therapy continues? (Or is that pushing therapist's values on to the client?).


29 TRANSPARENCY VS. CONFIDENTIALITY WHAT ABOUT ONGOING AFFAIRS?

If the therapist decides not to work with the couple due to an ongoing affair, how do they end therapy?

- Decide this with the ‘betrayed’ in an individual session;
- Tell the ‘betrayed’ that ‘sufficient motivation is not present’, so couple counselling cannot continue;
- Tell the ‘betrayed’ that they (the therapist) cannot continue for ‘ethical reasons’;
- Offer confidential sessions to the ‘betrayed’ to help them work out what they want to do re the ongoing affair.

30 TRANSPARENCY VS. CONFIDENTIALITY WHAT ABOUT ONGOING AFFAIRS?

If working with a couple despite an ongoing affair, bear in mind:

- An affair could be seen as part of the current ‘system’ of the relationship;
 - Bader doesn’t insist the affair must end, but makes ‘honesty’ the condition of continuing;
 - Perel says that working with confidentiality is ‘not about cultivating secrecy, it’s about respecting privacy’;
 - There may be nowhere else they can go for help;
 - If a partner isn’t willing to end an affair, it could be that they’re in turmoil & need time to work out what they want. Therapy can hold this process (optionally with another therapist);
 - Affairs may end naturally as couple counselling progresses favourably.
- 

3 | INDIVIDUAL COUNSELLING WITH COUPLE PARTNERS

'Dual Relationships'

- A 'dual relationship' refers to any situation where multiple roles exist between a therapist & a client;
- If you're seeing a couple, can you also work with either or both partners individually, or would this amount to a dual relationship?
- Who is the client? If 'the relationship', you can't see them as individually.

32 INDIVIDUAL COUNSELLING WITH COUPLE PARTNERS - BACP ETHICAL FRAMEWORK

Point 33: We will establish and maintain appropriate professional and personal boundaries in our relationships with clients by ensuring that:

a. these boundaries are consistent with the aims of working together and beneficial to the client

b. any dual or multiple relationships will be avoided where the risks of harm to the client outweigh any benefits to the client

d. the impact of any dual or multiple relationships will be periodically reviewed in supervision and discussed with clients when appropriate. They may also be discussed with any colleagues or managers in order to enhance the integrity of the work being undertaken.

33 INDIVIDUAL COUNSELLING WITH COUPLE PARTNERS - DUAL RELATIONSHIPS

- Is this dual relationship beneficial to the clients, or are there risks of harm?
- Most important to reflect & consider the ethical issues in detail with appropriate supervision;
- If your way of working is challenged, you'll have ample evidence that you have thoroughly considered the principles, such as pros & cons of confidentiality/transparency.

34 INDIVIDUAL COUNSELLING WITH COUPLE PARTNERS - DUAL RELATIONSHIPS

It can be extremely helpful to work with clients both as a couple & individually:

- Couple therapist is aware of blocks in the couple relationship & can specifically target individual work to overcome these blocks;
- Couple therapist is in a unique position to understand the subtleties of transference & resistance that are part of the relationship & to work on these issues with the individual partner/s.

35 INDIVIDUAL COUNSELLING WITH COUPLE PARTNERS - DUAL RELATIONSHIPS

- A separate individual therapist could be working at a tangent to the couple therapist & undermine couple therapy;
- The individual therapist isn't present to the couple dynamic & could miss important information, such as avoidance or resistance.

Tip:

Alternative solution: obtain the client's written permission to speak with their individual therapist to ensure your work is mutually supportive.

36 TRANSPARENCY VS. CONFIDENTIALITY TERMS AND CONDITIONS

- The couple therapist needs to have clear Terms & Conditions outlining the key points that constitute a contractual agreement with couple clients;
- Contracting with couples is necessarily more complex than with individuals;
- Give your Ts&Cs to clients as soon as possible & certainly in advance of the first session;

Tip:

Therapists new to working with couples may find a 'transparency only' policy easiest, until they become more confident to consider alternatives.

37 TRANSPARENCY VS. CONFIDENTIALITY PRE-SESSION QUESTIONNAIRES

- Alternative to gathering details during an assessment session;
- Send questionnaires for the couple partners to complete individually prior to an initial consultation;
- Questions about the clients' relationship, intentions & motivations;
- State clearly on the form whether answers will be treated with confidentiality or transparency;
- Partners choose whether or not they disclose their answers to one another.

Note: Risk assessment section must be confidential.



38 TRANSFERENCE

- Transferences & counter-transference with each client in the room;
- Transference also between the couple;
- Transference is also the reason why the partners chose each other (Imago)!

39 UNCONSCIOUS ATTRACTION: TWO FACTORS

1. The seeking of familiar relational dynamics:

- *'Haven't we met before?'*

2. The identification of 'lost selves' (opposites attract):

- *'With you I feel complete!'*

40

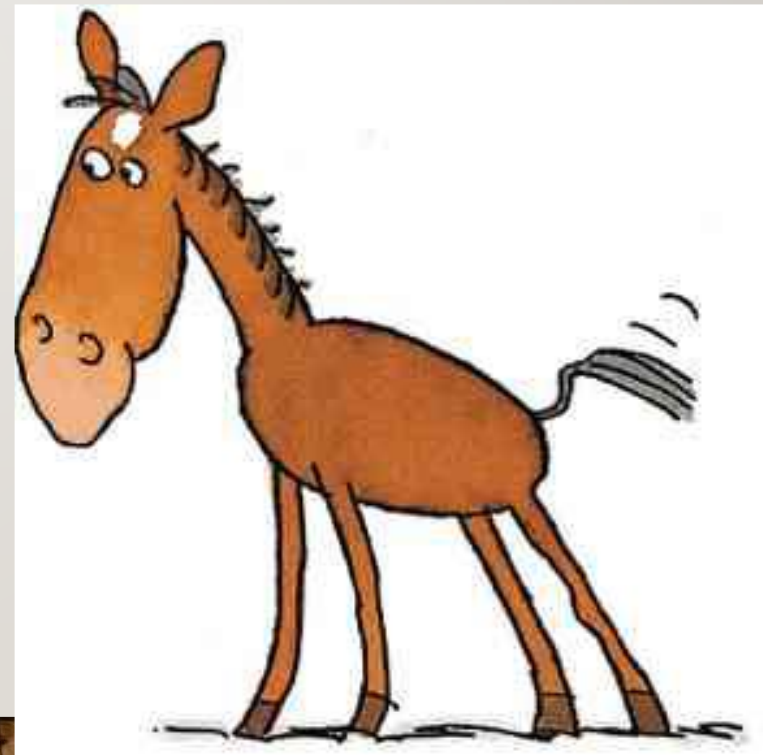
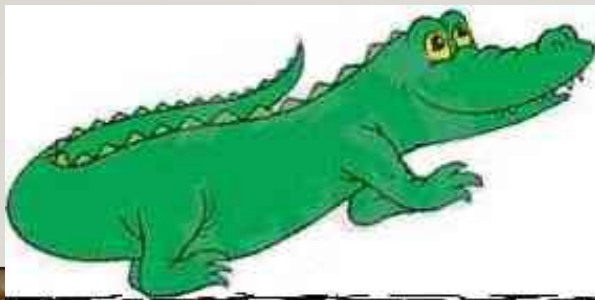
I. 'HAVEN'T WE MET BEFORE?'

Unconscious seeking of what's familiar to us:

- Unconscious seeking of a partner who exhibits positive / negative traits of our primary caretakers
- 'Repetition Compulsion' – Sigmund Freud

41 2. 'WITH YOU I FEEL COMPLETE' (LOST SELVES)

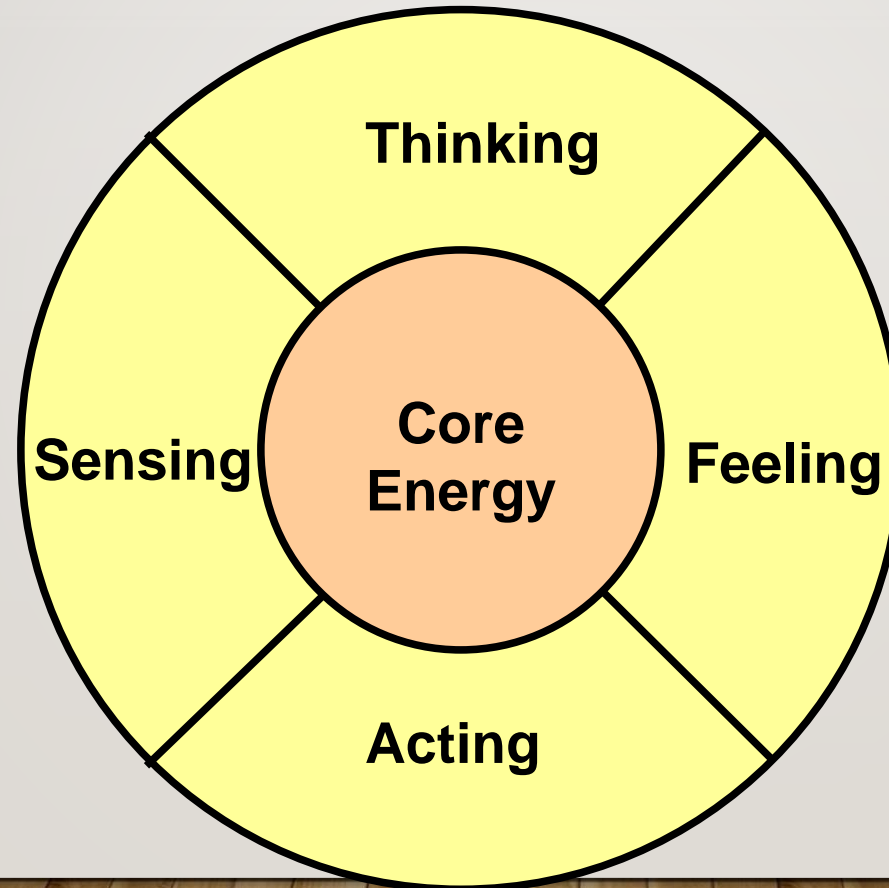
The attraction of opposites!



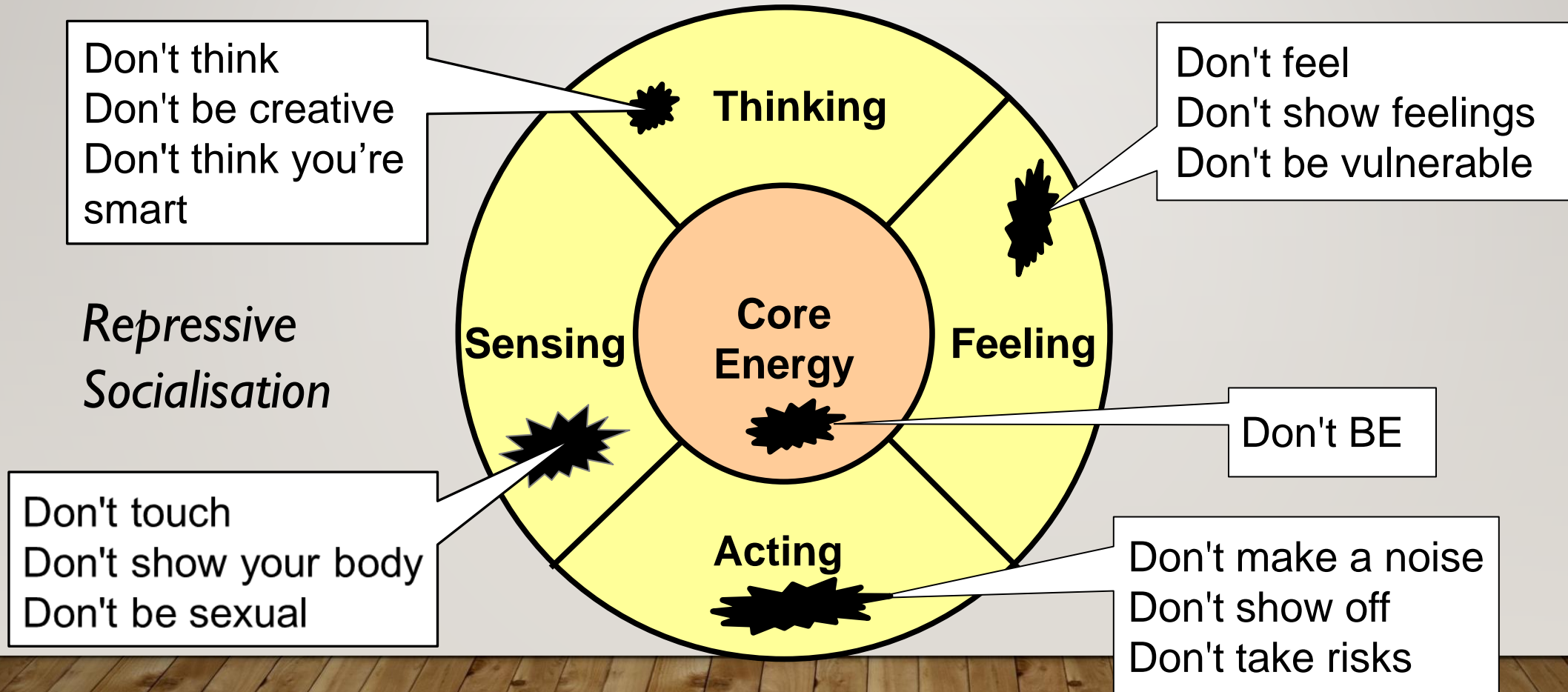
42

2. 'WITH YOU I FEEL COMPLETE' UNCONSCIOUS ATTRACTION – LOST SELVES

Original
'wholeness'



43 2. 'WITH YOU I FEEL COMPLETE' UNCONSCIOUS ATTRACTION – LOST SELVES



44

LOST SELVES EXERCISE

- Think of someone you know who has a personality trait that you find difficult.
- Try to think of a positive benefit for someone who has this trait.

45

UNCONSCIOUS ATTRACTION BEWARE, CONFLICT AHEAD...!

- The combination of personality traits that initially drive mutual attraction are likely to be highly challenging in relationship...

46 ATTACHMENT AND DIFFERENTIATION

- John Bowlby (1907 – 1990)
- We are biologically pre-programmed to form attachments with others, because this will help us to survive;
- We need to have a secure relationship with at least one primary caretaker for successful emotional/social development & emotional regulation;
- This relationship is our blueprint for future relationships.

47 ATTACHMENT AND DIFFERENTIATION

- Research on adult attachment has found that the same motivational system (what Bowlby called the **attachment behavioural system**) that gives rise to the close emotional bond between parents & their children is also responsible for the bond that develops between adults in emotionally intimate relationships.
 - LoveSense
 - 5 Adult attachment styles
 - Sue Johnson and EFTC

48 SUE JOHNSON – EMOTIONALLY FOCUSED COUPLES THERAPY

- *‘Forget about learning how to argue better, analysing your early childhood, making grand romantic gestures, or experimenting with new sexual positions. Instead, recognize & admit that you are emotionally attached to & dependent on your partner in much the same way that a child is on a parent for nurturing, soothing, & protection’.*

49 DIFFERENTIATION

- **Definition:**

‘Differentiation is the active, ongoing process of defining yourself, revealing yourself, clarifying boundaries, & managing the anxiety that comes from risking either more intimacy or potential separation.’

- **Differentiation of self;**
- **Differentiation from partner.**

50 ATTACHMENT AND DIFFERENTIATION

- Should the couples therapist encourage attachment or differentiation?
- Differing opinions

51 DIFFERING OPINIONS

- Dr. Sue Johnson (EFTC): *‘A secure bond [with another] is the best protection against helplessness & meaninglessness.’*
- Dr. Ellen Bader (Developmental Model): *‘A secure bond with oneself (a clearly defined, separate self) & a connection with another or others is the best protection against helplessness & meaninglessness.’*

52 WORKING WITH THE DYNAMIC OR DANCE OF DISCONNECTION

- Couples usually lack either a sense of attachment to one other, &/or are unable to differentiate successfully. Both result in either conflict or avoidance.
- The conflict or avoidance will show up as the dynamic or dance of disconnection.
- A very important piece of couples therapy is to identify & work with the cycle or dance.

53 PURSUER & ALOOF DYNAMIC/CYCLE

- Most common dynamic
- Role play
- Feelings & Needs of Pursuer & Withdrawer?

54 HOW TO WORK WITH PURSUER & WITHDRAWER DYNAMIC/CYCLE

- Pursuer: task is to stop criticising/blaming, & talk about fear of abandonment. Ask for reassurance.
- Withdrawer: task is to stop withdrawing, & talk about their fear of failure. Ask for appreciation & reassurance.

55 EMOTIONALLY FOCUSED COUPLES THERAPY (‘EFTC’)

- A ‘theory of love’ created by Dr Sue Johnson. A combination of primarily humanistic & systemic therapies with a base of attachment theory.
- Premise of attachment theory: that there’s a universal human need to have a limited set of close emotional connections with attachment figures.
- Therapist assesses whether the couple can create a safe & secure base together. EFTC helps the couple build this safe haven. Once the couple has developed this secure & safe bond, they can then deal with the usual couple issues in a more productive way.

56 EMOTIONALLY FOCUSED COUPLES THERAPY (‘EFTC’)

- Has a structured format of around 10 -12 sessions.
- Therapy involves basic techniques - reflecting emotions; describing the ‘dance’ between partners in the therapy room; then creating interactions between them e.g., partners explaining to one another what’s happening under the anger, criticism, tone or withdrawal.

57 EMOTIONALLY FOCUSED COUPLES THERAPY ('EFTC'): 9 STEPS IN 3 STAGES

- Stage One: de-escalation, where the therapist & couple observe & name the cycle/dance of disconnection. The cycle is seen as 'the enemy' & both partners can see their role in the dance.
- Stage Two: the couple begin to create new patterns of interaction that create a more secure bond.
- Stage Three: the couple consolidate their bond & the therapist gives them hope that they can maintain these new patterns for the future.

(video)



58 STANCE, STANCE AND DANCE

- Partner A stance
- Partner B stance
- Dance of disconnection:
‘The more A....., the more B.....’

59 NAME THE STANCES; WORK ON THE DANCE; REDISTRIBUTE THE ROLES

- The more she tries to micro-manage, the more he becomes passive-aggressive.
- The more he is the scolding father, the more she becomes the rebellious daughter.
- The more she is the long suffering & over-functioning mother, the more he is the irresponsible king-baby.

60 LGBTQ

- Much in common with heterosexual relationship issues;
- But additionally have to deal with other issues.

(handout)

6 | SUMMARY OF SKILLS (DAYS ONE & TWO)

1. Written Terms & Conditions
2. Initial Questionnaire; including Risk Assessment;
3. Understanding initial presenting issue;
4. Teach non-confrontational communication;
5. Teach and practise 'dialogue';

62 SUMMARY OF SKILLS (DAYS ONE & TWO)

6. Understand each partner's unconscious attraction pattern (transference);

7. Understand & change 'negative cycle/dance' - what does each person need to stop doing &/or start doing?;

8. Build in regular reviews;

9. Your 'gift' & your 'challenge';

10. Are you prepared to not be the right therapist?