BEHAVORIAL HEALTH DEPARTMENT – PRIMARY CARE CENTER AND FIREWEED
TREATMENT GUIDELINES FOR

COUPLES THERAPY

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Executive Summary

Statement of intent:
This series of treatment guidelines was created to assist SCF behavioral health clinicians and administrators in program development, treatment planning, and service delivery. They were created by examining the most common and most severe problems and diagnoses seen in our clinics and by looking at the treatment modalities most often used to address these problems. The first step was a review of the published literature surrounding each diagnostic group and some of the modalities used to treat them. The second step was assembling a team of clinical and administrative staff to read the reviews and some of the primary literature, and to consider how it applies to our treatment setting. These groups met multiple times to evaluate the literature and our programs, and to define how we believe these problems can or should be addressed within our setting considering our program goals and resources, and the resources available in the broader community. The third step was drafting the guidelines. The guidelines were written with the explicit intention of guiding treatment that is:

- Informed by the literature and evidence base
- Acceptable to patients, clinicians, and administrators
- Effective
- Efficient
- Consistent with the goals and values of our organization and the native community

What is "Couples Therapy"?
We are defining couples therapy or treatment as any treatment in which a trained clinician provides treatment services to two people who have an emotionally intimate and committed relationship.

Expected outcomes:
Couples therapy is expected to lead to increased satisfaction and stability in a relationship. Common goals include improved conflict resolution, enhanced problem solving and communication, and clarification of individual roles and needs. There are also times when working with a couple or family is the most effective way to approach a problem that is typically perceived as a problem of one individual. For example, some research indicates that behavioral couple's therapy may be more effective for treating substance abuse than individual substance abuse treatment.

Common Indications:
There are many reasons people might seek couples treatment or where couples treatment might be useful and recommended by a clinician. This guideline includes a list of common indications in our setting.

Contra Indications:
Occasionally one or both members of a couple seek couples therapy, but there is a strong reason it will not be effective and may even be dangerous. Before agreeing to or recommending couples treatment, clinicians and patients should weigh the potential risks and benefits to this form of treatment. Situations in which couples therapy is not the appropriate treatment include:

- High potential for violence
- Severe, on-going physical violence
- Extramarital affair where one member discloses the information to the therapist and wishes to keep it from the other partner
- Severe, untreated substance dependence in one or both partners
- One or both partners is acutely psychotic
- One or both partners is acutely homicidal and/or suicidal
- One or both partners has an untreated psychiatric disorder that substantially impairs their ability to function effectively
- Though not shown to be harmful, or counter therapeutic, research indicates a high drop out rate for couples participating in group couples therapy, suggesting this may not be the best strategy for efficient and effective use of resources.

Summary of treatment models:
We are referring to all couple's based counseling or therapy as a single modality, but within that modality, there are many treatment theories and models, including, but not limited to:

- Psychodynamic
- Cognitive behavioral Couples Therapy
- Traditional Behavioral Couples Therapy
- Integrative Behavioral Couples Therapy
- Behavioral Couples Therapy
- Imagio
- Gottman's Sound Marital House theory
- Object relations couples therapy
- Solution focused couples therapy
- Narrative couples therapy
- Strategic couples therapy

Recommended duration of Couples Treatment
The duration of treatment can be individualized to the needs of the couple. In general, we recommend:

- Individual couples treatment: 8-24 weeks
- If group couples treatment is offered, we recommend beginning with 10-weeks.

Treatment Barriers:
From our own experiences providing this treatment and from a review of the literature, we can define some common impediments. The following things typically limit our ability to deliver treatment, or the effectiveness of the treatment:

- Clinic time and availability of trained clinical staff (the models with the greatest evidence of effectiveness often require specialized training and materials)
- Resistance to treatment by one partner
- Limited availability of convenient daytime and weekend treatment times for clients
- Transportation for clients
- Childcare for clients
- Financial concerns for clients
- Cultural barriers
- Seeking marital aide (notion of impaired relationship)
- Untreated psychiatric issues
- Lack of education and/or acceptance about a partner's psychiatric issues: if one member of the couple has a psychiatric disorder, we recommend the partner attend a psychoeducational group specific to the need of their partner.

Indications for Individual Couple's Therapy

Couples present for therapy to reduce distress in their relationship, or to help prevent separation and/or divorce. Research indicates that couples generally enter treatment when their relationship is significantly stressed or disengaged, a situation that has often lasted for several years prior to presentation at the clinic. Under these circumstances, the preferred modality is individual couple's treatment.

Common presenting issues for couples seeking individual couple's treatment include:

- Life Stressors
- Substance abuse
- Blended families
- Conflictual relationships
- Parenting disagreements
- Boundaries
- Sexual disorders
- Depression
- Anxiety
- Family of origin issues
- Personality disorders
- Unfaithfulness

In this review, a life stressor is defined as any significant stressor which impairs the couples' ability to function as evidenced by self-report. Examples include work, family, and parenting stress. Additional stressors include:

- Substance abuse
- Substance abusing partner in recovery
- Relapse issues
- Psychopathology in child or partner – i.e. depression, bipolar disorder, etc.
- Medical issues
- Financial crisis
- Grief/loss
- Family and parenting issues
- Death
- Criminal behavior and/or incarceration
- Job loss
- Challenges dealing with a disabled or dysfunctional child
- OCS involvement with family system
- Moving to from rural to urban setting (and vice versa)- acculturation concerns
- Chronic anger/negativity

Presenting problems could also include almost any DSM IV disorders. In this case the purpose of couple's treatment would most likely be to help the couple cope with and adjust to the illness in one family member. For exceptions, reader is encouraged to review contraindications to treatment.

Indications for Couple's Group Therapy

There are limited situations in which group therapy can be effective couple's treatment. These skills-based groups would provide assistance for 3-5 couples who are not seriously distressed. Rather, couples in these groups may seek ways to improve their communication and enhance emotional intimacy. Two potential groups that could be offered in the future: a couple's communication group, and a pre-marital workshop. A couple's communication group could be offered primarily for less-distressed couples to gain insight in relationship dynamics, and to learn ways to enhance and protect their relationship. It may also be helpful for some distressed couples, in providing needed skill building and psychoeducation prior to individual couples therapy. Additionally, research indicates premarital workshops may enhance early relationships and help inoculate couples from serious relationship distress in the future.

Diagnostic Categories and Outcomes

Although some degree of assessment and categorization is inherent in several treatment models, there is not a universal diagnostic system for describing the problems of couples and families. Outcome measures of Marital/couples therapy is in its infancy. As a result, there is not a broad depth of literature documenting its long term efficacy. However, the literature available to this team strongly suggests it is effective when offered as a preventative measure, such as premarital counseling.

While a couple is engaged in treatment, the literature indicates the modality is beneficial and effective. However, once therapy is terminated, effectiveness may not carry over long term.

Table of Models

Treatment Model Name	**Traditional Behavioral Couples' Therapy**
Brief Description	Focus is on directing positive changes in partner's behaviors. Interventions are directive and prescriptive. Focus on couple's problems and strengths. Uses instruction, modeling, behavioral rehearsal and feedback. Teaches communication and problem solving skills.
Resources Needed	Master's level clinician or above. Specifically trained in couples' treatment in a systems approach. Clinician has a strong knowledge base and couples therapy training.
Target Group	Couples – age 18 and older Couples expressing relationship dissatisfaction.
Structure	Individual couples therapy, 8-24 sessions Group couples therapy,10 sessions, closed group with rotating windows
Concurrent Treatment(s)	N/A
References	Refer to any cognitive behavioral model. For example, Jacobson and Margolin, Gottman, etc.

Treatment Model Name	**Integrative Behavioral Couple Therapy**
Brief Description	Assumes that there are incompatibilities between partners that are not amenable to change. This approach suggests that partners emotional reactions to each other's behavior are as problematic as the behaviors themselves. As a result, the goal of intervention is increasing the level of emotional acceptance between partners. Nondirective, contingency shaped intervention. It is not emphasizing active change, rather, focuses more on enhancing acceptance of differences. The clinical focuses explores the central themes of issues.
Resources Needed	Master's level clinician or above.
Target Group	Couples – age 18years and older
Structure	Individual couples therapy, 8-24 sessions Group couples therapy, 10 sessions, closed with rotating windows
Concurrent Treatment(s)	N/A
References	Jacobson and Babcock, 1995 and 1998. Gottman.

Treatment Model Name	**Compact Psychoeducational Group Training (Behavioral Pre-Marital Intervention)**
Brief Description	Group for minimally distressed couples with a preventative orientation. Group goals include enhanced conflict resolution and emotional intimacy, skill building and problem solving.
Resources Needed	Master's level clinician or above.
Target Group	Couples age 18 years and older. The target group: couples that are less distressed, but have some early warning signs or relational difficulties. May also have an elevated risk for developing conflict in their relationship due to various stressors. Subjectively concerned about their relationships but not seeking marital "therapy." Instead, seeking a relational "tune-up."
Structure	Closed with windows. Four to six couples, 8 sessions, 1 ½ hour sessions.
Concurrent Treatment(s)	N/A
References	Gottman. Alexander, J.F., Holtzworth-Monroe, A. & Jameson, P.B. 1994.

Appendix A: Glossary

Term or Acronym	Term Definition
Acute Intoxication	A reversible substance-specific syndrome due to recent ingestion of (or exposure to) a substance. Clinically significant maladaptive behavior or psychological changes that are due to the effect of the substance on the central nervous system and develop during or shortly after use of the substance. (Adapted from DSM-IV)
Acute Withdrawal	A substance-specific syndrome due to the cessation of (or reduction in) substance use that has been heavy and prolonged. (Adapted from DSM-IV)
CBT	Cognitive Behavioral Therapy
Closed Group	Customers may enter only at initial formation of group.
Closed Group with Windows	Customer enrollment available intermittently
Eclipse	Overshadow, for example, when the symptoms and dysfunction related to one disorder overshadow another making treatment of one more pressing.
Exposure Therapy	Exposure therapy (Haug et al, 2003) with or without response inhibition is most cited as effective for specific phobia, obsessive compulsive disorder and PTSD. Generally, these run 10 -12 sessions with each session targeting a specific skill, exposure level and cognitive reframing. Manuals are available to guide clinical work.
Intervention	Any thoughtful action taken by a clinician or customer with the purpose of addressing a perceived problem or therapeutic goal
IPT	Interpersonal Therapy
NOS	Not Otherwise Specified
Open Group	Participants can enter at any time.
PDD	Pervasive Developmental Disorder
Play Therapy	Play therapy is a form of psychotherapy for children who have been traumatized. It encourages children to explore their emotions and conflicts through play, rather than verbal expression.
Psychiatric Assessment	Formal assessment by a psychiatrist or ANP
Psychoeducation	teaching and training about the disease or problem for which the customer or family member is seeking treatment. Psychoeducation is frequently presumed to be part of all forms of assessment and treatment, yet additional interventions that emphasize education about an illness are often shown to improve outcomes over treatment as usual. Psychoeducation can be incorporated into many treatments, but can be viewed as an intervention in its own right and can be delivered by non-professional staff such as case managers or health educators.
Psychological Testing	Formal psychological assessment which includes clinical interview and appropriate tests conducted by a psychologist and/or psychometrician. This testing is standardized and normed.
Screening/Scales	Brief, easily administered screening and scales which do not require advance training to interpret.
Social Rhythm Therapy	A structured psychotherapy combining elements of behavioral therapy and psychoeducation and shown to reduce rates of relapse and rehospitalization in bipolar disorder
Structural Family Therapy (SFT)	Structural Family Therapy is model of treatment in which a family is viewed as a system with interdependent parts. In this treatment model, the family system is understood in terms of the repetitive patterns of interaction between the parts. From such a perspective, the goal of structural family therapy is to identify maladaptive or ineffective patterns of interactions, then alter them to improve functioning of the subparts and the whole.
TBI	Traumatic Brain Injury
Treatment Modality	For purposes of this guideline, we have defined “modality” as the structure in which

	the customer receives treatment, for example, individual psychotherapy, group psychotherapy, or psychoeducation.
Treatment Model	For purposes of this guideline, we have defined the "model" of care as the underlying theoretical approach to clinical intervention, for example, Cognitive Behavioral Therapy, Insight Oriented Therapy, Interpersonal Therapy.
Untreated Psychosis	For the purposes of this treatment guideline, we define untreated psychosis as psychotic symptoms that are prominent, disruptive in some way, and for which the customer is not accepting or engaging in care that would mitigate such symptoms. The diagnosis of a psychotic disorder or the presence of psychotic symptoms at some point in the course of illness or treatment should not be a barrier to participation in treatment that might be helpful. However, nor should a customer with a significant psychotic disorder be treated with some forms of psychotherapy from which they are not likely to benefit. Clinical judgment will be needed in selecting appropriate treatment for each customer.
Untreated Substance Dependence	Because "dual diagnosis" is the norm, rather than the exception in behavioral health settings, customers with substance abuse problems should not be excluded, a priori, from participation in treatment for other mental health conditions. However, the impact of their substance use on their capacity to participate in treatment must be assessed on an ongoing basis. Customers with current substance dependence may not be appropriate candidates for some forms of treatment.
Seeking marital aide	Notion of impaired relationship)

Appendix B: References

Beck, Aaron T. Love Is Never Enough: How Couples Can Overcome Misunderstandings, Resolve Conflicts, and Solve Relationship Problems Through Cognitive Therapy.

Gottman, J., Notarius,C., Gonso, J., & Markham, H. (1976). A couple's guide to communication. Champaign, IL: Research Press.

Gottman, J. Clinical Manual For Marital Therapy.

Gottman, J. (1999). The Marriage Clinic: A Scientifically-Based Marital Therapy.

www.gottman.com

Appendix C: Sample Treatment Plans

Treatment plan for Individual Couples Therapy

Problem #1: Increased conflict, and significantly decreased emotional intimacy between the couple.

As evidenced by: "We are arguing all the time," partners both express anger at the other, state having "trouble communication," one or both partners considering separation or divorce.

Treatment goal: Increase conflict resolution skills and overall "positivity" in the relationship.

Objectives:

1. Verbally identify the sources of the conflict in the relationship.
2. Identify 3 strengths of the relationship to build on.
3. Increase tolerance and acceptance of partner (their personal habits, emotional states, perpetual problem) by "x" (some measure selected by clinician and clients)
4. Verbally express awareness of current communication patterns and replace with positive communication to decrease conflict by "x" %
5. Verbally express understanding of 3-5 methods to increase positivity in relationship.
6. Verbally identify own roles in conflicts and identify two behavioral or verbal changes each partner will make to improve relationship.

Modality, frequency, duration: FT, 1xweek, 8-24 weeks.

Interventions: D,IB,SB,PE,CR (R referral to psychoeducational groups where appropriate)