Evidence Based Psychotherapy with Couples

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Objectives

- Overview of traditional behavioral couple therapy (TBCT) and emotion focused couple therapy (EFT)
- Integrative Behavioral Couple Therapy (IBCT)
  - Assessment
  - Treatment
- Assessment and management of Intimate partner violence
- Working with same sex couples
- Strategies for helping couples recover from affairs

Demographics of Couples

- About half of first marriages end in divorce
- Remarriages tend to fare less well
- Those who remain together
  - Often unhappy
  - Choice influenced by circumstance (i.e. constraint commitment)

Correlates of Discord & Divorce

- Impact on Partners
  - Mental health: depression, anxiety, loneliness
  - Physical health: variety of stress related problems
  - Financial health: women particularly
- Impact on Children
  - Short term impact: Externalizing & internalizing problems
  - Long term impact: divorce, trust

Evidence Based Treatments (EBTs) for couples

- Non-behavioral Approaches
  - Emotionally Focused Couple Therapy
  - Insight Oriented Couple Therapy
- Behavioral Approaches
  - Traditional Behavioral Couple Therapy
  - Cognitive Behavioral Couple Therapy
  - Integrative Behavioral Couple Therapy

Traditional Behavioral Couple Therapy

- Based on social exchange theory (Stuart, 1969)
- Communication skills training added (Patterson and Weiss)
- Clinical applications tested in the 1970's with promising results
- First clinical manual published in 1979. (Jacobson and Margolin).
- Followed by Gottman, Markman, Baucom
- Two common components: **Behavior Exchange** and **Communication/Problem Solving Training**

Behavior Exchange

- Many variations but all are designed to increase the positive to negative behaviors exchanged by partners.
- Optimal balance necessary to maintain satisfaction 5:1, (Gottman, 1991)
- Emphasis on behavior at home rather than session
- May produce rapid positive changes but those changes deteriorate

Communication/ Problem Solving Skills Training

- Assumption that patterns of communicating and solving problems contribute to long term distress
- Focus is on teaching, modeling, behavioral rehearsal and practice.
- Predicts less rapid change than BE, but changes that do occur are more enduring
- BE and CPT designed to work together

TBT Outcomes

- Over 20 controlled clinical trials, showing significant improvement in functioning across a wide range of domains in TBT
- BE and CPT together best as predicted (Jacobson, 1984).
- Jacobson re-evaluated clinical significance of the statistically significant outcomes.
- 1/3 didn't improve with treatment. Of those that did improve about 1/3 relapsed within the 2 year follow-up.
- About 50% were helped and sustained improvements past 2 year follow-up.

Factors impacting success in TBCT

- Commitment
- Age (younger, not duration of marriage)
- Emotional Engagement
- Traditional Orientation (less traditional, better results)
- Convergent Goals

A Different kind of change…

- Mid 1980's TBCT only validated approach
- Some began to focus on internal experiences and change process in marital therapy. (Johnson and Greenberg, 1985).
- Emotionally Focused Couple Therapy developed with roots in family systems and experiential approaches

EFT: Experiencing in a new way

- Assumption that the Therapeutic Alliance is healing by itself
- Acceptance and validation of experience is central to change and creates safety
- Non-pathologizing: distress is expected outcome of problematic person/environment fit
- Encourages examination of inner experience (i.e. emotion)
- We are transformed by our interactions with others
- Corrective emotional experiences are key

EFT: Systems are self-sustaining

- Causality is not linear but circular. A did not "cause" B. (i.e. demand/withdrawal).
- Behavior occurs in context and therefore cannot be understood in isolation
- Systems are self-regulating
- All behavior is communication and levels of communication may conflict
- Therapist must interrupt rigid, stuck, or negative interactions for change to occur.

EFT: Attachment Theory

- Connection is central motivating factor for humans.
- Dependency is natural human need
- Healthy relationships require secure attachment bond (i.e. both autonomy **and** connectedness)
- Implies model of other (dependable/reliable) and self (lovable/deserving of care)
- Attachment is primary in affect regulation

EFT: Model of Relationship Distress

- When attachment is threatened people respond in predictable ways (anger/protest).
- If this does not provoke responsiveness, becomes despair/coercion.
- Clinging/Seeking followed by depression/despair. (e.g. stonewalling behavior)

EFT: Key Principles

- Collaborative alliance offers "secure base", therapist is a "process consultant".
- Emotion is primary in organizing attachment behavior, anger deconstructed to include fear/helplessness.
- Attachment needs are adaptive and couple are taught to express needs.
- Change occurs through **new emotional experience**.

EFT: Change Process

- Stage 1: Cycle De-escalation
  - Step 1: Identify the relational conflict issues between partners
  - Step 2: Identify the negative interaction cycle where these issues are expressed
  - Step 3: Access the unacknowledged, attachment oriented emotions underlying the interactional position each partner takes
  - Step 4: Reframe the problem in terms of the cycle, underlying emotions that accompany it, and attachment needs

EFT: Change Process

- Stage 2: Changing Interaction Positions
  - Step 5: Promote identification with disowned attachment needs and aspects of the self
  - Step 6: Promote each partners acceptance of the other experience.
  - Step 7: Facilitate the expression of needs and wants to restructure the interaction based on new understandings and create bonding events.

EFT: Change Process

- Stage 3: Consolidation and Integration
  - Step 8: Facilitate the emergence of new solutions to old problems.
  - Step 9: Consolidate new positions and cycles of attachment behavior.

EFT: Core Interventions

- After alliance is formed interventions seek to 1). explore/reformulate emotional experiences and 2). restructure interactions.
- **Exploring/Reformulating** involves reflecting, validating, evoking, and heightening
- **Restructuring** involves tracking/replaying, reframing, restructuring and shaping

EFT: Outcome

- ~72% fully recovered and 90% significantly recovered after 10-12 sessions in meta-analysis (Johnson, 2003).
- Stability of treatment gains after 2 years (Clothier, Manion, Gordon-Walker & Johnson, 2003)
- Therapeutic alliance a more robust predictor of outcome in EFT than initial distress

Similarities and Differences in Couple Focused EBT's

- #1 Dyadic Conceptualization
- #2 Modification of emotion driven maladaptive behavior
- #3 Elicit avoided, emotion based private behavior
- #4 Foster productive communication
- #5 Emphasize strengths and encourage positive behavior.

Two Ways to Define Problems

- Molecular
  - Pinpoint specific target behaviors/thoughts
    - Pros: well defined, easily understood
    - Cons: Long list of issues, miss forest for the trees, premature definition, solidification (iatrogenic?)
- Molar
  - Define response classes, broad patterns
    - Pros: Breadth of coverage, big picture view
    - Cons: Less well defined

Integrative Behavioral Couple Therapy

- Neil Jacobson/Andy Christensen re-evaluation of outcome in TBCT
- Those most likely to benefit from TBCT also those most easily engaged in "collaborative set".
- Decided that complete approach needs emphasis on both direct change and acceptance.

Two Types of Change

- Traditional Change
  - Modification of the agent or "perpetrator"
  - Increase or decrease frequency, intensity or duration of behavior
- Acceptance
  - Modification of the recipient or "victim"
  - Change in emotional reactivity

Acceptance as the missing link

- What it is NOT:
  - Resignation, submission, giving in
  - Permission to be abusive
- What it IS:
  - View of problems as window into vulnerability
  - Problems as vehicles for intimacy
  - Letting go of struggle to change partner
  - Reducing adversarial relationship

Two Types of Behavior

- Rule-governed Behavior
  - Follow the rule; "shoulds"
  - Sanctions for violation; Rf for compliance
  - exercise, listen, obligatory compliments
  - Done when emotions/motives suggest otherwise
- Contingency Shaped Behavior
  - Situation naturally elicits and Rf's; "Want tos"
  - Be yourself, let guard down, say what's on mind
  - Exercise, listening, genuine compliments
  - When emotions/motives are congruent with behavior

Two Strategies for Change

- Rule-governed (structured/deliberate) change
  - Suggest/impose new rules
  - Help couples negotiate new rules
  - Dilemma: behaviors vs. emotions; compliance; inauthentic, not naturally reinforcing
- Contingency Shaped (naturalistic/spontaneous) change
  - Elicit/evoke new reactions, experiences
  - Reinforce new responses
  - Dilemma: what will elicit a new experience

Example: "Always" or "Never"

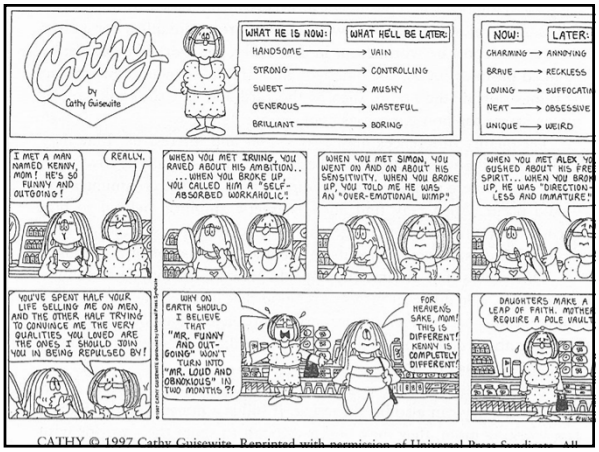
- Traditional BCT
  - -communication error
  - -practice correctly
- Cognitive Behavior Therapy
  - -look for exceptions
  - -correct cognitive error
- Integrative Behavioral Couple Therapy
  - Catch it in session or explore recent incident
  - Explore what's going on with partner who said it
  - Explore impact on partner

Integrative Behavioral Couple Therapy

- Functional analytic behavioral views
- Emphasis on broad, molar themes
- Emphasis on acceptance
- Emphasis on contingency shaped behavior
  - To foster acceptance
  - To foster change
- Also includes alternative strategies

Relationship Problems in IBCT

- Defined as problematic patterns of interaction
- Major types of dysfunctional interaction
  - Moving against the other
  - Moving away from the other
  - Moving toward (hanging on) the other anxiously



Moving against the other

- Criticizing, blaming, fault finding, attacking, finger pointing
- Demanding, pushing, nagging, pressuring, reminding, correcting
- Controlling, competing, showing who is right, allying with others against the partner
- Arguing, escalating, exaggerating

Moving Away from the other

- Withdrawing, escaping, avoiding, distancing, shutting down
- Hiding, evading, being secretive, misleading
- Dismissing, minimizing, or denying the other's concerns, resisting others efforts
- Defending, justifying, or explaining self

Hanging onto the other

- Pursuing, clinging, hovering, not letting other go
- Intruding, invading, being nosey, not letting other have privacy
- Questioning, investigating, interrogating, monitoring, keeping watch over the other, keeping tabs on the other.

What makes these behaviors problematic?

- Context is key- nothing occurs in isolation
  - Adversarial vs. supportive context e.g. fault finding, arguments, hanging on (adversaries)
  - Context of tense distance vs. independence e.g. uncommunicative, withdrawn (strangers)
- Short vs. Long term consequences
  - Short term gain but long term pain
  - Short term pain but long term gain

Problematic Patterns of Interaction

- Asymmetrical Patterns
  - Moving against vs. moving away
    - Discuss/avoid pattern
    - Demand/withdraw pattern
  - Hanging onto vs. moving away
    - Pursuit/distance
    - Invading/evading pattern
- Symmetrical Pattern
  - Mutual moving against
    - Argumentative, bickering pattern
  - Mutual moving away
    - Mutual avoidance, shutting down

IBCT Formulation of Relationship Problems

- DEEP analysis of an issue (or theme)
  - Differences or incompatibilities
  - Emotional sensitivities
  - External circumstances/stressors
  - Patterns of problematic interaction
- Patterns of problematic interaction
  - Couple's efforts to cope with DEE
  - Interaction makes the problem worse (polarization/mutual trap)

IBCT Formulation: Trust

- Differences:
  - need for social contact, affirmation
- Emotional Sensitivities:
  - Parents affair, infidelity in previous relationships,
- External stressors
  - Work contact with colleagues,
- Pattern of interaction
  - Questioning-checking; evading-hiding

IBCT Formulation: Control

- Differences:
  - Authoritarian/Permissive parenting style
- Emotional Sensitivity:
  - childhood abuse, trauma, guilt due to previous rel
- External circumstances:
  - adolescence of oldest daughter, financial stressors
- Pattern of interaction:
  - Mutual moving against, pursue/pursue, hostile escalation

IBCT Formulation: PTSD example

- Differences:
  - Comfort with expression of negative emotion
- Emotional Sensitivity:
  - Fear of strong emotional reactions, fear of PTSD stimuli
- External Circumstance:
  - Noisy, bad area of town
- Pattern of interaction
  - Avoidant tiptoeing/numbing avoidnace followed by explosive reactions

Applications of DEEP formulation

- Can be applied to specific problems, such as trust, money, depression, parenting
- Often the model applies more broadly
  - Responsibilities: housekeeping, kids, social contacts, jobs
  - Closeness: time together, time with friends, time with family, disclosures, privacy
  - Emotionality: about work, kids, each other

IBCT: Theory of Distress

- Differences are normal and incompatibility is co-created
- The problematic interactions are attempts at resolving differences
  - Escalation, polarization, vilification: Mutual Trap
  - Differences that start out "normal" become "irreconcilable".
- Adversaries or Strangers
  - "Most crimes of the heart are misdemeanors"-Andy Christensen

Inappropriate Couples for IBCT

- Exclusionary individual factors
  - Untreated substance abuse/dependence
  - Psychosis, Antisocial Personality Disorder
  - Moderate to Severe violence
    - Injury and/or intimidation (fear)
- Exclusionary couple factors
  - Not living together regularly
  - One or both not committed to the relationship, ongoing affairs

Overview of IBCT

- Assessment Phase
  - 1joint and 2 individual sessions
- Clinical Formulation and Feedback
  - 1 joint session
- Active Treatment
  - Multiple (~8-20) joint sessions
- Termination
  - Spaced joint sessions

Assessing for Intimate Partner Violence (IPV)

- Can be physical, sexual, threats, or psychological abuse
- 24% of all adult relationships between ages 18-28 have some IPV
- Rates between 36-58% in couples seeking therapy
- Psychological abuse usually precedes and co-occurs with physical/sexual abuse

Assessing for Intimate Partner Violence (IPV)

- Mild to Moderate aggression or "common couple violence"
  - Throwing things, pushed, slapped, grabbed, kicked
    - Important to assess for context because some could count as severe depending on function and injury
- Severe violence (intimate terrorism/battering)
  - Beat up, punched with fist, kicked or bit, **choked/strangled,** threatened with weapon, used weapon, sexual assault, stalking, highly controlling behavior, acts/words that cause fear/intimidation, acts that cause medical and psychological injuries

Assessing for Intimate Partner Violence (IPV)

- Goal in assessment of IPV is to identify function and level of risk and determine if couple therapy is appropriate
- Conduct assessment during individual session and consider using written measure. (Conflict Tactics Scale, Strauss, 1979)

IPV Screen

- Q6). Many people, at one time or another, get physical with their partners when they are angry. For example, some people threaten to hurt their partners, some push or shove, and some slap or hit. How many times have each of the items below occurred in the last year? Therapists will review your responses and discuss them with you as relevant (from O'Leary & Iverson)
  - a)._____. When my partner and I had a disagreement or argument, I engaged in an act of physical aggression against my partner such as pushing, slapping, shoving, hitting, beating, biting or some other act of aggression.
  - b)._____. When my partner and I had a disagreement or argument, my partner engaged in an act of physical aggression against my partner such as pushing, slapping, shoving, hitting, beating, biting or some other act of aggression.
  - c). _____. All things considered. I did not feel I could express my opinion at times without fear of physical reprisal from my partner (e.g., partner physically punishing me for what I have said.)

Plan of Action if Couple Therapy is Contraindicated

- Provide this clinical judgment in the feedback session if violence is an "open topic"
- Provide reasons why couple therapy is not a good choice at this time
- Collaboratively develop an alternate plan
  - Provide options, connect with resources

How to turn down a couple when Violence is NOT an open topic

- During the feedback session discuss in a general way your assessment that couple therapy is not appropriate at this time.
  - "Many times we find that couples benefit from working on themselves individually before doing couple therapy, I think that's the case here".
  - "…level of conflict is too high for couple therapy at this time"
  - "..need to spend some time preparing for the intensity of couple therapy by working on your individual issues first".
  - "I recommend that you receive treatment for your PTSD, depression, substance abuse before beginning couple therapy".
- During individual session with partner complete a safety/escape plan if clinically appropriate.

IPV Summary

- When is Couple Therapy Contraindicated?
  - Severe violence within past year
  - Significant medical injury
  - Either partner reports fear
  - Either partner is unwilling to focus on reduction of violence
- Build contacts with local resources
  - Choices (Franklin County)
    - (614) 224-4663
    - http://choicescolumbus.org/
  - National Hotline 1-800-799-SAFE

Assessment and Feedback

- 1st Joint Session
  - Presenting problem, helpful to start with the least engaged.
  - Gather hx, informed consent, and outline for sessions, socialize them to process
  - Validate hopelessness
  - Honor and respect ambivalence
  - Test collaborative set

Assessment and Feedback

- Initial session with both partners
  - Presenting problem and context
  - Relationship history
  - Assign measures
- Individual interviews with each partner
  - Presenting problem and context
  - Individual history and current social context
- Feedback sessions with both partners
  - Feedback and treatment planning

What is assessed in IBCT

- Distress
  - Couple Satisfaction Inventory: (CSI-16)(Funk & Rogge, 1997)
    - www.courses.rochester.edu/surveys/funk/
- Violence
- Commitment & Affairs
- Problematic Issues/Patterns
  - DEEP formulation
- Strengths

Individual Session

- Confidentiality
- Issues, interactions, goals
- Violence, commitment, affairs
- Personal history and current situation
  - Personal psychological history
  - Family of origin (parents marriage, relationship with each parent, affection, discipline)
  - Previous relationships
  - Current relationship

Feedback Session

- Level of distress and commitment
- Case Formulation
  - Problematic issue/theme, psychoeducation if appropriate
  - Differences or incompatibilities
  - Emotional sensitivities/vulnerabilities/reactions
  - External circumstances/stressors
  - Patterns of communication/interaction
  - Impact: hopelessness/helplessness, adversaries/strangers
- Strengths-individual and couple
- Treatment-goals, incident, issues
  - Show them the weekly questionnaire

Therapeutic Methods in IBCT

- Focus on emotionally salient, *in-vivo* experiences
  - Events in therapy that reflect formulation
  - Recent or upcoming incidents that reflect formulation
  - Issues of current concern that reflect forumulation
- DEEP formulation guides therapeutic stance
  - Acceptance work for Differences and Emotional Sensitivities
  - Acceptance and Change for External Circumstances
  - Change strategies for Patterns of interaction

Therapeutic Methods in IBCT

- Strategies:
  - Affective Change: "Empathic Joining", new emotional experiences of the problem
  - Cognitive Change: "Unified Detachment", New perspective on the problem
  - Behavioral Change: Restructuring new interactions, new learning
- 3 kinds of discussions:
  - Compassionate discussions: empathic joining
  - Analytic discussions: unified detachment
  - Practical discussions: making concrete changes

Format of Treatment Sessions

- Weekly Questionnaire; check in
- Acts of violence or major changes
- Debrief positive events
- Set agenda based on client incidents/issues
- Use core interventions for incidents/issues
- Wind down and summary
  - Questionnaire/homework

Who Talks to Whom?

- Each partner talks to therapist
  - Therapist has most control
  - Therapist ensures hearing/validating each
  - Therapist can reinforce each appropriately
  - Therapist can transition effectively
  - Less generalization
- Couple talks to each other
  - Therapist directs the discussion i.e. enactments
  - Therapist intervenes in the discussion
  - Therapist watches and directs observation to the interaction, reinforcing restructuring

Empathic Joining

- Meaningful emotional discussion about a significant relationship experience
- Both partners share feelings, some that may have not been shared before
- Partners experience understanding and validation from therapist and partner
- Partners experience greater intimacy and emotional acceptance
- Safety is key

Empathic Joining

- Be attentive to emotional reactions
  - Primary, initial, unrevealed, soft emotions vs. secondary, reactive, hard emotions
- Prompt personal disclosure
  - Probe, explore, elicit, suggest (tentatively) emotions
  - Highlight, validate and reflect emotions
  - Prompt disclosure to partner
  - Prompt partner responses

Empathic Joining: How to intervene with high conflict couples

- Validate emotional experiences and not behaviors/thoughts.
- Validate each of them individually first
- Start with the feeling they are most in touch with first (i.e. anger before hurt)
- After they can acknowledge the presence of more vulnerable feelings intensify the emotional impact by:
  - Once clarified ask the partner to turn to the other and say that piece in their own words
  - Position yourself in the room and speak the message to the other as if you were the partner
- With these couples this work will usually have to precede unified detachment due to affective flooding, metaphors can help.

Unified Detachment

- Intellectual discussion about a significant relationship experience
- Partners reveal thoughts, views, perspectives, and observations
- Discussion of relationship experience is
  - Descriptive, non-judgmental, dyadic and mindful
  - Not evaluative, blaming, individually oriented and responsibility seeking
- Partners often feel a sense of common, unified, perspective of the problem and greater acceptance of the issue
- Validating both perspectives and attending to balance promotes this

Unified Detachment Therapeutic Strategies

- Engage couple in a discussion that:
  - Describes sequences and patterns
  - Identifies "triggers" or "buttons"
  - Makes comparisons/contrasts
  - Distinguishes intentions from effects
  - Employs humor, metaphors, and images
  - Treats the problem as an "it" versus a "you"

Direct Change - Strategies

- Strategies
  - Prompt existing behavioral repertoires first
  - Teach new communication/problem solving strategies or suggest new positive events only secondarily
- Interventions
  - Replay difficult interactions
  - Discuss difficult problems and possible solutions
  - Identify, prompt, and debrief positive interactions
  - Train traditional CT/PST
  - Conduct tolerance interventions

Behavior Exchange: Increasing positive behavior

- Specification of changes
  - Everyday, small, interpersonal, positive, low cost (emotionally/financially) action not inaction
- Instigation of positive changes
- Debriefing of positive changes

Communication Training

- Speaker Skills- no fault communication
  - Non-blaming "I" statements of feeling
  - Partner's specific behavior in situation
  - When you do X in situation Y, I feel Z
- Listener Skills
  - Active listening: paraphrase, reflection
  - Check out and summary before changing roles

Problem Solving Training

- Problem Definition
  - Acknowledge positive aspect of why it's important
  - Define problem (unilaterally; bilaterally)
  - Acknowledge own role
- Problem Solution
  - Brainstorming
  - Pro and Con
  - Negotiation, Agreement, Trial, Debriefing (and repeat)

Tolerance Building

- Tolerance is on continuum of acceptance from grudging tolerance to embracing differences.
- Goals of Tolerance Interventions:
  - Make partners behavior less painful
  - Enhance ability to cope
  - Decrease intensity of conflict
  - Shorten duration of recovery
- Types of Tolerance Interventions:
  - Highlight positive features of negative behavior
  - Rehearsal of negative behavior (desensitization)
  - Faking of negative behavior at home (relapse prevention)
  - Self-Care: promotion of independence; self-reliance

Ordering of Interventions

- Start with Empathic Joining and Unified Detachment not direct change
  - Partners get heard, understood, and true issues/feelings are exposed
  - May on it's own trigger improved functioning
- Integrate Empathic Joining with Unified Detachment
  - Debriefing incidents that occur both in and out of therapy
- When doing direct change interventions
  - Always prompt existing behaviors before teaching new behaviors (i.e. teaching time outs)

Ordering of Interventions

- Tolerance interventions done
  - Later rather than earlier
  - When couples have some distance
- Adapt interventions to the couple
  - Capitalize on their strengths (e.g. humor, intelligence)
  - Address needed deficits (e.g., difficulty in expressing emotion, shutting down during difficult communication)
  - Repeat what works

How to intervene during problematic interactions

- Interrupt the process- early!
  - Reframe, redirect, attenuate voice, gaze, posture
- Empathic Joining:
  - Identify primary emotional responses
  - Focus on the "wound not the arrow"
  - Reflect, elaborate, discuss
- Discuss *functional* interaction
- Enactment, replay of outside session interaction

How to intervene in improved interactions

- Goal: Ensure that partners are reinforced
- Leave it alone if partner is reinforced (i.e. stay out of the way)
- If not reinforced sufficiently
  - Highlight the interactions each had
  - Normalize awkwardness, embarrassment
  - Reinforce directly if partner won't
  - Help partners understand why
- Discuss *functional* interactions

Termination Phase

- When should you begin termination?
  - Significant progress made
  - Couple desires termination
  - Little of emotional significance to discuss
  - Note 26 sessions max in clinical trial
- Process of termination
  - Space sessions at longer intervals
  - Allow "booster" sessions as needed
  - Post measures/ feedback to couple, review initial DEEP formulation

Working with Same Sex Couples

- General Guidelines
  - APA guidelines
  - Know thyself, be aware of your own bias
  - Consider your: waiting room and office; paperwork; front desk staff; website
  - Don't assume heterosexuality
  - Use sensitivity when asking questions re: marital status, sexuality, birth control, gender identity, gender of partners etc.

Working with Same Sex Couples: General Guidelines Cont.

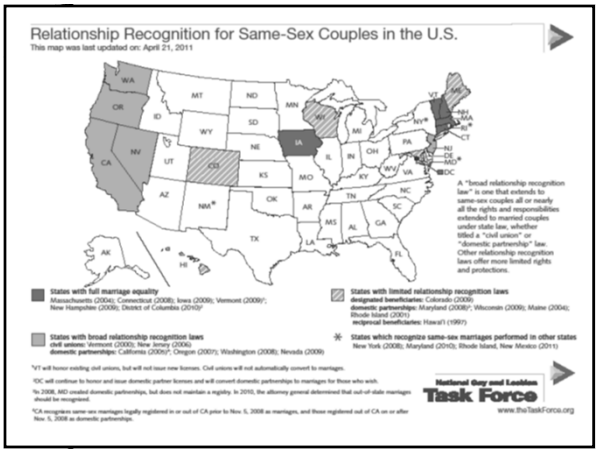
- Homosexuality is not a mental illness and no more likely to experience psychopathology by virtue of sexual orientation alone (but more likely to experience depression/anxiety disorders).
- Religion and spirituality can be particularly difficult
- Internalized homophobia (Green & Mitchell, 2002)

LGB Couples

- Generally same sex couples do not differ from heterosexual couples on commitment, longevity, or satisfaction
- Children of same-sex couples are healthy, well adjusted, and do not grow up to be gay at higher rates that children of hetero couples
- Some differing norms e.g. non-monogamy, friends with ex's.
- Some differing relationship stressors, e.g. fewer barriers to leaving the relationship, less social/family support
- Lots of variation within same sex couples

LGB Couples

- More egalitarian regarding division of labor, even in couples with income inequities.
- Same sex couples more egalitarian in relationship maintaining behaviors



LGB Ethical Issues

- Self-Disclosure
- Dual Relationships
- Differing norms
- Therapist bias/ self-assessment
- Seeking supervision/ consultation

Data on Affairs

- Incidence: 20-25%
- Incidence by gender
  - More likely in men in older samples
  - Equally likely in younger samples
  - More likely sexual for men, emotional for women
- Dissatisfaction increases likelihood

Definition and Types

- Definition of affair
- Types of affairs
  - Philandering, accidental, romantic, marital arrangements (Pittman)
  - Conflict avoidance, intimacy avoidance, sexual compulsion, empty nest, out the door (Brown)
- Janis Spring- love with the re-invented self

Common Reactions to Affairs

- Impact on injured partner
  - PTSD like symptoms (Baucom, Gordon, Snyder): re-experiencing, avoidance, arousal
  - Distrust, decision to stay
- Impact on participating partner
  - Guilt, justification, loss
  - Decision to stay, dealing with emotional reactions of partner, distrust

Stage I: Absorbing the Blow (Baucom, Snyder, Gordon, 2004)

- **Cognitive components**
  - Previous beliefs about partner called into question.
  - Standards for the relationship have been violated.
  - Uncertainty about future.
  - Attributions for partner's behavior.
  - Sense of loss of control in relationship.
- **Emotional components**
  - Strong, overwhelming emotions.
  - These emotions change daily or hourly.
  - Emotions feel out of control.
- **Behavioral components**
  - Need to question partner about the behavior.
  - Acts of revenge.

Stage 1: Treatment Goals

- Creating Safe Atmosphere
- Closing the door
- Getting clear on what happened
- Self-Care affect regulation skills as needed
- Discussion of impact of the affair
- Establishing responsibility

Stage 2: Giving Meaning

- **Cognitive Components**
  - Start to examine environment in which behaviors took place.
  - Gain a deeper understanding of what contributed to the behaviors.
  - Attributions become more realistic.
  - Regain predictability for the future.
- **Emotional Components.**
  - Intensity of emotions decrease.
  - Control over emotions increases.
  - Emotions may be affected by changing explanations for the behavior - e.g., empathy may increase.
- **Behavioral Components**
  - May get into a cycle of punishment and demands for restitution.
  - May retreat from partner to regain some distance, perspective, or safety.
  - May try to act "extra" good to reassure self and partner that oneself are not a bad person.

Stage 2: Treatment Goals

- Exploring context of the relationship: pre, during and post affair
- Explore current functioning of participating partner and contributions of developmental history on how it contributed to decision
- Explore current functioning of injured partner and how developmental history may have played a role in affair.

Stage 3: Moving Forward

- **Cognitive Components.**
  - Develop a more realistic view of each other and the relationship.
  - Develop more realistic beliefs and expectations for the relationship.
- **Emotional Components.**
  - Evaluate the pros and cons of continuing to hold onto negative emotions
  - May develop compassion for partner and ability to wish him/her well.
  - Regain a sense of emotional safety, allowing oneself to give up anger and mistrust (if appropriate).
- **Behavioral Components.**
  - Give up right to punish each other further.
  - Decide how wish to continue relationship. Do not necessarily have to reconcile

Stage 3: Treatment Goals

- Feedback and summary
- Identify blocks for intimacy
- Restructure interactions
- Empathic Joining/Unified Detachment surrounding trust "episodes"
- Move toward constructive interactions
  - Compassionate discussions (EJ)
  - Analytical discussions (UD)
  - Practical discussions (Behavior Change)

Patterns in the Aftermath

- Lets move on versus we still need to focus on it
- Can't you ever trust me versus can't you reassure me
- Let's resume versus things are different
- If we don't mention it, it won't be there
- It's not over when it's over

Data from IBCT Clinical Trial (Atkins et. al., 2005)

- Couples who had affairs experienced
  - More relationship instability
  - More dishonesty and trust issues
  - More narcissism and time apart
- Men but not women who had affairs
  - Used more drugs and alcohol
  - Were more sexually dissatisfied
  - Were older

Data from IBCT Clinical Trial (Atkins et. al., 2005)

- Immediate results of affair couples
  - Were more dissatisfied with their relationship at the beginning but showed greater improvement in relationship functioning over course of therapy
  - BUT only when the affair was revealed prior to or during therapy

Data from IBCT Clinical Trial (Atkins et. al., 2005)

- Five Year Follow-up
  - Separation/divorce rates
    - No infidelity couples 23%
    - Open infidelity couples 43%
    - Secret infidelity couples 80%
  - Among couples who stayed together
    - Increase in relationship satisfaction
    - No difference between no fidelity and infidelity couples

Reason for Hope

- Couples can and do recover from affairs
- Couple therapy can certainly benefit couples recovering from affairs
- Possible process:
  - "The world breaks everyone, and afterward, some are strong at the broken places"
    - -Ernest Hemingway, *A Farewell to Arms*