

Systemic Couple Therapy for Depression

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Basic Competences

Knowledge of systemic and psychological principles that inform the therapeutic approach

An ability to draw on knowledge of systemic theory, including structural, strategic, and social constructionist ideas.
An ability to draw on the systemic knowledge concerning the development of depression including :
the knowledge that current symptoms and behaviours are maintained by the client's various relationships and contexts.
the application of the idea of 'circular causality', accepting that actions may be both a consequence of, and trigger for, other actions, which affect both the individual and wider system.
the knowledge that a client's ability to adapt to and manage a potentially pathologising event may determine the subsequent behaviour and interactions of the couple.
an appreciation that the client's referral for professional help may be a result of previous unsuccessful attempts to resolve the problem,
maintaining an "open minded curiosity" to encourage exploration of experiences of the couple and their meaning in the current situation.

Ability to clarify the aims and focus of treatment

An ability to contextualise the presenting symptoms, placing them in the context of the individual's current and past relationships with family members and significant others, as well as wider social and cultural factors and discourses.
An ability to explore with the couple the history and meaning of their current situation and how they have tried to solve the difficulties.
An ability to use effective questioning with the couple to illustrate possible courses of action, allowing them to reach their own conclusions about appropriate behaviour.
An ability to elicit within the couple knowledge of the resources they have to develop interactional patterns that do not include the symptom(s) and associated behaviours.
An ability to equip the couple with the knowledge they require to resolve the problems on their own.

Ability to develop the treatment strategy

An ability to draw on knowledge of the general process of systemic couple therapy as it relates to depression
An ability to draw on knowledge of the different phases of systemic therapy as a whole, and also the phases within each therapeutic session
An ability to foster an appropriate therapeutic relationship by engaging the couple through maintaining curiosity and creating a safe context in which the couple's dilemmas can be expressed

An ability to explore the problem by:	
	eliciting information about how the problem has developed over time, the effects and the responses it engenders in others, and the meanings that are attributed to it
	linking current problems to multigenerational patterns in the past, and fostering an understanding of what is contributing to their current form
	paying attention to reported successes
	exploring previous attempts to resolve the problem
An ability to progress the therapeutic process by:	
	recognising the need to be less problem-focused once initial concerns have been addressed and concentrating on the wider patterns that are maintaining (and being maintained by the problem)
	focussing on the present and on altering habitual patterns of behaviour and/or belief that may be maintaining actions or symptoms
	allowing the clients to become more active as therapy progresses in setting the agenda for sessions

Ability to promote joining and engagement

An ability to develop a therapeutic alliance that will allow therapist-introduced differences to be explored in a safe context through:.	
	putting the couple at ease and helping them feel comfortable in their surroundings
	maintaining a stance of curiosity towards ideas, avoiding directly challenging behaviour
	accepting and not challenging the presenting problem early in treatment (e.g. for the first two sessions)
	giving equal time, attention and validation to more than one belief system and point of view within the session.
	checking with the couple to determine whether he/she has understood what they are saying.
	using a sympathetic, non-judgemental listening technique
	monitoring how they (the therapist) may be perceived by the couple (for example, ethnicity, age, gender, class)

Ability to adapt the therapeutic stance

An ability to alter the therapeutic stance in accordance with how the therapy is progressing so as to:	
	take a non-blaming stance, by using sympathetic, non-judgemental listening techniques to understand respectfully how the couple have become stuck in difficult relationship patterns.
	take a collaborative or co-constructive stance to invite feedback and questions from the client and family about the therapist's work and on tasks/events between sessions
	adopt a stance of 'not knowing' which communicates to the client a genuine attempt to find out about their experiences and their understanding of them
	maintain a stance of open-minded curiosity toward ideas, a person's point of view and outcomes
An ability to monitor the way in which the therapist may be perceived by clients, and the effect this may have on establishing a trusting working relationship	

Ability to focus on strengths

An ability to access both the individual's and the couple's resources and strengths which may lead to more creative and appropriate solutions.	
An ability to adopt the appropriate therapeutic stance and use the following techniques to allow access to these strengths by:	
	identifying competence in both individuals and in the couple's relationship, and identifying behaviours that have a positive effect on the couple
	identifying past and current positive elements in their relationship
	identifying exceptions to the depressive behaviour and reframing these positively as possible solutions
	promoting small incremental changes

Ability to end treatment

An ability to draw on knowledge of when to bring treatment to an end	
An ability to bring sessions to an end, acknowledging that relapse may occur, and anticipating this and addressing with the couple ways in which to prevent this.	

Specific Competences

Ability to use hypothesising

An ability to formulate and test systemic hypotheses before, during and after therapy sessions including hypotheses that relate to:
the meaning of symptoms or problems
the reasons for referral;
the factors involved in the development and maintenance of the problem
gender and difference issues
An ability to develop hypotheses that attempt to explain the client's presenting symptoms in terms of the contexts in which they occur including hypotheses about:
the meaning of depression (e.g. as communication, system maintenance, or metaphor),
treatment as a couple,
maintenance and precipitating factors in relation to the depression
An ability to hold in mind and consider more than one hypothesis simultaneously, so as not to regard a hypothesis as a factual statement.
An ability to change hypotheses in relation to information and feedback in the therapy sessions.

Ability to use questioning techniques

An ability to use various questioning techniques to explore with the couple issues of difference, how they may be perceived in the other's eyes and the definitions of relationships.
An ability to use circular questioning to alter the couple's ways of thinking and behaving, in order to change the balance in the relationship, for example by using:
hypothetical questions and feed-forward questions
comparison questions
ranking questions
triadic questions
observer perspective questions
An ability to be responsive to feedback from the couple, shaping future questions appropriately.

Ability to use enactment

An ability to ask the couple to enact a transaction in the session (e.g. discussion, familiar argument, decision making).
An ability to observe an interaction in the session, looking for repeating sequences.
An ability to focus on a specific issue and then use the following techniques to find new resolutions in the session through:
raising the possibility that the couple interact around the issue
prolonging the time sequence
blocking parts of the transaction
exploring alternative transactions
interrupting a usual escalating interaction between partners by engaging one of the couple in a dialogue with him/herself.

Ability to use problem solving techniques

An ability to elicit a definition of a problem by tracking how problematic events occur.

An ability to encourage the couple to develop a detailed description of the events that lead to conflict or depression and then enable the couple to develop a problem solving stance through:

- agreeing the exact nature of the problem sequence
- specifying desired outcomes (goals)
- listing previous (failed) solutions
- tracking the pre-problem sequence of events
- identifying early preventive actions
- brainstorming other possible solutions, and highlighting the advantages and disadvantages of proposed solutions
- choosing one specific solution
- formulating a detailed plan to implement this solution
- speculating about the consequences of implementing a specific plan, and discussing how to review its outcome.

Ability to adopt a challenging perspective

An ability to use a range of techniques to challenge belief systems and/or behaviours to facilitate different perceptions or interactions.

An ability to use the following 'challenging techniques':

- unbalancing - where the therapist temporarily joins and supports one individual at the (apparent) "expense" of the spouse, by taking their point of view.
- intensification – where the therapist increases the affective component of a transaction by increasing the length of time in which it occurs, or frequently repeating the same message, or by physically or emotionally altering the distance between the couple.
- testing boundaries – by challenging each individual's and the couple's boundaries (e.g. their perceptions of private space, `ability to be close, emotional responsiveness, making decisions or use of hierarchies).
- disrupting – where the therapist may interrupt a monologue by one partner by asking the partner to join in
- perturbation – where the therapist is active in using challenging and persistent circular exploration of themes in order to disrupt the organisation of the system (so that new patterns can be found that are not structured) around the symptom.

Ability to use family life-space techniques

An ability to construct a genogram with the couple in a way that guides the couple to make new discoveries and connections.

An ability to use visual techniques with the couple to encourage them to make diagrammatic representations of their past, present and/or future life with the intention of allowing the couple to challenge each other's perceptions and discuss how to do things differently in the future.

Ability to use reframing

An ability to re-describe in a different (usually positive) way ideas and descriptions given by the couple, in a way that fits the facts of the situation but changes its meaning and potentially the behaviours of the couple.

Ability to use inter-session tasks (homework)

An ability to create appropriate tasks for clients to perform at home that are constructed out of the ideas generated with the couple in the session.

An ability to identify and develop in collaboration with the couple a range of homework tasks including:
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the use of a controlled argument about a specified agenda once weekly at a set time for a certain period
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the use of diary keeping (separately or jointly) of observable activity

the prescription of “once-weekly physical closeness” or “odd and even-days” strategy
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the prescription of more autonomy for either partner around specific issues

the encouragement of partners to experiment with perceiving one another differently and disrupt habitual assumptions that maintain the patterns of interaction around the depressive symptoms.
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a focus on positives by asking the couple to list (separately) what they do not want to change about their partner
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Ability to address issue related to gender

An ability to draw on knowledge of the different presentations of depression in men and women.
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An ability to question gender roles so that clients can identify their “gendered belief systems” in relation to their current and past relationship patterns, and to the meaning and maintenance of the symptom.
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An ability to raise these gender issues in relation to the following:

patterns of parenting

violence within the relationship

expression of emotions

financial implications of any change in relationship (e.g. as this affects possibility of separation)

close confiding relationships between women, and how these may impact on the couple’s relationship.

use and abuse of power in relationships

family patterns and traditions of both partners in relation to gender

wider social context and its influence on the construction of male and female gender roles.

Ability to offer ‘non-couple’ sessions

An ability to offer individual sessions to either/both partners.
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An ability to meet with an individual while clarifying that the therapist would not hold a secret in relation to the absent partner.
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An ability to bring other family members in to the session (e.g. grandparents or children).

Ability to deal with separation

An ability to maintain a neutral stance in relation to one or both partners' threat of separation, or to a decision by the partners to separate

An ability to consider with both partners the implications and consequences of a separation using systemic interviewing techniques
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Ability to manage suicidal threats

An ability to indicate that neither the therapist nor anyone else can stop someone who is determined to kill themselves

An ability to obtain, as a condition of therapy, an anti-suicide contract between the client and therapist, in which the depressed person agrees not to make an attempt (this should also specify what action will be taken, if in the event, s/he feels that this agreement can no longer be kept)
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Ability to respond appropriately to violence

An ability to identify hints of violence in the couple's narrative
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An ability to ask specific questions about the frequency, occurrence and context of violence.

An ability to ask specific questions about issues related to safety

An ability, where the man is violent (the majority of cases), to help the man take responsibility for controlling the expression of his aggression, and to help the woman to take responsibility for ensuring her own safety.

Ability to judge (in terms of risk) when to work with the couple together and when to offer individual sessions.
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An ability to offer information about places of safety (e.g. women's refuges), either in the presence of the man or in a separate session, depending on the judgement of the therapist.

An ability to liaise with appropriate agencies to help make the client safe (e.g. women's refuge, housing department).
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