

BASIC COUPLE THERAPY COMPETENCES

Knowledge and understanding of the basic principles of couple therapy

An ability to draw on knowledge that couples therapists focus on establishing and maintaining a balanced position in relation to the couple, in order:

to focus attention on their relationship, rather than either partner, as the means of achieving change

to provide a framework for understanding and managing presenting concerns

An ability to draw on knowledge that couples therapists focus on understanding the nature of the commitment that underpins a couple's relationship, which contributes to shaping its dynamics, including:

the feelings the partners may have for each other, their understanding of why they chose each other, and their sense of being (or not being) a couple

the conscious and unconscious expectations, assumptions, beliefs and standards they may share (or differ about) with regard to their relationship

the role of external factors (such as religious affiliation, ethnicity and other social grouping) on their choice of partner and support for their partnership

An ability to draw on knowledge that couples therapists focus on understanding the interpersonal factors that shape the dynamics of couple relationships, for example:

the effects of potentially different understandings and levels of awareness between partners about their roles, responsibilities and expected behaviour

the degree to which the partners agree on matters such as what constitutes a comfortable distance in their relationship, or how feelings are managed

the degree of fit within the couple over the values, beliefs and meanings each partner brings to interpreting events occurring inside and outside their relationship

the degree to which each partner is aware of and responsive to the other's feelings, intentions and states of mind, especially in stressful situations

the couple's communication skills, including their capacity to give, ask for and accept support from each other

the rigidity or flexibility with which partners interact together, including their capacity to adapt and change over time

An ability to draw on knowledge that couples therapists focus on understanding developmental factors that contribute to shaping the dynamics of couple relationships, for example:

the effects of family of origin, childhood and earlier partnership experiences on each partner's assumptions about and expectations of their relationship

the ways in which couple and family relationships and meanings have been changed by predictable life events (such as the birth of a child)

the ways in which couple and family relationships and meanings have been changed by unpredictable life events (such as unemployment, illness, or bereavement)

the ways in which new partnerships are affected by past relationship conflicts, and ongoing commitments resulting from them (such as parenting or financial

responsibilities)

An ability to draw on knowledge that couples therapists focus on understanding contextual factors that contribute to shaping the dynamics of couple relationships, for example:

the influence of culture and ethnicity on each partner's assumptions about and expectations of their relationship

the potential for social constructions of gender and sexuality to shape assumptions about roles and responsibilities in the couple

the effects of socio-economic factors such as employment, relocation, and redundancy on couple and family relationships

Knowledge of sexual functioning in couples

An ability to draw on knowledge of healthy sexual functioning in men and women, and factors that may influence sexual functioning, for example:

physiological factors such as:

hormone levels

medication

addictive substances

debilitating illness

ageing

psychological factors, such as:

mental ill health

major current life stressors

past experiences of sexual inhibition or trauma (for example, prohibitive sexual attitudes, ignorance, abuse)

current relationship difficulties

An ability to draw on knowledge of the main domains of sexual dysfunctions in women and men (drive, desire, arousal, interaction, orgasm, satisfaction), and of available psychosexual, pharmacological and mechanical/surgical treatment options for:

incompatibilities in sexual drive and desire between partners

difficulties with physiological and psychological arousal

difficulties with vaginal and anal penetration

difficulties sustaining arousal due to physiological or psychological factors

difficulties with the speed, quality of and satisfaction from orgasm

An ability to draw on and apply knowledge of the varieties of sexual expression and issues arising from them, including:

Gay, Lesbian and Bisexual social (public) and sexual (private) identities and activities

the impact of emerging technologies on sexual activities (for example, the use of the internet)

how sexual paraphilias might impact on the couple's relationship (for example, identifying risk associated with activities such as autoerotic asphyxia and unprotected sex)

Knowledge of depression and its manifestation in couple relationships

An ability to draw on knowledge about the clinical manifestations of depression, including:

biological symptoms of depression, such as loss of sleep, appetite, weight and sex drive

psychological symptoms of depression, such as poor concentration, sadness, low self esteem, guilt, reduced coping capacities and suicidal thoughts

An ability to draw on knowledge about psychological and socio-cultural factors that might predispose towards, precipitate and maintain depression, including the impact of:

developmental factors, including a history of insecure attachment, loss or abuse life events, such as:

the birth of a baby (in potentially triggering puerperal and postnatal depression)

bereavement

reversals in health, work or financial security

lack of support from family and friends

emotional vulnerability, resulting from conditions such as:

dependence (including financial dependence) on others

limited options for avoiding risk factors

the burden of carrying undue caring responsibilities

social exclusion, resulting from conditions such as:

disability, which may restrict mobility and contact with others

sexual orientation, which may isolate and evoke punitive responses from others

dispossession, which may replace the familiar with the unfamiliar

An ability to draw on knowledge of couple interactions that might predispose towards, precipitate and maintain depression, including the effects of:

lack of support from the partner

pressure from one partner (sometimes subtly and unconsciously exerted):

to deny, disregard or disallow depressive symptoms in the self or partner

to maintain or exacerbate depressive symptoms in the self or partner

the responses of each partner to the other's reactions to depressive symptoms

stress on the partnership resulting from an impaired capacity to discharge employment, parenting, family and other responsibilities

An ability to draw on knowledge of how depressive symptoms impact on, and are expressed in, couple relationships, for example:

the depressed behaviour of one partner being directed towards the other, but not towards other people

low levels of companionable time partners spend in each other's company

asymmetry within the partnership, for instance where the depressed person constantly diminishes their value and self-regard in relation to their partner

the non-depressed partner expressing less hostility and frustration than they

might be feeling

the degree of rigidity with which the depressed partner might be persisting in a comparatively limited and 'disabled' role within the relationship

An ability to draw on knowledge to formulate and test hypotheses about the functional significance of depressive symptoms, for example, as a means of:

securing help for the relationship

bidding for personal care and attention

communicating about the emotional significance of life events

punishing past misdemeanours

asserting relationship roles

regulating distance in the relationship

discouraging change

An ability to draw on knowledge of indicators for couple therapy for depression, for example by:

establishing the presence of relationship problems (either preceding or concurrent with the manifestation of depressive symptoms) and whether couple discord might contribute to causing and/or maintaining these symptoms, including:

the timing of the onset of depressive symptoms

the timing of the onset of any relationship problems

reactions of the partner to depressive symptoms (for example, supportive or critical), including whether s/he has experienced them too

the impact of depression on home life, including parenting and work roles

ascertaining the couple's perceptions of support and tolerance from significant others outside their relationship, which might inhibit accessing outside help

Knowledge and experience of working within a model of couple therapy

An ability to draw on knowledge and experience to be able to work within a recognised model of couple therapy that is based on:

a coherent conceptual framework for understanding couple relationships

an externally validated programme of couple therapy training and supervised practice

evidence of efficacy

Ability to assess if couple therapy is suitable where depression is present in one or both partners.

An ability to help the couple to explore their relationship, for example by:

conveying interest in each partner, both as individuals and as part of a couple

exploring each partner's definitions of and perspectives on the presenting problem in an even-handed way

conveying impartiality towards the partners in relation to the outcomes they would like to see from therapy

focusing on the couple relationship rather than on either of the partners as individuals

An ability to structure the assessment of the couple relationship, for example by:
providing information about the processes of assessment and couple therapy
setting and maintaining boundaries relating to the time and place of sessions
initiating an exploration of the relationship's strengths, problems and potential
setting clear ground rules for the assessment and any offer of couple therapy

An ability to assess the nature and severity of affective disorders, including the ability to identify the history and current presence of psychotic symptoms, severe depression, hypomania and mania through:
taking a mental health history of the depressed partner
ascertaining past or present treatments received for diagnosed conditions (including medication)
using a standardised questionnaire to measure the severity of depression (for example, the PHQ9)
detecting the presence of hallucinations and delusions
seeking expert advice for help in the screening or assessment process where necessary

An ability to engage the couple in identifying and assessing interpersonal factors that may contribute to depression and the couple's concerns, for example:
communication patterns, such as criticism, defensiveness, contempt and 'stonewalling'
interactive processes, such as cycles of withdrawal and pursuit
affective cycles, such as the escalation of anger or depression

An ability to engage the couple in identifying and assessing developmental factors that may contribute to the couple's concerns, for example:
by inviting an account of each partner's history of family and attachment experiences
by inviting each partner to give an account of their view of their relationship history
by reviewing their presenting concerns within the meaningful context of their relationship histories

An ability to assess the couple's sexual relationship in order to:
identify sexual dysfunction
ascertain its potential to trigger and/or maintain depressive symptoms
evaluate if treating sexual dysfunction will alleviate depressive symptoms

An ability to assess factors that may inhibit or proscribe effective couple therapy, and where appropriate to incorporate their management into the treatment plan (including referral), for example:
substance misuse, gambling and other addictive behaviours in one or both partners
severe contextual adversity (for example, homelessness)
co-morbid mental illness (for example, disorders arising from post traumatic stress, dissociation and borderline states)
anger problems, including associated actual or threatened domestic violence

each partner's level of commitment to the relationship and to couple therapy, including any differences there may be between them

An ability to provide separate as well as conjoint assessment meetings, ensuring these are conducted in ways that do not disturb the couple's trust in therapist impartiality.

An ability to engage partners in working with any boundary issues that may emerge, for example:

the disclosure to the therapist in an individual session of an ongoing or past secret sexual relationship with a person outside the primary relationship

the potential of 'open' sexual relationships both to resolve and perpetuate destructive processes in the couple's relationship

An ability to identify factors in the couple's presentation that are amenable to change and the resources available to the couple to achieve this, for example by:

focusing on the strengths of their relationship

inviting the partners to identify challenges they have successfully overcome together as a couple

Ability to liaise with other services

An ability to draw on knowledge about the salient network of services and when to liaise with other service providers, for example:

when statutory requirements need to be complied with (such as child protection)

when the risk of domestic violence is high

when there are major changes in the clinical picture (such as a marked exacerbation of depressive symptoms, non-response to treatment, the emergence of psychotic symptoms and escalating risk to self or others)

An ability to make appropriate referrals

Ability to establish and convey the rationale for couple therapy

An ability to establish for each partner the rationale for focusing on their relationship as a means of addressing depression and their other presenting concerns, for example by demonstrating:

how negative patterns of relating may create, maintain and exacerbate these concerns

how positive patterns of relating, either in the present or the past, might be mobilized to alleviate them

An ability to integrate different aspects of the assessment experience when making formulations of the couple's relationship difficulties

An ability to work collaboratively with the couple to achieve formulations about, or understandings of, their problems, their strengths and the therapy strategies that are appropriate to their needs

An ability to work collaboratively with the couple to draw up a therapy plan with clear, specific and achievable goals to which they can agree and subscribe

An ability to agree with the couple a risk assessment and management plan where this is needed, and to liaise with other practitioners to implement it

Ability to initiate couple therapy

An ability to engage both partners early on:

in the knowledge that with depression comes easy demoralisation and early abandonment of treatment

in avoiding precipitating the sense of failure or hopelessness commonly present in depression, either within the depressed partner or the couple

in helping the couple to collaborate in order to address sources of stress external to their relationship

An ability to build and balance collaborative alliances between:

the therapist and each partner

the therapist and the couple as a unit

the partners in their relationship with each other

An ability to mediate between partners, for example by:

avoiding taking sides or being drawn into an adjudicatory role

avoiding forming a coalition with either partner against the other

An ability to identify and work with differences between the partners in exploring relationship difficulties, including being able to:

validate their different definitions, experiences and perceptions of their problems

value the positive potential of these differences for the relationship

explore possible meanings associated with these differences for the partners and their relationship

An ability to identify, understand and explore the emotional bonds underlying the partners' attachment to each other, including:

the strengths and vulnerabilities in their relationship

their respective responses to roles they assume in relation to each other

the feelings each partner has for and generates in the other, and how these are expressed

An ability to frame interventions in ways that take account of knowledge that:

all close relationships contain personal incompatibilities that may find expression in depressive symptoms and relationship concerns

reactions to such symptoms and concerns can be as problematic as the symptoms or concerns themselves

attempts to change depressive symptoms or relationship concerns can consequently be a problem for couples as well as a solution

accepting what cannot be changed may in itself constitute an important change

An ability to establish and maintain momentum for change within the couple's relationship, for example through remaining focused on the relationship in the face of individual concerns

An ability to motivate couples to read any manuals or self-help guides that are associated with the therapy

An ability to motivate and help couples to understand, complete and evaluate between-sessions tasks that might be designed as part of the therapy

Ability to maintain and develop a therapeutic process with couples

An ability to structure the therapeutic process, for example by:

scheduling sessions, maintaining time boundaries, staying on task and avoiding being sidetracked

helping partners to formulate and prioritise their agendas for change

holding in focus the negotiated goals of therapy

maintaining the therapeutic 'conversation' by:

moving in and out of engagement with each partner

encouraging partners to speak directly to each other

An ability to manage the boundary of the couple therapy, in relation to:

any other therapy partners might be undergoing

out of session contact with either or both partners

behaviour within or outside therapy that might compromise confidentiality or safety

An ability to help couples learn about areas where they may have insufficient knowledge or skills, for example by working with them to create conditions in which they can be:

taught

practised in and outside sessions

applied to other domains of their lives

An ability to integrate the content of sessions into relationship themes, using these to promote understanding in the couple, for example by:

identifying overarching themes that link specific conflicts (for example, identifying the difficulty balancing the need for intimacy and autonomy that runs through different arguments between the partners)

using themes to encourage the couple's understanding of their problems

providing a sense of hope through helping partners deepen their understanding of their relationship

An ability both to participate in and observe interactions in the couple

An ability to move between engaging each partner directly and working with the relationship between them

Ability to end couples therapy

An ability to terminate therapy in a planned and considered manner, including being open to revising a planned ending

An ability to act with discretion and awareness that timescales are different for different individuals, and that timetables can be disrupted by events

An ability to review the progress of therapy, for example by identifying what has been achieved, what remains to be achieved and what cannot be achieved

An ability to identify with the couple feelings associated with ending, including the ways these can be expressed indirectly, for example through:

recurrences of presenting problems, or the emergence of new difficulties within the partnership that call into question the wisdom of ending

requests from the couple to end early or precipitately, which may serve to avoid difficult feelings associated with ending

An ability to prepare a relapse prevention plan collaboratively with the couple that addresses both individual problems (e.g. depression in one partner) and couple problems (e.g. communication patterns) and sets out realistic interventions for these both to maintain gains and manage potential deterioration

An ability to liaise about the ending appropriately with practitioners who made the referral for couple therapy, and to refer on to other services where required and agreed