

Specific adaptations of couple therapy for depression

BEHAVIOURAL COUPLE THERAPY

This section describes the knowledge and skills required to carry out behavioural couple therapy. It is not a 'stand-alone' description of technique, and should be read as part of the couple therapy competence framework.

Effective delivery of this therapy depends on the integration of this competence list with the knowledge and skills set out in the other domains of the couple therapy competence framework.

Traditional behavioural couple therapy (TBCT)

Source: Jacobson, N. & Margolin, G. (1979) *Marital therapy: Strategies based on social learning and behavior exchange principles*. New York: Brunner/Mazel.
Supplemented by Jacobson, N. S., & Christensen, A. (1994). *Traditional behavioral couple therapy manual*. Unpublished manuscript, University of Washington.

Couples were also given reading during the communication-training segment of the therapy: Gottman, J. M., Notarius, C., Markman, H., & Gonso, J. (1977) *A couple's guide to communication*. Champaign, IL: Research Press.

Integrative behavioural couple therapy (IBCT)

Traditional TBCT relied for its effectiveness on the ability of couples to accommodate and collaborate with each other. Aware that many couples could not do this, and that conflict could have positive as well as negative effects, Jacobson and Christensen developed the model to incorporate 'acceptance' as a central focus for couples with irreconcilable differences.

Source: Jacobson, N. & Christensen, A. (1998). *Acceptance and change in couple therapy: A therapist's guide to transforming relationships*. New York: Norton.

Couples were also asked to read Christensen, A. & Jacobson, N. (2000). *Reconcilable differences*. New York: Guilford Press.

Components of TBCT and IBCT

Ability to assess the couple's difficulties

An ability to draw on knowledge that the initial stages of both TBCT and IBCT usually comprises four sessions of assessment followed by feedback:

an initial session (attended by both partners) to assess presenting problems and obtain a brief relationship history of the couple

two sessions (attended by each partner separately) to assess presenting problems and obtain an individual history from each partner

a joint session to obtain additional information, and to provide the couple with feedback (appropriate to TBCT or IBCT) about their problems and about their forthcoming treatment

Ability to give feedback to the couple (offer a rationale)

An ability (for TBCT) to focus on feedback which emphasises the strengths of the couple and delineates specific problem areas that could be the target for later communication and problem-solving efforts

An ability (for IBCT) to focus on broad themes in the conflicts between partners rather than on particular problematic issues:

an ability to formulate the couple's difficulties in terms of the differences between them, in terms of:

the understandable (though often ineffective or self-defeating) actions that each has taken

the natural emotional reactions that each experiences

an ability to describe the couple's realistic strengths

an ability to convey hope that examination may lead to a greater understanding of each other's emotional reactions and to a greater closeness

TBCT

Knowledge

An ability to draw on knowledge that TBCT aims to promote positive change in couples through direct instruction and skill training

An ability to draw on knowledge of the three primary treatment strategies employed in TBCT (behavioural exchange, communication training and problem-solving)

Behavioural exchange

An ability to direct efforts to increase mutual, positive behavioural exchange

An ability to help each partner to generate a list of specific, positive, noncontroversial behaviours that they could do for the partner

an ability to help the partner to whom the list is aimed to develop this list

An ability to encourage each spouse to perform activities from the list in an effort to increase mutual positive reinforcement

Communication training

An ability to teach partners both speaking and listening skills

An ability to help partners develop their speaking skills (for example, by focusing on "I" statements and teaching partners to specify their emotions and behaviour (e.g. "I feel disappointed when you come home late without calling" vs. "you are so selfish and inconsiderate"))

An ability to help develop their listening skills (for example, by learning to paraphrase or summarize the other's message)

Problem-solving skills

An ability to help couples to:

define problems

generate positive alternatives to current problem behaviour

evaluate the pros and cons of those alternatives
negotiate alternatives
implement and evaluate planned change

IBCT

Knowledge

An ability to draw on knowledge that IBCT is designed to enhance TBCT by adding a focus on emotional acceptance		
An ability to draw on knowledge that IBCT assumes:		
<table border="1"> <tr> <td>that all close relationships are characterised by some genuine incompatibilities, and the reactions to problem behaviour are often as problematic as the behaviour itself</td> </tr> <tr> <td>that direct change efforts are often as much a problem for couples as they are a solution</td> </tr> </table>	that all close relationships are characterised by some genuine incompatibilities, and the reactions to problem behaviour are often as problematic as the behaviour itself	that direct change efforts are often as much a problem for couples as they are a solution
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An ability to draw on knowledge that IBCT focuses more on the emotional reactions of partners to the difficulties they encounter in their relationships and less on the active solutions they can take to resolve these difficulties		
an ability to draw on knowledge that this stance is especially relevant for what seem to be insoluble problems		

Application

An ability to maintain a focus on salient incidents that:					
<table border="1"> <tr> <td>have occurred recently (e.g. an argument the previous night)</td> </tr> <tr> <td>will soon occur (e.g. a forthcoming trip to stay with the family of one partner)</td> </tr> <tr> <td>or are occurring in the session (e.g., one partner feels invalidated by the other's reaction in the session)</td> </tr> </table>	have occurred recently (e.g. an argument the previous night)	will soon occur (e.g. a forthcoming trip to stay with the family of one partner)	or are occurring in the session (e.g., one partner feels invalidated by the other's reaction in the session)		
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An ability to employ three major strategies to promote emotional acceptance:					
“empathic joining” around the problem					
“unified detachment” from the problem					
building tolerance to some of the responses that the problem can trigger					
An ability to help the couple employ a strategy of “empathic joining” around the problem:					
<table border="1"> <tr> <td>an ability to elicit vulnerable feelings from each spouse that may underlie their emotional reactions to the problem</td> </tr> <tr> <td>an ability to encourage partners to express and elaborate these feelings</td> </tr> <tr> <td> <table border="1"> <tr> <td>an ability to communicate empathy for having these understandable reactions</td> </tr> </table> </td> </tr> <tr> <td>an ability , by adopting this stance toward both partners, to help each partner develop empathy for the other’s reactions</td> </tr> </table>	an ability to elicit vulnerable feelings from each spouse that may underlie their emotional reactions to the problem	an ability to encourage partners to express and elaborate these feelings	<table border="1"> <tr> <td>an ability to communicate empathy for having these understandable reactions</td> </tr> </table>	an ability to communicate empathy for having these understandable reactions	an ability , by adopting this stance toward both partners, to help each partner develop empathy for the other’s reactions
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An ability to help the couple employ a strategy of “unified detachment” from the problem:					
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to consider variations of their patterned behaviour and what might account for these variations (e.g., a typical struggle over their child was less intense because they had felt close to each other earlier)

to generate a name for their problematic pattern

An ability to help the couple build tolerance to some of the responses that the problem can trigger

an ability to engage the couple in an analysis of the positive functions as well as the negative functions of their differences and their problematic behavioural patterns

an ability to encourage the couple to deliberately engage in the problem behaviour during the session or at home, so that each partner can become more aware of the pattern and take it less personally

An ability to make use of the direct change efforts employed in TBCT

MARITAL THERAPY FOR DEPRESSION (MTD)

This section describes the knowledge and skills required to carry out behavioural couple therapy. It is not a 'stand-alone' description of technique, and should be read as part of the couple therapy competence framework.

Effective delivery of this therapy depends on the integration of this competence list with the knowledge and skills set out in the other domains of the couple therapy competence framework.

Source: Beach, S., Sandeen, E. & O'Leary, K. (1990) *Depression in marriage: A model for etiology and treatment*. New York: Guilford.

MTD is a modification of TBCT, specifically adapted to treat depression. Based on the 'marital discord model' of depression, which focuses on the role of stress and social support in triggering and protecting against depression, it aims to reduce stressful transactions in marriage and enhance social support between the partners. A criterion for its use now is the presence of marital problems alongside depressive symptoms.

Knowledge:

An ability to draw on knowledge that MTD aims to promote positive change in couples through:

- administering the therapy in a structured manner
- mediating the therapeutic alliance with both partners
- re-educating the couple about depression and relationships
- modelling approaches and skills
- celebrating positive change

An ability to draw on knowledge about the marital discord model of depression, in which marital discord:

- increases stress in the relationship, which can result in or exacerbate depression
- reduces support from the relationship, which can have similar effects
- is treated by the therapist working to reduce stress and increase support from the couple's relationship, and so prevent or mitigate depression by:
 - promoting couple cohesion
 - encouraging the acceptance of emotional expression
 - increasing actual and perceived coping assistance
 - supporting positive self-esteem
 - increasing spousal dependability
 - deepening intimacy and mutual confiding

An ability to draw on knowledge of the main treatment strategies used in TBCT:

- behavioural exchange
- communication training

cognitive restructuring

problem-solving

Application:

An ability to draw on knowledge that assessment for MTD usually comprises at least two sessions, where partners are seen together and separately, to satisfy the following conditions:
--

the risk of suicide or suicidal gestures is low

the depressed partner has received a thorough diagnostic assessment and is not bi-polar

the presence of marital discord has been clearly established
--

marital discord appears to play an aetiological or maintaining role in the depression

there are no hidden agendas that caution against the offer of marital therapy (for example, low commitment, or the desire for divorce)
--

An ability to draw on knowledge that MTD usually comprises three phases over approximately 15 sessions:

an initial phase that aims rapidly to eliminate major stressors and enhance couple cohesion, caring and companionship

a mid-therapy phase that focuses on the ways partners communicate, solve problems and interact on a day-to-day basis
--

a concluding phase that prepares the couple for termination

An ability to apply depression-specific knowledge and techniques, for example:
--

evaluating the role of the relationship in eliciting and/or maintaining depression
--

seeing the couple together

increasing awareness of each partner's agency in relation to the other
--

combating negative self statements

increasing positive events

identifying relationship factors that increase or lessen depression

setting therapeutic contingencies at realistic levels (for example, in relation to complying with homework)

An ability to apply behavioural, communication, cognitive and problem-solving couple therapy techniques to the therapeutic process
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CONJOINT MARITAL INTERPERSONAL THERAPY (IPT-CM)¹

This section describes the knowledge and skills required to carry out behavioural couple therapy. It is not a 'stand-alone' description of technique, and should be read as part of the couple therapy competence framework.

Effective delivery of this therapy depends on the integration of this competence list with the knowledge and skills set out in the other domains of the couple therapy competence framework.

Source: Rounsaville, B., Weissman, M., Klerman, G. & Chevron, E. (1986) *Manual for conjoint marital interpersonal psychotherapy for depressed patients with marital disputes (IPT-CM)*. Yale University School of Medicine. Unpublished.

IPT-CM is a specific treatment for clinically depressed partners with marital disputes. On the basis that an increase in couple discord is the most commonly reported life stress preceding the onset of clinical depression, and that an intimate, confiding relationship provides robust protection against depression, the IPT-CM model engages couples in renegotiating role expectations as a means of reducing symptoms and improving interpersonal processes. The primary focus is on achieving sustained change through helping couples gain a richer understanding of the problem in their relationship.

Knowledge:

An ability to draw on knowledge that IPT-CM aims to promote positive change in couples through promoting understanding of the interpersonal context of depression, specifically to:

facilitate a reduction of depressive symptoms and remission of acute depressive episodes

promote the renegotiation of role relations between the partners

An ability to draw on knowledge about the IPT-CM model of depression, in which marital disputes:

provide an important aspect of the interpersonal context for precipitating and maintaining depression

are understood as resulting from discordant role expectations in the couple relationship

form the focus of therapeutic attention

An ability to draw on knowledge of the main treatment strategies used in IPT-CM:

accepting depression as a clinical disorder

¹ The competences framework for Interpersonal Therapy (IPT) is separately available from the website of the Centre for Outcomes, Research and Effectiveness (www.ucl.ac.uk/CORE).

limiting set goals and timescales
encouraging an exploratory, patient-led process
promoting understanding within and between partners
focusing on the relationship between marital disputes and depression

Application:

An ability to draw on knowledge that IPT-CM usually comprises three phases over approximately 3-6 months of weekly sessions:

an initial phase that aims to evaluate and manage depressive symptoms by:
evaluating the identified patient's depression, including the need for medication
educating the couple about depression and ways of managing it
identifying marital disputes
explaining the rationale for the marital treatment
determining the relationship between depression and marital disputes
performing an interpersonal inventory
setting the treatment contract
a middle phase that focuses on renegotiating marital roles by:
structuring sessions through repeatedly tying new material to central themes and targeted problem areas
identifying options for role change
facilitating communication and role renegotiation
a concluding phase that prepares the couple for termination by:
discussing termination explicitly
encouraging discussion about the loss of treatment
fostering feelings of competence and accomplishment
discussing future treatment needs

An ability to apply specific IPT-CM techniques to the therapeutic process:

conducting communication analyses
promoting acknowledgement and acceptance of affect
negotiating and structuring behaviour change
making interpretations (especially clarification)
encouraging exploration

COPING ORIENTED COUPLE THERAPY (COCT)

This section describes the knowledge and skills required to carry out behavioural couple therapy. It is not a 'stand-alone' description of technique, and should be read as part of the couple therapy competence framework.

Effective delivery of this therapy depends on the integration of this competence list with the knowledge and skills set out in the other domains of the couple therapy competence framework.

Source: Bodenmann, G & Widmer, K. (2008) *Coping-oriented couple therapy*. Zurich: University of Zurich, Department of Psychology, Switzerland. Unpublished German edition. Developed from Bodenmann, G. & Shantinath, S. (2004) The couples coping enhancement training (CCET): A new approach to prevention of marital distress and coping. *Family Relations* 53 (5): 477-484. Bodenmann, G. (2007). Dyadic coping and the 3-phase-method in working with couples. In L. VandeCreek (ed.), *Innovations in clinical practice: Focus on group and family therapy* (pp. 235-252). Sarasota: Professional Resources Press. Bodenmann, G. (2010). New themes in couple therapy: The role of stress, coping and social support. In K. Hahlweg, M. Grawe & D. H. Baucom (Eds.), *Enhancing couples. The shape of couple therapy to come*. (pp. 142-156). Cambridge, MA: Hogrefe Publishing.

In addition to promoting better couple communication through teaching speaking and listening techniques, COCT focuses on promoting improved individual and couple coping skills through partners being helped to communicate about and respond to their own and each other's stress.

Knowledge:

An ability to draw on knowledge that COCT aims to promote positive change in couples through acquiring new adaptive skills/behaviours and strengthening existing ones

An ability to draw on knowledge about the COCT stress model of couple dissatisfaction, in which stressors external to the couple:

reduce the time they spend together

erode communication and intimacy between partners

increase health problems, and consequently add to the couple's burdens

result in mutual alienation and increased stress from within the relationship

An ability to draw on knowledge of the main treatment strategies used in COCT:

improving individual stress management capabilities

enhancing the couple's ability to cope with stress (using the 3-phase-method):

encouraging the speaking partner to identify what they might find helpful in coping with the stress
enabling the listening partner to offer empathic support for the speaker in disclosing what they are finding stressful, and any specific needs they may have in order to cope with the stress
encouraging the speaking partner to provide empathic feedback on their experience of being supported
encouraging reciprocity in communicating about stress
sensitising the couple to issues of mutual fairness, equity and respect
improving couple communication
improving the couple's problem-solving skills
psycho-education (teaching couples adequate dyadic coping that is not reinforcing depressive symptoms but helping the depressed partner to actively engage in daily life)

Application:

An ability to draw on knowledge that COCT usually comprises up to 20 hours of sequenced therapy sessions in which:
an initial session focuses on:
analysing the presenting problem
taking an oral history from each partner in the presence of the other
a middle phase focuses in sequence on:
reciprocity training and improving the repertoire of positive experiences
communication training
problem-solving training
enhancing couple coping through partners expressing their own stress and supporting each other in managing their stress
learning to accept what cannot be changed
a concluding phase focuses on preparing the couple for termination and relapse prevention

An ability to apply traditional and integrative behavioural couple therapy techniques to the therapeutic process:
reciprocity training
communication skills training
problem-solving training
stress management training (3-phase method)
promoting emotional acceptance