

# SFH for Couples & Families

*Alison Jones*



RESPECT  
ACCEPTANCE  
COMMUNICATION  
LAUGHTER  
BOUNDARIES  
EXPRESS  
HEALTHY  
RELATIONSHIPS  
LOVE  
VALUE  
LISTEN  
EMPOWERING

PATIENCE  
TRUST  
CARING  
COMFORTABLE  
ENCOURAGEMENT  
COLLABORATE  
UNDERSTAND  
CONSIDERATE  
APPRECIATION  
VALIDATION

# What we are covering today....

- Introducing couples therapy and family therapy
- What are they?
- The history
- Where are we now – our competition
- Research and the way forward
- What can we offer
- How do we do it
- Giving it a go....!!

# Working with couples & families

What do you think of when you think of couples / family therapy?

What will the typical presenting problems be?

What will the challenges be for us as therapists

What will the challenges be for our clients ?

# The Couples therapy market

Who is offering this type of therapy and the moment?

What techniques are they offering?

What does it look like?

## **What techniques are they offering?**

Tends to be a behavioural techniques

Generally around 5 – 15 sessions are needed

Sessions last 60 minutes

Individual sessions may be offered to supplement

## **What does it look like?**

No sides or blame

Discuss problems that are affecting the relationship

Both parties contribute to the discussion

Explore ways forward that will work for them

# Couples Therapy

Each person needs to feel safe and respected

Relationship crises are often frightening

Values and ethics



# History of Couples Therapy

## **Gurman and Fraenkel define Four Phases in the History of Relational Therapy:**

Phase 1 - Atheoretical 1929 to 1932

Three marital clinics opened - psychoanalytical approach.

Problems between the spouses were seen as interlocking neurosis. Each spouse had a neurotic conflict inside them which they projected onto the other spouse; the other spouse accepted this because it fit with their own neurosis. Thus, a person with a need to control partnered with someone who depended on others. A person who was overly rational and unable to manage emotions partnered with a person who was overly emotional and unable to be rational.

## **Phase II - 1931 to 1966**

### **Psychoanalytic Experimentation**

Therapists are seen as telling truth from distortion, rather than creating a truth. One partner or the other must be wrong, and helping them see that was the point of therapy.

Most of the work was done in individual sessions, but some therapists experimented with joint sessions. However, they still treated the work as individual therapy, and one partner simply observed the analysis of the other partner for a little while each session.

Focus for the first time on helping the spouses be “therapeutic” with each other.

## **Phase III - 1963 to 1985**

### **Family Therapy Incorporates Other Approaches**

Family therapy overpowers couples therapy, even though most of the famous family therapists mostly saw couples.

Satir fostered self-esteem and actualization in couples (and in families), and saw the therapist more as a nurturing teacher who could help the couple continue what therapy started on their own.

Bowen began working on a multigenerational approach to family therapy, and included couples work in his practice.

The therapist was an anxiety-lowering coach who showed clients how to calmly understand and accept each other's anxieties and fears.

## **Phase IV - 1986 to now**

### **Refining and Integrating**

1986 - the publication of Gurman and Kniskern's book summarizing the research to date on couples therapy. It allowed therapists to begin to test and refine what was known about couples and healthy relationships.

New theories, like Integrative Behavioral Couples Therapy, Emotionally Focused Therapy, and Solution-Focused Therapy developed.

Couples therapy was used to treat depression, anxiety, and alcoholism.

Efforts were focused on preventing couples problems. This marked a shift from understanding dysfunctional couples as partnerings of unhealthy people to understanding them as possibly healthy people under extreme stress through critical transition points in life.

# Couples Therapy Treatments

Behavioural Couples Therapy (BCT) Halweg and Markham 1988  
- Focuses primarily on current marital relationships. Teaches couples how to communicate with each other and solve problems.

The therapist assists couples in planning behavioural changes to increase the frequency of pleasing interactions while minimising destructive negative interactions.

IOCT – insight orientated couples therapy (Snyder and Wills 1989) – asks spouses to explore feelings, thoughts and needs that are believed to underly their current distress.

EFT – Emotionally focused therapy - Helps each partner to explore and communicate his or her emotional experience around issues.

EFT assumes that if these needs are made clear each partner will understand himself differently and view his partner differently and more sympathetically which will lead to new less defensive interaction patterns between them.

Integrative Behavioural Couple Therapy (IBCT) integrates the 2 goals of acceptance and change within a behavioural change framework.

# Relate

**“All sorts of people come to Relate and find it helps them to understand what’s going on in their relationships and change things for the better.”**

Relate is the UK’s largest provider of relationship counselling and sex therapy which delivers its services through a Federation of local, independent, charities.

They offer a range of services:

assessment sessions   relationship counselling   family counselling   psychosexual therapy   counselling for those experiencing domestic abuse or violence   counselling for those contemplating divorce or dissolution of a civil partnership

# The Family therapy market

Who is offering this type of therapy and the moment?

What techniques are they offering?

What does it look like?



## **What techniques are they offering?**

Tends to be a solution-focused and short term approach

Generally around 6 – 20 sessions are needed

Sessions last between 50-90 minutes and intervals between sessions could be several weeks.

Individual sessions may be offered to supplement the family meetings and when children are involved the therapist may wish to chat to parents separately following family sessions.

## **What does it look like?**

No sides or blame

Discuss problems that are affecting the relationship

Everyone contributes to the discussion

Explore ways forward that will work for them as a unit.

Common belief that regardless of the origin of the problem and whether the client considers it an "individual" or "family" issue, involving families in solutions often benefits clients

**Can help families and individuals to:**

Better understand how their family functions

Identify strengths and weaknesses in the family system

Set goals and devise strategies to resolve problems

Develop their communication skills

Make the entire family unit stronger

# Family Therapy History

Formal interventions with families to help individuals and families have been part of many cultures probably throughout history (chief, priest, physician etc...)

Formal development dates back to the 1940's and 50's with the founding of the American Association of Marriage Counselors in 1942– strong influence from psychoanalysis

1950's – Palo Alto in USA, focused on the role of communication. Jay Haley / John Weakland and Paul Watzalwick. Group influenced significantly by the work of a US psychiatrist, hypnotherapist and brief therapist. Milton H Erickson.

1960's Murray Bowen – brief therapy and systems therapy – more models emerged behavioural marital therapy (BMT)(renamed behavioural couples therapy in the 90's) and Behavioural family therapy

Late 1970's – following the weight of clinical experience more integration within approaches and softening of demarkation between schools.

1980's to date – more approaches drawing from and taken from individual psychotherapy methods. Generally focusing on relationship patterns rather than analysing early childhood trauma. Systems therapy and cognitive behavioural approach focusing on solutions. SFBT Steve deShazer and Insoo Kim Berg.

Family therapy uses a range of counselling and other techniques including:

Structural therapy – identifies and re-orders the organisation of the family system

Strategic therapy – looks at patterns of interactions between family members

Systemic / Milan Therapy – focuses on belief systems

Narrative therapy – restoring of dominant problem saturated narrative, emphasis on context and separation of the problem from the person.

Experiential family therapists – (EFT's) – may focus on analysing previous instances of conflict, by reviewing a past incident and suggesting alternative ways a family member might have responded to one another during it or pointing out patterns of interaction the family might not have noticed.

The concept of family has evolved and is now more commonly defined in terms of strong supportive, long term roles and relationships who may not be related by blood or marriage.



# Transactional Analysis

TA is a talking therapy used for families, groups or couples

Sessions are designed to explore an individual's personality and how this has been shaped by experience. (particularly through childhood)

Works to identify what has gone wrong in their communication and change repetitive patterns that limit their potential

TA therapists recognise that we all have the potential to live the life we want, rather than the life we are programmed to live. Sometimes however this potential is hindered by repetitive patterns or unconscious scripts that stem from childhood decisions and teachings.

## **Key concepts of transactional analysis that a therapist will use in their work:**

EGO states:

Parent ego state: a set of thoughts, feelings and behaviours learnt from our parents and other important people. This part of our personality can be supportive or critical

Adult ego state: relates to direct responses in the 'here and now' that are not influenced by our past. This tends to be the most rational part of our personality

Child ego state: a set of thoughts, feelings and behaviours learnt from our childhood. These can be free and natural or strongly adapted to parental influences.

# SFBT

A quantitative review by Gingerich and Peterson 2013 concluded “there is strong evidence that SFBT is an treatment for a wide variety of behavioural and psychological outcomes .... (it is) briefer and less costly than alternative therapies”

# Relationships



# From this . . . .



# To this.....



# Why do we need good relationships?

Human beings are naturally very sociable. We enjoy the company of others and crave positive interactions and meaningful friendships.

The better our relationships work, the happier and healthier we are. Extensive research has shown that people with satisfying relationships are likely to have fewer health problems and live longer.

In the workplace, having good relationships with colleagues and others in the professional circle boosts productivity and is valuable for career development.

We can then focus on opportunities and personal development.

# What defines a good relationship?

**Trust** - Relationships are built on trust, which is essential for good communication and forming strong bonds. Without trust, relationships are unlikely to survive.

**Mindfulness** - Being mindful of what you do and say means you are more likely to maintain strong relationships. Relationship issues can arise if you let your negative emotions affect others.

**Mutual respect** - Strong supportive relationships rely heavily on mutual respect, as it fosters understanding of each other's needs and values.

**Good communication** - Your relationships will be richer if you make an effort to keep in contact with those around you. Being honest and open with others also allows for you to connect deeply and build long lasting bonds.



Family therapy – supports the notion that family relationships form a key part in the emotional health of each member of the family.

▪



**YOU ARE THE GUY WHO'LL  
DECIDE WHERE TO GO.**

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Dr. Seuss  


The way forward...

# Research

*“ it is our belief that couple and family based interventions have much to offer in the treatment of both interpersonal and individual difficulties....The promising treatments identified here give reason to expect that much progress will be made in this respect.”*

Baucom, Shoham, Museser, Daiuto and Stickle

# Neuroscience

## **Rewiring Neural States in Couples Therapy: Advances from Affective Neuroscience**

Brent Atkinson, Lisa Atkinson, Paula Kutz, Jeff Lata, Kari Wittmann  
Lata, Julie Szekely, Paul Weiss

(Published in the *Journal of Systemic Therapies*, vol. 24, pp. 3-13,  
2005)

# Using what we already know...

Mirror Neurons

Client led solutions

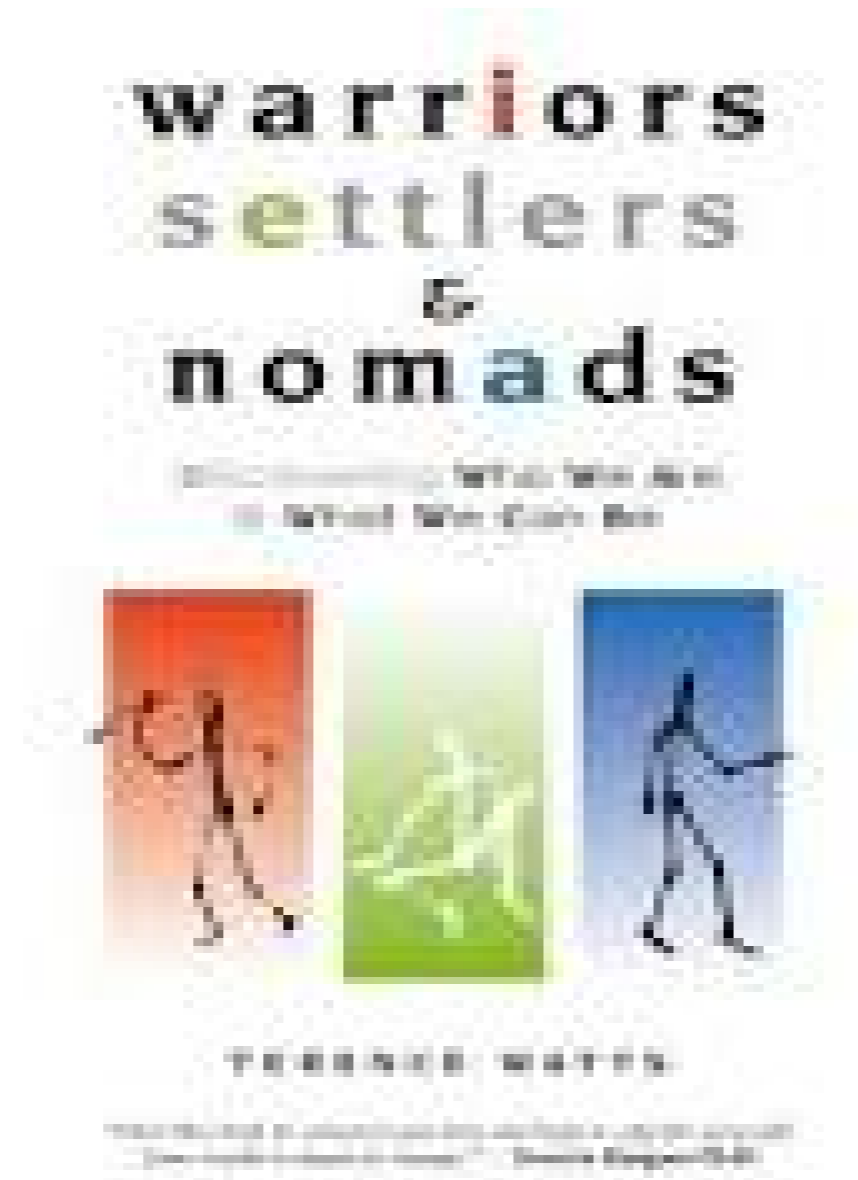
Repetition

How the mind works

The power of relaxation



# Warriors, Settlers and Nomads



# Insoo Kim Berg

Interview <https://www.youtube.com/watch?v=8zuyT9Uw63Y>

Family - <https://www.youtube.com/watch?v=6Fe8D0hAQh0>

Couples - <https://www.youtube.com/watch?v=fQBZlgmebwY>

link to all 3:

<https://www.youtube.com/watch?v=8zuyT9Uw63Y&list=PLCP7DCwkiHb7pNVZ5VQx0zjKc3ub1WhJI>



# Bringing it all together...

*"People find it harder to start couple counselling than individual therapy. Why – Your partner is there to rubbish your feelings and what you are saying – and this might be deep and personal feelings and the fear the counsellor will take sides and might favour your partner"*

Andrew G Marshall

However he finds that the rewards are often much greater than those of individual therapy and in many cases couples get an immediate short term boost. Not least because they have both agreed to come that this proves something in terms of caring about the relationship and each other.

~~Problems~~

Solutions



# Initial consultation: **Session format**

Fact find:

As usual but include:

Presenting problem – also in context of the whole relationship – don't get caught up in the “story”

What is making them seek help right now?

What do you want to achieve from therapy (from all of them)

Exceptions – shows what they can do more of ....

Sometimes it can be useful to find out about when things were really good / maybe when couples met etc – this can also come out during the scaling in session 1 (worst / best)

Session format as usual

Focus on what is good in the individuals and what is good about the relationship - what each person does well, times when the problem is less or absent, on what is working or can work rather than what is not.

Stick to what you know works and repeat...

# Together or separately?

In general, it's better if both people come.

However progress can happen if only one person comes and sometimes there are benefits from this.

When would we ask clients to come separately?

# Resolving conflict

## Fact Feel Want

A technique for assertive behaviour, (taken from the NHS course "Effective Communication")

- 1) State **fact** e.g. *"I did all the washing up this week, even though half the dirty dishes are yours"*
- 2) Say what you **feel** e.g. *"I feel used"* (own this feeling... use "I", not *"you make me feel.."*)
- 3) Then what you **want** e.g. *"Can you do the washing up tomorrow?"*



# Exercises...

Think about:

Your approach (eg together, separately)

Plot 8 – 10 sessions how each would go – what you would do – answers to the miracle question – progress you would expect.

You can be creative with your answers and insert any information you want that will add to your “story board”



Questions?

# Password to Access Handouts

**29aJ47pQ**

[www.cpht.co.uk](http://www.cpht.co.uk) – Student/Practitioner – CPD – CPD Handouts (*left hand panel on CPD page*)

*You can also download your Attendance Certificate*

Thank you and safe  
journey home...

From there to here,  
and here to there,  
funny things are everywhere.

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